

## Curriculum vitae and mission statement Evert Scholte

### *Curriculum vitae*

Evert Scholte (1950) studied philosophy and pedagogy at the University of Amsterdam with a focus on general pedagogy, developmental psychology and the methodology of social-scientific research. He graduated in 1988 with a thesis on early assistance to young people who have come into contact with the police because of offenses or child abuse and neglect. From 1983 to 1997 he worked at the Research Centre for Youth Welfare Services of Leiden University. Since 1998 he has been working at the department of Clinical Child and Adolescent Studies, Leiden University, from 2002 as Associate Professor and since 2006 as professor by special appointment for special education and welfare services for children and families in need, a chair funded by the Rotterdam-based Horizon Foundation for youth welfare services and special education.

His teaching and research assignments cover the special educational needs of children with developmental disorders, for instance children with an Intellectual Disability (ID), autism (ASD), attention deficit hyperactivity disorder (ADHD), oppositional-defiant conduct disorder (ODD/CD), anxiety and mood disorders, and the professional support/welfare and special teaching services for these children and their families.

### *Mission statement, and concise publications list*

The guiding principle of my teaching and research activities is that child support and special educational services for children with developmental disorders must above all be based on insights, knowledge and skills derived from empirical scientific evidence.

In previous years my mission was to analyze the nature and evidence base of existing professional welfare services for children that are experiencing multiple psychosocial problems in various areas. I specified a multiple risk model, as well as a model by which to assess basic and specific treatments for children that are experiencing multiple problems at various developmental areas. The first model specifies the risk and protective factors in the family, at school, in the peer group, during leisure time and in the wider social environment, as well as the risk and protective factors in the child that enhance (risk factors) or lower (protective factors) disturbances in psychosocial development. The second model specifies the treatment goals and methods provided to children and families by professionals that are working in field of child welfare and special educational services. Both models can be applied by practitioners to trace existing multiple psychosocial problems in children, young people and their families, and to determine beneficial and counterproductive outcomes of child welfare and special educational interventions. A detailed description of these approaches can be found in Scholte (1992; 1998; 1999; 2006; 2007).

The challenge for the coming years will be to add to the evidence base of the diagnosis, assessment and treatment of school children with severe developmental disorders who are depending on special educational services. First, the focus will be on developing, improving and testing instruments to diagnose the common psychological and social developmental risk factors that students with Intellectual Disability, Autism, ADHD, ODD/CD and anxiety and

mood problems share, such as developmental delays in psychosocial skills (e.g., lack of self-control, self-steering and empathy) and shared general learning impairments (e.g., lack of motivation and deficits in concentration and executive functioning). Second, the focus will be on testing special educational methods that stimulate the psychosocial development and learning potential of school children with developmental disorders in inclusive educational settings (Manti, Scholte & Berckelaer-Onnes, 2013).

The Dutch government project 'appropriate education' aims to establish a shared system of regular education for all students, i.e., one school system for students both with and without developmental difficulties. To make such an inclusive school system work, regular primary educational services must adapt to the needs of students with developmental disorders.

Teachers and professionals guiding teachers in regular schools must not only have a proper understanding of the special educational needs of students with developmental disorders, they must also know how to select and apply specialized teaching skills that can stimulate the cognitive and psychosocial growth of such children. To facilitate this, a special needs and treatment questionnaire for students with developmental disorders was developed and implemented in regular primary school settings (Bijstra, van Zoest & Scholte, 2013). Teachers can use this tool to select the specific social and instructional teaching methods tailored to the individual needs of students diagnosed with developmental disorders. The usability and effectiveness of this tool will be fine-tuned and tested by a consortium of mainstream and special schools in the Netherlands. The research is conducted in collaboration with the nationwide Paedological Institutes for children with special educational needs in the Netherlands.

Further, a practice-oriented study into the educational needs of children that are placed out-of-home in foster and residential care was started by us in Collaboration with the Horizon Foundation. The individual and environmental characteristics of these children are studied, the developmental targets and professional educational guidance these children and their families receive are specified, and the benefits of this special professional care for these children in need are determined. The leading questions here are: what are the personal, family, school, and environmental conditions that cause children and young people to be placed out of the home, what are the developmental objectives pursued, what are the types of care offered to the children placed out of home and their families, what are the educational methods and interventions that lead to positive cognitive and psychosocial developments for the children and their families, and how can the efficiency of out-of-home care be improved.

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