

Capstone Portfolio 2

Goal 1: Client will practice self-regulation techniques that are appropriate to express and non-interfering to the classroom setting to advance learning.

Plan: Introducing self-regulation techniques to the client will allow for the client to express independence in the classroom setting without disrupting his peers and teacher. The implementation of “move to learn”, a curriculum involving physical activity for preschool children, would allow the client to remain engaged in the classroom while learning. Therefore, a technique to keep the client engaged in the classroom would involve doing chair pushups. These “push-ups” would have the client put their hands under their thighs and use strength to elevate their body from the chair. Chair push-ups are a discrete technique in allowing for body movement while cooperating with the school system in having students remain in their chairs. An additional exercise to introduce to the client would involve the use of a small “stress ball”. The technique would be introduced to the client as an activity to implement when schoolwork becomes exhausting due to lack of movement. The client would use the stress ball as an engagement piece to focus their learning and maintain some physical movement.

Evidence Informed Practice: The Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children has proven evidence to associate positive social-emotional outcomes when promoting physical activity in the classroom setting for elementary aged children (Fox, Dunlap, Hemmeter, Joseph, & Strain, 2003).

Rationale: The client has expressed physical actions involving leaving the classroom while the teacher is presenting the lesson because he was “bored”. The client has a short attentive span which is associated in the school setting as a form of disruptive behavior. The implementation of appropriate classroom self-regulation techniques would meet the needs of the client and would minimize interference to the classroom setting. This would benefit the client’s behavior in the school setting which would reduce behavioral reports or suspensions, which would ultimately have a better impact on the client’s ability to advance academically.

Goal 2: Client will reduce physical disruptions towards classmates when experiencing emotional distress.

Plan: Engage the client in conversation during individual sessions about his opinion on what healthy boundaries are when interacting with classmates. In conversation with the client the use of examples portraying appropriate and healthy touch towards peers would allow for cognitive recognition of inappropriate physical actions when engaging with classmates. Dialogue would allow the client to express his personal opinions on how well he can regulate his physical actions and expand on his triggers during emotional distress. Weekly check ins with the client would provide structure and stability by establishing consistent routines that measure emotional and physical well-being of the client.

Evidence Informed Practice: The Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children would again apply to this goal as it emphasizes the importance of “individualized assessment-based behavior support” in that it would help decrease examples of challenging behavior in young children (Fox, Dunlap, Hemmeter, Joseph, & Strain, 2003).

Rationale: The client has had several behavioral reports during this school year involving outbursts towards his teacher and peers. From the behavioral reports submitted by the teacher to

the school principal, the client has been disruptive towards his peers when the classroom is engaging in learning. The client has thrown objects in the direction of classmates during class which resulted in a behavioral report. The client was suspended for kicking a teacher in the leg as he was running out of the school for dismissal. Therefore, the client could benefit from expressing in weekly check ins what his need for physical outbursts are, which could identify supplementary behaviors that avoid physical contact with peers.

Goal 3: Client will continue attending weekly speech therapy sessions in the school setting.

Plan: Contact client caregivers and confirm they are aware of services being provided and specially, the days of the week that the client has scheduled speech therapy in school. The biological mother and stepfather have not had pleasure in meeting with school administration or teacher due to the nature of the meetings being organized as a behavioral referral. Therefore, communication with the client's family would interest a positive relationship between the client, the family, and the agency mediator.

Evidence Informed Practice: The Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children would again be the best fit for this client as it states the need for "high quality supportive environments" in order to positively impact the child both in the school and home setting (Fox, Dunlap, Hemmeter, Joseph, & Strain, 2003).

Rationale: The need for communication between the agency mediator and the client family is important as it could build a bridge between any barriers the family may identify against the school staff. The teacher mentioned that the client's mother had stated to her that her child was being "targeted", therefore the teacher invited the mother to shadow the client during a school day however the client portrayed obedient behavior. Therefore, there has been a barrier in communication with the family caregivers and the teacher, which ultimately impacts the client if they miss school on the day of scheduled speech therapy. It is important that the caregivers are aware of the day's speech therapy occurs so that if the client were to be absent, proper arrangements are made ahead of time to avoid missing weekly speech therapy appointment windows.

Works Cited:

Evidence-Based Practices. (Fox, Dunlap, Hemmeter, Joseph, & Strain, 2003). Retrieved from <https://challengingbehavior.cbcs.usf.edu/Pyramid/practices.html>

Example TF-CBT Treatment Plan and Goals. (2011). Child Trauma Treatment Training Program, 1–5. <http://www.icctc.org/August2013/PMM%20Handouts/Example%20TF-CBT%20Treatment%20Plan.pdf>