

CASE EXAMPLES FOR DISCUSSION

Case #1

GREG, AGE 7

Greg is a 7-year-old first grader in a general education classroom in a public elementary school. According to his parents, his physical and psychological development was "normal" until about the age of 3 when he first attended nursery school. His preschool and kindergarten teachers reported Greg to have a short attention span, to have difficulties staying seated during group activities, and to interrupt conversations frequently. These behaviors were evident increasingly at home as well. Currently, Greg is achieving at a level commensurate with his classmates in all academic areas. Unfortunately, he continues to evidence problems with inattention, impulsivity, and motor restlessness. These behaviors are displayed more frequently when Greg is supposed to be listening to the teacher or completing an independent task. His teacher is concerned that Greg may begin to exhibit academic problems if his attention and behavior do not improve. Further, Greg has some difficulties making friends in his classroom due to his impulsive behavior (e.g., interrupting conversations and games, acting in a silly, immature fashion).

1. Provide up to 3 goals for school-based intervention
2. Describe a school-based intervention plan that is balanced (proactive, instructive, and reactive strategies) and includes multiple mediators (teachers, parents, peers, and/or self-mediated)
3. What assessment data will be collected to design and evaluate this intervention plan?

Case #2

HEATHER, AGE 13

Heather is a 13-year-old 8th grader who receives most of her instruction in general education classrooms. A psychoeducational evaluation conducted when she was 8-years-old indicated a "specific learning disability" in math for which she receives resource room instruction three class periods per week. In addition to problems with math skills, Heather has exhibited significant difficulties with inattention since at least age 5. Specifically, she appears to daydream excessively and to "space out" when asked to complete effortful tasks either at home or school. Her parents and teachers report that she "forgets" task instructions frequently, particularly if multiple steps are involved. At one time, her inattention problems were assumed to be caused by her learning disability in math. This does not appear to be the case, however, because she is inattentive during most classes (i.e., not just during math instruction) and these behaviors predated her entry into elementary school. Heather is neither impulsive nor overactive. In fact, she is "slow to respond" at times and appears reticent in social situations.

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Case #3

TOMMY, AGE 9

Tommy is a fourth-grader whose schooling occurs in a self-contained, special education classroom for children identified with "emotional disturbance" (ED) in a public elementary school. His mother reports that Tommy has been a "handful" since infancy. During his preschool years, he was very active (e.g., climbing on furniture, running around excessively, and infrequently sitting still) and noncompliant with maternal commands. He has had chronic difficulties relating to other children as he has been both verbally and physically aggressive with his peers. As a result, he has few friends his own age and tends to play with younger children. Tommy has been placed in a class for students in need of social/emotional support since second grade because of his frequent disruptive activities (e.g., calling out without permission, swearing at the teacher, and refusing to complete seatwork) and related problematic academic achievement. During the past year, Tommy's antisocial activities have increased in severity as he has been caught shoplifting on several occasions and has been suspended from school for vandalizing the boy's bathroom. Even in his highly structured classroom, Tommy has a great deal of difficulty attending to independent work and following classroom rules.

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