

1: Coaching And Mentoring: Corporate Training Materials

"The Step Method of Stress Relief: Decoding the Meaning and Significance of Stress is an approach to stress management. It presents simple self-help guidelines that help you efficiently relieve stress.

Introduction The use of coaching has been described by early childhood special educators, occupational therapists, physical therapists, and speech-language pathologists as a practice to support families of children with disabilities as well as practitioners in early childhood programs. Campbell defined the role of the early intervention practitioner as that of a coach rather than a direct therapy provider. Hanft and Pilkington encouraged early childhood practitioners to reconsider their role "to move to a different position alongside a parent as a coach rather than lead player" p. Overview of Coaching Historically, coaching has been a term and process used primarily in athletics. More recently, coaching can be found in the field of business. Coaching emerged as an accepted practice in the development and supervision of educators in the s Mid-continent Regional Educational Laboratory, ; Brandt, ; Ackland, As part of early childhood practices, coaching promotes self-reflection and refinement of current practices on the part of the person being coached. Flaherty defines coaching as "not telling people what to do, [but] giving them a chance to examine what they are doing in light of their intentions" p. Coaching may be used to improve existing practices, develop new skills, and promote continuous self-assessment and learning. The role of the coach is to provide a supportive and encouraging environment in which the learner and coach can jointly reflect on current practices, apply new skills and competencies with feedback, and problem-solve challenging situations. The Coaching Process Coaching requires a "specialized set of learned skills" Doyle, to "develop people on purpose" p. The five components of the coaching process include 1 initiation, 2 observation, 3 action, 4 reflection, and 5 evaluation. Coaching is a nonlinear process. Each individual situation determines the order in which the coaching components unfold; however, during the coaching relationship, the coach and parents or other care providers will move through each of the components. Throughout the coaching relationship and even specific coaching conversations, the coach and person being coached are likely to move in and out of these components a number of times. During the initiation component of the coaching process, either the coach identifies an opportunity for coaching and invites the other individual into a coaching relationship, or the person seeks the experience of the coach and opens the door for a coaching conversation. Regardless of the circumstances, as part of initiation, the coach and parent jointly develop a plan that includes the purpose and specific outcomes of the coaching process. The coach may observe the parent use an existing strategy or practice a new skill that was just discussed or which the person had been trying between coaching visits. The coach may also observe an unplanned activity and use this as an opening to then initiate a spontaneous coaching conversation. The observation component may be used as well when the parent wants to share a particular challenge with the coach; therefore, the coach observes the particular difficulty prior to further discussion. The purpose of these observations is to assist in building the competence and confidence of the person being coaching in promoting child participation in everyday activities when the coach is not present. The observation component may also be used as an opportunity for the care provider to observe the coach demonstrate or model a particular skill, technique, or strategy prior to using it himself or herself. This action by the coach and observation by the parent allows him or her to see the skill or strategy as modeled by the coach, then reflect on how the task might need to be adjusted for himself, herself, another adult, or the child. Actions are events or experiences that are planned or spontaneous, occur in the context of a real-life activity, and may take place when the coach is or is not present. This type of active participation is a key characteristic of effective helping and is an essential component for building the capacity of the person being coached. Reflection Fenichel, ; Gallacher, is the most important component of the coaching process and is what differentiates coaching from typical problem solving, consultation, and information sharing between the practitioner or service coordinator and the family. The reflection component consists of the coach asking questions to cause the person being coached to think about what is happening now, what he or she wants to have happen, and what he or she can do to bridge the gap. The goal of this component is to promote continuous improvement by assisting the family member or

