

The referral Statement- The student has had many different referral dates for different things that needed to be addressed over the years. The first psychological was conducted by Westchester Institute for Human Development on 4/10/12. The results of this evaluation stated that his IQ scale, verbal IQ, and perceptual reasoning falls in the low average range. There was a CSE meeting that took place on 1/31/13. The speech evaluation was conducted by Westchester Institute for Human Development on 5/22/2012. A Few other important reports and evaluations that took place are a social history update, psychiatric assessment, and psychiatric note. Since the student is a 504 child the school wide policy is that every student who has a 504 plan is to be seen in counseling. The first form of counseling that was implemented was ~~/~~ counseling in a group session that took place for 40 minutes once a week that start in 2013. In the year 2015 the counseling when from just group to group, and individual that were meeting once a week for 30 minutes. Now in 2016 it went from both group and individual to just individual that is meeting once a week for 30 minutes.

Identifying Information- The client name is NB. He is currently living in an apartment in Mount Vernon, NY with his mother, father, and three brothers. The Client was born in July 2003, in Mount Vernon NY. The race that my client identifies as is Black or African American with his primary language being English. There is also no other language that is spoken at home beside English. The client is ten years old in the 6th grade. He is currently unemployed and single because he is not of the age to start working yet and as of now the client isn't worried about looking for a girlfriend. However, the client is worried about receiving helpful tools, skills, and different strategies in order to help him related to teenage

girls. He is more worried about hanging out with friends, playing sports after school, and playing video games at this time.

Problem identification and definition-The physical or mental impairment are in the following areas Neurological, emotional, and mental illness. The client was diagnosed with ADHA and Adjustment Disorder with a mix of disturbance of conduct and emotion. The client was diagnosed with these impairments in third grade. Over time there has been changes made to help the child out in a positive manner. For example, the client use to receive group counseling but we found out the client didn't want to attend so a change was made to have the child only receive individual counseling. The client was having a hard time being able to relate to the other student in his group because he isn't at the point yet where he is able tolerant of other students who opinions are different. The disabilities he has affects his ability to focus, attend, and complete academic task in school. It also affects his organization skills and learning skills. He started off at average in many different subjects, but at the present time he is below average with his reading and math skills which is causing him to fail four classes in school. Currently the client is attending counseling one a week individual for 30 minutes to work on assistance to address conflict resolution skills, acceptance and tolerance of others, better coping skills for his aggression, along with resources to help him be able to relate to females in his grade.

Biological factors and functioning- The Boy is about average weight for his age group but from observing him over the past couple of month I've noticed he is very tall compared to the other students in his age group. If I had to make a guess I would say that he is about 5'8 or

even taller because when I have to communicate with him I have to look up to him because he is much taller than me. I am aware that the child is receiving outside services from two different agencies one being Bridges to Health. His brothers and himself are receiving outside counseling that takes places once a week. The child is on medication to help him with his ADHD. The last time it was noted it stated that the child was taking Focalin. There as been no updated information regarding whether or not the student medication is change, if he is taking it every day, how much he has to take. There was a meeting schedule with his mom to receive all updated information, but the mom never showed up. We haven't been able to reschedule the meeting yet do to the holidays. In school, he is also receiving counseling treatments once a week individual.

Psychological factors and functioning-The client is the oldest son of three other boys. The boys are in grades 1, 4, 5, and this client is the oldest in 6th grade. He is acting older than his age because he is helping the mother take care of the boys. The first psycho-educational evaluation was done in 2012 due to the act that the child had concerns about academic progress and behavior regulation. When going over the results I noticed that his cognitive functioning was assessed with the Wechsler Intelligence Scale for Children- using the fourth edition. His full IQ scale was of the 89th percentile which is low average range. The verbal comprehension index he scored a 93 (32nd percentile). When looking at the other subsets with his vocabulary-37th percentile, and his presented words that are done orally is also 37th percentile. On the social problem scale the mother states that the client tends to clings to adults and doesn't not get along with other kids his age. He has stated on many different

sessions that kids his age are annoying, and he doesn't want to make new friends because no one would be able to understand him the way his other guy friends do.

Family Factors- The family consist of four sons including himself, a mother, that are living in the apartment together. We are unsure about whether the father is in the picture, or I it's a step-father because the client refuses to talk about him. We are going to assume that there is a male in living in the house because from one or two conversations we had with the mother she stated her husband was there. From looking at past information the father is not in the picture and there is a statement saying that the father has an order barring him from being able to access any school records. The client and his two younger brothers were removed from the mother and fathers care in 09 because the parents fail to do their noncompliance with mandated substance abuse treatment and the boys were sent to live with a foster family in Greenburg New York. The father did not follow through with the court requests and he has a restraining order barring contact with the family. In 2011 the family was reunited and the boys were returned to the care of the mother in Mount Vernon. The mother has reported that as a child she had a learning disability. She is also dyslexic and has bipolar disorder. She is currently undergoing treatment for her bipolar disorder. The grandmother and the paternal grandfather are two of the people that are the closest to the child. The grandmother for Thanksgiving time had taken the kids down south to spend some time with other family members and the kids where so excited to be going.

