# Effectively Helping Young People Achieve Their Potential: An Overview of Recent Research Findings

By Kaceia D. McDonald

#### Introduction

My primary reason for becoming a counselor is to advocate for young children that have behavior issues, social disadvantages, and struggles emotionally that would prevent them from reaching their potential. Interventions would be discussed in this pamphlet:: child centered play therapy, check in check out, good behavior game, reward system, mindfulness, coping skills, recreation, motivational based interviewing, positive behavior, sleep behavior, and nutrition. All these interventions will help the educational success of young children. This will help children have a better understanding of their worldview. The interventions will help student's development and learn the skills necessary for them to succeed. The culture of the students affects their beliefs, values, and behaviors when trying to succeed in school. Individuals who advocate for students will have



1 in 6 children aged 2-8 years has a mental, behavioral, or developmental disorder.

a better understanding of students with these behavior issues. It is important to understand the view of the student and how their education can be affected. There are several factors that can affect a child's ability to succeed such as mental health, socioeconomics, health, and motivation to succeed. Several researches show that there are achievement gaps between different groups such as gender, race, and socioeconomics.

#### Results

**Self assessment survey:** that implementing was a decrease of one year and then saw improvement in all other areas

The office discipline referrals of African American students :were still significant after culturally responsive positive behavior intervention systems, this was the same as previous research.

Social skills: little effect in relation to check in check out and peer mediation. Socially neglected

Physical education: student success, nutrition, and health. Improved over three-year intervention. Age and School impacted results

**Prevention programs:** same results as previous studies in the classroom

Child centered play therapy: effective hyperactivity and behaviors

Therapeutic relationship: decrease target behaviors

Child therapy: help classroom behavior

Good behavior game: student improvement in positive behavior

Motivational technique: help extend sleep

Social Emotional lessons: help students with self-control

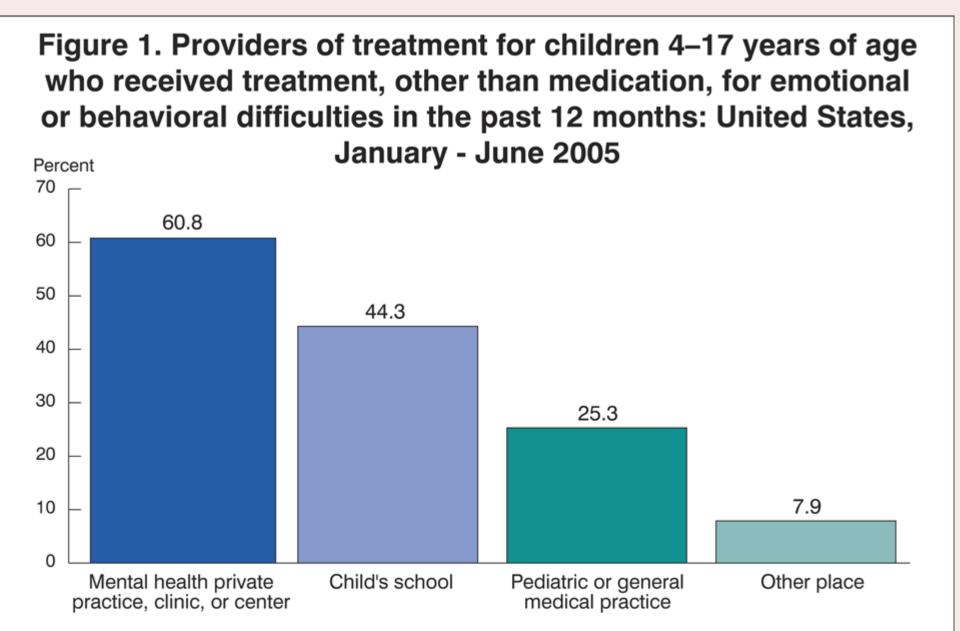
Reinforcement surveys: continue to support interventions

Positive Behavior intervention Plan: Helps teachers and staff to teach/replace skills and proactive strategies

Functional Behavior Assessment: tier 1/tier 2 not as successful

Multi-Tiered system of support: A team of individuals that help create support for

Coping skills: Positive behaviors increased



noninstitutionalized population.