care provider to analyze his or her practices and behavior through the use of a reflective discussion with the coach Gallacher. As part of this process, the person being coached recognizes existing strategies and discovers potential ideas to build upon current strengths to address identified questions, priorities, and interests. Evaluation of the coaching process. The purpose of the evaluation component is to review the effectiveness of the coaching process, rather than evaluating the person being coached. The coach should self-reflect as part of the coaching process evaluation after every coaching conversation regarding changes needed in the coaching process, continuing as the coach, and helping the family member or care provider progress toward the intended outcomes. As part of the evaluation of the coaching process, the coach and family member or care provider must decide whether to continue with coaching conversations continuation or if the intended outcomes of the coaching relationship have been achieved resolution. As a coach, the commitment to building the capacity of others is essential. Our previous role, however, has been as an expert who either makes recommendations for what the parents or other care providers should do or reserves the most highly technical tasks typically non-evidence based to be performed by himself or herself. The coach must be cognizant of and seize opportunities for coaching conversations to occur. Coaching, therefore, occurs as part of a planned series of conversations or spontaneously as a result of an observation, shared experience, or question posed to the coach. Effective coaching conversations result in the following actions by the person being coached: A review of peer coaching literature. Journal of Staff Development, 1 , On teachers coaching teachers: A conversation with Bruce Joyce. Educational Leadership, 44, Expanding learning opportunities for infants and toddlers in natural environments: A chance to reconceptualize early intervention. Zero to Three Bulletin, 20, Therapy programs for children that last a lifetime. Physical and Occupational Therapy in Pediatrics, 7, The coach-of-coaches model for preparing rural special education teachers. Some distinctions between supervision and evaluation. Costa Eds , Better teaching through instructional supervision: California School Boards Association. Using collegial coaching and reflection as mechanisms for changing school cultures. Itinerant early childhood special education services: Service delivery in one state. Journal of Early Intervention, 24 , A game plan for the new work environment. Interest-based natural learning opportunities. Empowerment, effective helping practices and family-centered care. Pediatric Nursing, 22, , Toward clarification of the meaning and key elements of empowerment. Family Science Review, 5, Learning through supervision and mentorship to support the development of infants, toddlers, and their families. Zero to Three, 12 2 , Preparing practitioners to work with infants, toddlers, and their families: Issues and recommendations for educators and trainers. National Center for Clinical Infant Programs. Evoking excellence in others. Supervision, mentoring and coaching. Catlett Eds , Reforming personnel in early intervention pp. Close to the classroom is close to the bone: Coaching as a means to translate research into classroom practice. Exceptional Children, 62, The role of teacher leaders. Phi Delta Kappan, 82 10 , Therapy in natural environments: The means or end goal for early intervention? Infants and Young Children, 12 4 , Coaching Families and Colleagues in Early Childhood. Providing peer coaching in inclusive classrooms: A tool for consulting teachers. Intervention in School and Clinic, 32, The coaching of teaching. Educational Leadership, 40, Interpersonal strategies for obtaining superior performance from individuals and teams. Effects of peer coaching on teacher and student outcomes. Journal of Educational Research, 90, Early Education and Development, 6, Using peer coaching with preservice teachers to develop reflective practice and collegial support. Teaching Education, 11, Teachers helping teachers to improve classroom performance. Associates for Human Development. A powerful strategy in improving staff development and inservice education. Peer coaching within an early childhood interdisciplinary setting. Intervention in School and Clinic, 30, A method for increasing effective and decreasing ineffective teacher behaviors. Teacher Education and Special Education, 14, Peer coaching in a preservice special education program. Teacher Education and Special Education, 15,

Get this from a library! The step method of stress relief: decoding the meaning and significance of stress. [Albert Crum] -- Physician Albert Crum quotes philosophers, the Bible, and neuroscientists in this volume advocating a ten-step "Percept Method" of stress reduction, which he developed and patented.

Having COPD makes it harder to breathe. There are two breathing techniques that can help you get the air you need without working so hard to breathe: Before starting any breathing technique, take a minute to drop your shoulders down, close your eyes, and relax. Pursed-Lips Breathing This breathing technique helps you focus, slow your breathing down and stay calm. Pursed -lips breathing should be used during and after exercise. It should be used with any activity that makes you feel short of breath. To use pursed -lips breathing: Breathe in through the nostrils. Do not force the air out. Breathe out through lips pursed like you would blow out a candle. Breathe out two to three times longer than you breathe in. Slows your breathing down Keeps airways open longer so your lungs can get rid of more stale, trapped air Reduces the work of breathing Increases the amount of time you can exercise or perform an activity Improves the exchange of oxygen and carbon dioxide To do purse-lips breathing: Breathe in through your nose as if you are smelling something for about 2 seconds. Breathe out very slowly through pursed-lips, two to three times as long as you breathed in. Breathing from the diaphragm: This type of breathing is also called abdominal breathing. Your abdomen should rise when you breathe in. It should lower as you breathe out. The diaphragm is the main muscle of breathing. Diaphragmatic breathing is not as easy to do as pursed-lips breathing. It is recommended that you get instruction from a respiratory health care professional or physical therapist experienced in teaching it. Place one hand on your abdomen. Place one hand on your upper chest. Focus your breathing on your abdomen. As you breathe out, the hand on your abdomen should lower. As you breathe in, the hand on your abdomen should rise. Breathe in through the nose. Breathe out slowly through pursed lips. Practice this 2 to 3 times a day for 5 to 10 minutes. Start by doing it while lying on your back. Then try it while sitting. Then try it while standing. Finally, try it while doing an activity. As you become more comfortable with this type of breathing, you can use it to reduce your feelings of shortness of breath. You can use it:

3: Coaching in Early Childhood

Exercise Science and Physical Education, Sports Administration and Coaching Concentration (MS) The graduate program in Exercise Science and Physical Education provides students the opportunity to pursue advanced study in the general field of exercise science and physical education, and to enhance proficiency in an area of concentration.