Social Factors- The child attends the Graham School in Mount Vernon, but his attendance isn't great. There has been several other schools he attended as well. He was going to

Edward Williams, Lee F. Jackson, then back to Edward Williams. He is absent from school a lot, leaves early, and skips classes that take place at the end of the day. After getting to know the child I am more aware now that there isn't much outside interaction. For example, there are no outside sports being played, they aren't attending church on a regular basis, but in fact they are going to the Bridges to Health once a week to meet with an outside social worker. I am not aware of the name of the agency but the child is also receiving outside counseling from a second agency once a week. The client has four or so close friends that he connects with but other than that he gets along with adults more. He has a hard time being able to verbalize his thoughts when a problem comes up. He tends to react and resort to violence. For the past few years the client has had a 504-accommodation plan. Some of the other accommodations that are being implemented are differentiated instruction, small group instruction, additional time to formulate a response, refocusing and redirection, use of a graphic organizer, and restating of directions throughout the day to help the student to do better in his classes. He also has testing accommodation which include test administered in small group, answers recorded in test booklet, extended time, directions read and explained, listening section repeated more than the standard number of times, tests administered in a location with minimal distractions, on-task focusing prompts, preferential seating, and tests administered in a separate location/room. Due to the client age, he is currently not working because he is under the legal minimum age to work.

Cultural factors and transitions- The client is an African America boy and a member of the low economic class. He is a heterosexual, and he is into girls making him very nervous and shy when he finds himself around girls. I know that one of his strongest beliefs that is

instilled into his mind by the family at home is the statement “We stand up as a family, and no one talks bad about the family.” For example, there are many times that another student has talked badly about his brothers or his mom, which results in the client getting physical causing harm to the other child. He has stated in previous counseling session that none of the coping strategies are going to work because the anger he has towards student who talk about his family is uncontrollable. I strongly believe that the student is against receiving help from outside agencies and the school because of the values the mom is instilling on him. Mom has said that whatever happens at home say at home and it’s no one business. When bringing up the family, the family life, and even the thought the client has refused to answer any questions related to the family.

Substance use- The client is currently taking a low-dose of medication named Focalin, but the exact amount of how much he is taking is unknown because the mother hasn’t followed up with the school about an update on the child. This prescription has become a problem for the child to be able to focus, and complete academic work the client needs to be taking the medicine daily. During latest meeting that took place on December 8th 2016 with the client, the outside social worker, and myself, it was stated that the client is currently off his medication and is unaware when he will get back on it. The client is not smoking, using drugs, or drinking alcohol. We are worried about the client because the client is at a higher risk for doing drugs because the family members like the mother and the father have done it in the past. The mother specific drug of choice was marijuana. The parents went through a substance abuse program and has been clean of drugs for the past three years.

Resources for problem solving- The Client is receiving counseling once a week for 30 minutes in school by the school social worker. On the outside, he is also receiving extra outside support for two different agencies to get more support. The outside agencies are working with him to help him with the ADHD, and the aggression they see. As a support system both agencies and the school are on the same page which is to make sure the child is moving in the right direction. He understands the issues he is having focusing in school, and his serve aggression issues as well. In counseling, we are working to help him come up with better study skills, and coping skills for issues that are occurring. For example, when looking at the academic piece first we came up with strategies like making index cards, attending after school study session, asking the teacher questions when he doesn't understand something, and moving his seats to the front of the room away from his friends. The aggression part is the harder part to deal with because any strategies that were given to him haven't been considered because he feels very strongly about people talking about his family. When that occurs he just begins to shut down and get angry and use physical violence to address the situation. Some of the different coping skills we have talked about are walking away from the situation, talking to an adult before addressing the child, tell the child to stop and that you don't like when they say those different things.

*what about mutual
fours??*

Concluding statement-The client has several strengths that sometimes we over look because we are always focusing on the areas in which needs to be improved. The client has a quick wit, very protective of his family, and he is very funny. The clients reason for getting the extra support is because he is very easily distracted in the class, he has aggression and anger towards others who talk badly about his family. We are working on fixing these problems

with different solutions like giving him coping skills for conflict resolution, acceptance/tolerance of others, and how to relate to females.

Goals: The goals we would like to be able to work on and reach during this school year is to come up with one coping skills to help him be able to work on his aggression issues. By having one skill he likes and can agree to do would be a start and way to work other different coping skills into the sessions. Another goal that I would like to set up with the client is having him on grade level in reading/and or math. The other subjects we can work on when after we can help him be able to read on his level. The reason that I only set up one goal for each section that he is struggling with is because it is more realistic and more likely for the child to tap into. The more goals you want the client to achieve the less likely the will do because they are stressed out. As the social worker, I would be very happy with my client if by the end of the time we spend together in June if he could come up with on goal that he sticks with. Another goal that I would personally like to see him be able to reach by the end of this school year or even early next year is for him to not need to receive counseling because I know that he doesn't like to come because he is a private person and doesn't like to share.

Plan: The plan is to continue to work with the client once a week for 30 minutes to help him to move in a positive direction. We will continue to address and help the client be able to focus better in class, receive better grades in school, find ways to have him related to females, conflict resolution skills, acceptance and tolerance, and aggression. We will continue to play games that are fun for the client, but that are addressing all the different

sections that he is struggling in. I will also help him find coping skills in hopes that one of the ones that are given to him he will be able to connect with and use outside of the counseling room and school. By the end of the year we would like to be able to take counseling off his IEP because we know that the client doesn't enjoy coming and sometimes tends to find ways around coming.