# Conclusion Implications

10% of children and young people

(aged 5-16 years) have a clinically

diagnosable mental health

problem, yet 70% of children and

adolescents who experience

mental health problems have not

had appropriate interventions at a

sufficiently early age.

(Children's Society, 2008)

- · Check in check out more appropriate with social skills
- Student peers
- . Research team may not know students were taking their medicine
- . Pedometers might be dated not being reported or an error
- Nutrition recall
- . Child centered approach in a small group
- . Children's behavior may have been biased based on knowing they were being observed
- . Several studies no control group
- . Motivational base interviewing used when collaborating
- . Importance student teacher relationship
- . Coping skills help aggressive behaviors
- . Intervention help social, emotional, behaviors, and cognitions
- . Help with mental illness
- . Students learn skills and succeed in school



#### Limitations of studies

- Equality needs to be discussed and success for all students
- . School counselors should use perception surveys
- Culturally responsive positive behavior interventions . More research on mindfulness, ADHD, and young children
- . Student consent
- . Measure students' perception then students' behaviors
- . Lack of evidence to support individual reading skills
- Lack of monitoring and feedback
- . Teacher student relationship • Small sample size/ validity
- Assessments
- . Which behavior game is more effective
- . Students not separated between interventions
- Scores not delivered privately

#### **Future Research**

- . More culturally diverse students as well as different ages with abstract
- Disadvantaged Students
- · Validate and interventions to help social skills in schools
- . Body mass index and weight needs
- · Obesity prevention and effects of program
- Follow up research
- Randomize, control, and experimental groups for confounding variables
- Teacher behavior and statements
- . Class behavior focused on than individual
- . Interventions in school setting
- More data to support interventions

### Methods

- Pre– Assessment (Records, historical data, discipline records)
- Interviews/ Questionnaire
- Direct observation
- Data Collection (ABC Data, Frequency, Counts)

#### References

Betters-Bubon, J., Brunner, T., & Kansteiner, A. (2016). Success For All? The Role of the School Counselor in Creating and Sustaining Culturally Responsive Positive Behavior Interventions and Supports Programs. Professional Counselor, 6(3), 263–277. https://doi.org/10.15241/jbb.6.3.263

Carboni, J. A., Roach, A. T., & Fredrick, L. D. (2013). Impact of mindfulness training on the behavior of elementary students with attention-deficit/hyperactive disorder. Research in Human Development, 10(3), 234–251. https://doi.org/10.1080/15427609.2013.818487

Collins, T. A., Gresham, F. M., & Dart, E. H. (2016). The effects of peer-mediated check-in/check-out on the social skills of socially neglected students. Behavior Modification, 40(4), 568–588. https:// doi.org/10.1177/0145445516643066

King, K. M., & Ling, J. (2015). Results of a 3-year, nutrition and physical activity intervention for children in rural, low-socioeconomic status elementary schools. Health Education Research, 30(4), 647-659. https://doi.org/10.1093/her/cyv029

Muratori, P., Bertacchi, I., Giuli, C., Lombardi, L., Bonetti, S., Nocentini, A., Manfredi, A., Polidori, L., Ruglioni, L., Milone, A., & Lochman, J. E. (2015). First adaptation of Coping Power Program as a classroom-based prevention intervention on aggressive behaviors among elementary school chilSwan, K. L., & Ray, D. C. (2014). Effects of Child-Centered Play Therapy on Irritability and Hyperactivity Behaviors of Children With Intellectual Disabilities. Journal of Humanistic Counseling, 53(2), 120 -133. https://doi.org/10.1002/j.2161-1939.2014.00053.x

Wahl, E., Hawkins, R. O., Haydon, T., Marsicano, R., & Morrison, J. Q. (2016). Comparing versions of the good behavior game: Can a positive spin enhance effectiveness? Behavior Modification, 40(4), 493–517. https://doi.org/10.1177/0145445516644220

Willgerodt, M. A., Kieckhefer, G. M., Ward, T. M., & Lentz, M. J. (2014). Feasibility of using actigraphy and motivational-based interviewing to improve sleep among school-age children and their parents. The Journal of School Nursing, 30(2), 136–148. https://doi.org/10.1177/1059840513489711

# Acknowledgements

Thank you! Harnett county counselors for your input.