Types of Physical Therapy: Aquatic Exercise An option open to clinicians and patients for exercise and movement training is to use the buoyancy and non-weight bearing environment of a pool or other water-based environment. What is unique about this approach is the medium in which the therapy is administered as opposed to a difference in exercise techniques. That being said, the aquatic environment does provide some unique opportunities relative to temperature, resistance, speed, and position that cannot be achieved in other settings.

Cardio-Respiratory Conditioning Aerobic conditioning of the cardiac and respiratory systems carry many beneficial effects. Among the more important include improved oxygenation of all biological tissues, enhanced endurance, better quality sleep, weight control, improved patient confidence and reduced fear avoidance. All of these benefits can help with a speedier and better quality recovery with diminished functional decline and disability. The style of cardio-respiratory conditioning must be considered with respect to each specific patient and what positions trigger their symptoms.

Patients who have more symptoms while sitting: Avoid using a bicycle for aerobic training. Patients who have more symptoms when standing or walking: This group may find using an upright or recumbent bicycle for aerobic training is the better choice. Patients who experience symptoms related to load bearing sitting, standing, or walking: In this patient population, the better choice may be swimming. In fact, it is the most popular method of rehabilitation used in patients recovering from spine surgery.

Core training is an approach used to re-establish proper muscle tone and sequencing of small muscles that lie deep in the trunk and pelvic floor. In doing so, advocates profess that the spine becomes more stable, stiff, and connected to the extremities. This creates a firm foundation from which the larger trunk muscles and limbs can be used to move the body. Studies suggest that, for a specific population of patients with documented spinal instability, core training can result in a measurable and meaningful reduction in symptoms and improvement in function. The application of a core training program begins with the process of making an accurate diagnosis of spinal instability and relating that disorder with the presentation of symptoms. Once that condition is established, trained clinicians will teach a patient, using various techniques, to activate the deep trunk and pelvic floor muscles. In a stepped progression, a patient will develop proficiency in using the correct stabilizing muscles at the most appropriate times to facilitate proper muscle sequencing and efficient movement patterns. As an end-point, a patient will be challenged to maintain their core activation and proper sequencing patterns during normal functional activities and, in some cases, with sport-specific challenges. These approaches can be used to for patients with spine-related symptoms, or for those with an underlying condition who are working to prevent recurrences. These techniques require an understanding of the relationship between stabilizing and mobilizing muscles, proper sequencing and optimal biomechanical motion patterns for a variety of daily tasks, occupational activities and sports-specific physical performance. In these approaches, tasks are broken down into their most simple component single-joint movement patterns. These patterns are perfected with proper alignment, breathing, and muscle stabilization in non-weight bearing postures using manual or mechanical assistance. As the specific single-joint component pattern is mastered, without symptoms, the training becomes more complex and might include one or more of the following advances: The end goal with these types of approaches is to move a patient through a process that begins with: These changes result from extended periods of rest and recuperation. In addition, deactivation of the body can lead to lower self-esteem, reduced confidence, poor body image, sleep disturbances, changes in appetite, fear and other problems. Reactivation is a process of physical and mental stimulation in which a patient begins to perform normal physical activities, using proper body mechanics, in a dose-progressed manner. By grading the reactivation with recovery after bouts of effort, a patient can build their confidence, fatigue-resistance, and muscle conditioning. This should occur without uncomfortable delayed onset muscle soreness. Small and controlled successes will lead to a graduated achievement of

reactivation that permits reentry into typical daily activities, occupational demands, and recreational endeavors. Most importantly, a patient will realize the limitless capacity of their body to function at high levels without symptoms or without worsening their spine-related condition. This is a critical process through which a patient can achieve a full recovery. Strategies for reactivation can include supervised training and guidance. In addition, remote monitoring devices can be worn on the wrists, ankles, and waist or attached to a garment. These devices record various biometrics such as number of steps taken, caloric expenditure, heart rate, and sleep patterns. This helps the health care provider gain a better understanding of their progress and activity tolerance.

Strengthening Many patients with spine-related symptoms and functional deficits lose strength in specific muscles or groups of muscles for two reasons: Before starting any strengthening program, overload must be considered. Muscles must be taxed to their upper limits of capacity over a number of sessions so that they can get stronger. This process can take many months of effort. In the early phases of a recently initiated strengthening program, most of the gains are in learning and neuromuscular adaptation. Learning and neuromuscular adaptation lead to a better efficiency and economy of movement, which can quickly increase the load capacity of a muscle. While these early changes are exciting and encouraging, they are not necessarily associated with the kind of strengthening characteristic of muscular development. Strength training, as part of a rehabilitation approach, can be used to restore muscle loss due to resolving neurological compromise or to reverse changes caused by disuse or deconditioning. In addition, strength training may be prescribed as a means of easing recurrent spine-related symptoms if pre-episode deficits are identified or suspected. A strengthening program can be performed under the supervision of a trained medical professional, athletic trainer, personal trainer, or in a self-directed manner. Studies have shown that general strengthening can be beneficial in spine-related disorders. Further, for certain conditions and deficiencies, targeted strengthening that is customized for an individual patient can provide superior benefits to generalized strengthening. Typically, strength training is performed days per week. The program may be dosed and consist of any number of movement patterns performed times over sets. A tremendous amount of variability with respect to the loads, intensity, volume and duration can be utilized to achieve the desired results. Various types of equipment can be utilized to assist in a strengthening program. Common elements include barbells and dumbbells, exercise machines, medicine balls and elastic cords.

Stretching Lack of flexibility in certain muscle groups and regions of the body has been linked to spine-related symptoms. A cause and effect relationship has not been clearly established; however, in some patients, improving the flexibility of the muscular or tendon tissue and connective tissue elements can enhance recovery and reduce focal areas of tension and stress. Stretching can be integrated as part of a multi-faceted approach. Various techniques may be employed ranging from static, passive, low load, long duration strategies applied by a therapist to contract-relax tactics that enhance muscle reception to stretching. Programs can progress to ballistic muscle lengthening techniques used before sport participation.

4: Coaching in Early Childhood: Publications

Neuromuscular re-education techniques help patients regain normal, controlled movement patterns. The nervous system controls most of what we can do, so orthopaedic physical therapy almost always includes neuromuscular re-education as a part of the overall recovery regimen.

Apply Now Frequently Asked Questions Request Information Upcoming Events Exercise Science and Physical Education, Sports Administration and Coaching Concentration MS The graduate program in Exercise Science and Physical Education provides students the opportunity to pursue advanced study in the general field of exercise science and physical education, and to enhance proficiency in an area of concentration. The concentration in Sports Administration and Coaching is designed to develop and enhance competencies necessary for coaching of athletics in a public school setting or in higher education, administration of athletic programs at a secondary or higher education level, and management in a community or professional sport organization. The program represents a blend of content related to the art of coaching and administration of athletics including coursework in sport management, sport law, sport marketing, sports conditioning, coaching techniques, and sport psychology. With the proper selection of electives and requisite teaching experience, students are eligible to obtain the Supervisory Certificate. Admission Requirements All applicants must meet the basic admission requirements for graduate study at Montclair State University. There are no prerequisites for the Sports Administration and Coaching concentration, however applicants who have not taken undergraduate coursework in kinesiology or motor learning will be asked to complete some readings in those areas. Completion of the GRE is not required for this program. Application Checklist In order to make applying for graduate school as seamless as possible for you, we have created an application checklist. This checklist can be a reference point for you during the application process to ensure that you have a comprehensive understanding of the steps needed to apply, as well as all corresponding supplemental materials for your specific program of interest. Once this step has been completed, the online portal will allow you to upload your supplemental materials. The following is a list of the supplemental materials that will accompany your application for the Exercise Science and Physical Education, Sports Administration and Coaching Concentration MS program: One from each college attended. Write one essay of no more than three double-spaced pages in response to the prompt below. Your essay can include some description, but it should also demonstrate that you have critically reflected on the profession and your potential place within it. Please write in a concise, formal, professional style. If you make generalizations or assertions, be sure to provide support for them. In one integrated essay, thoughtfully discuss each of the areas identified below: Why you are interested in the profession in which you want to pursue graduate work and, if applicable, the particular concentration within that profession. Your knowledge of issues and trends in this profession or field. What areas and topics you hope to study in depth and why. Any related professional or personal experiences you have had, including opportunities to collaborate with other professionals, and how these experiences make you particularly well-suited for the profession. Potential challenges and opportunities associated with diversity you think are relevant to the profession you are pursuing. Students holding degrees from non-US institutions must request a course-by-course transcript evaluation from a member of the National Association of Credential Evaluation Services or by Educated Choices. Curriculum The program is 33 semester hours, including 15 semester hours in the sports administration concentration, semester hours in electives, and hours in research methods, management principles and conduct of a capstone project. Students have their choice of selecting an applied project, internship or research project for their capstone experience. Many of the courses in this program are offered in a hybrid format in which some of the class meetings take place in the classroom while the remaining class sessions are conducted online. Facilities for learning activities and research in motor learning, biomechanics, and exercise physiology are provided in the state of the art Human Performance Laboratory and the Physical Education Activity Laboratory. Contact If you have any general questions regarding the application process and requirements, please email or call us: The Graduate School Telephone:

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D) Environmental management (planning and deriving strategies to manage social and physical environments (e.g. coach's, spectators) that affect an athlete) E) Generalization (sustaining efforts over time and extending behaviors to new conditions and settings e.g. using the same psychological skills one may have successfully learnt in basketball.

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