

Using behaviour charts and setting goals to manage your child's behaviour HET STEPPING STONE 1 CONSULTATIONS

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You have started the HET journey with HETty and by now, you will have worked through 'Pat's Garden Within' with your child and also the Willow materials. Also you will have set up a page on www.HETwebsite.com to work with celebrating the success of your HETty! Now the first stepping stone towards helping this young person is to find out what needs to be improved. When this information is put together, it is possible to set some goals and to measure progress along the way and all of this is an important part of finding out what the root causes are of a child's needs and how these are expressed through behavioural patterns..

Throughout this book you will be directed to a fully interactive companion website for personal support and many films and projects. If you are using a computer or iPad you only need click on the link to be taken to the webpage you need. However if you are on Kindle, you may need to make a copy of the link to paste into your browser bar next time you go online.

Consultation questionnaires, setting goals and measuring progress

Please click this link for an online presentation, this explains stepping stone 1.

http://www.holisticeducationaltherapy.co.uk/SS1parentcons/parentconsultations.htm



Hi, I'm Lin Porter and welcome to the 'setting off module'. In my spare time, when I'm not being 'HET woman', I am a photographer / artist and was recently invited to submit some of my work to www.bonobo.tv. This project related the work we do with animals on our HET PET programme to help behaviour problems with children. You will find out more about this when you visit Ruby and Daisy's pages on www.HETwebsite.com I have taken the liberty of running a sub- plot through this book I hope you enjoy it!

Check out: http://www.youtube.com/watch?v=gGmnqofciXE

I'm sure you'll be able to relate to a cheeky monkey in your life! © Linda Porter – HET 2010 THIS STEPPING STONE CHAPTER CONTAINS BACKGROUND INFORMATION, QUESTIONNAIRES, EXERCISES AND VIDEO LINKS TO STARTING YOUR HET PROGRAMME

So.... Let's HET started!!!

• The first thing that we need to do is to define what the problem is?

What is going on with your child's behaviour that is causing concern?

What is it that needs to change for this not to be a concern again?

• Once we've done that we need to measure it –find out how big this concern is!!

The next step is:

• To decide how we know when this is not a problem any more – what will your child be doing differently?

This is about setting goals for your child and with your child, and agreeing them with other people who may be seeing their behaviour as a concern e.g. schools etc.

And then...

• How will we measure this? How will we know how big the improvement is?

This is what we call evaluation – we place a 'value' on the improvement that your child had made?

Right – a good starting point? Agreed?

Now everybody who knows your child is going to have an opinion and they will all see a different problem and it will look completely different to everyone involved.

So.... Sounds a bit like mission impossible here – HOWEVER......



Everyone has an opinion on your child!

✓ The point of doing these questionnaires is that we get different opinions and measurements

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Then....



I'm B O R E D!

✓ We agree how your child can improve their well being, health, behaviour or whatever shows up in the questionnaires as an area where your child needs support.

Then....

✓ We agree some goals or targets if you prefer.

And then....

✓ we start to measure progress along the way with the HET programme.

There are inbuilt ways to measure all of these things along every step of the way in HET. The advantage of this is it gives us a very in-depth profile into what it is, that has created these challenges for our child. This way we can avoid them in the future and we know what to do if we do encounter these things again some time. It also shows us how effective the HET tools are, so we know what to use as part of our 'tool box for life' approach.

So... One step at a time.



Are we there yet?

Let's take a look at the initial questionnaires. This is always the first part of the HET journey – to find out where we are and where we want to go – always useful!

There are two questionnaires that are helpful to complete. One is for a parent to fill in, and the other one for a teacher to fill in. You know how it goes with children – they all have to sign an official secrets act, when they walk in through the school gate in the morning and woe betide us if we ask what they did during the day – they will tell us – but may have to shoot us if they do – right?

Well very often children present very different behaviours at school to how they do a home and I can remember my time as a teacher on parents' evenings holding a discussion and not believing that we were actually talking about the same child here!

Another change in perspective is of course, when the child is in school often their behaviour in the playground is very different to when they are in the class room. So it is very helpful when we are trying to work out what we need to do to best support your child, to observe their behaviour at home, at school, in the classroom and in the playground. This gives us a much more rounded perspective on what's going on here!

Also not just observing behaviours in different environments, but from different points of view as well. We call this 'a triangulation of perspective' which is a posh way of saying we really need three



What's that say?

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points of view on the same challenge. So we would normally look at a parent, a teacher, the child and also the HET therapist.

Of course, it is really important to find out what your child thinks about this too and there is a simple version of this questionnaire in 'HETties for you to go through with your child. It is very interesting to compare their 'take' on things, with that of other people around them.



WAKEup!

By having a HET coach or therapist to support you, you are able to get input outside of the 'dynamic' or your own interaction with your child. That one step removed perspective ensures detachment from the family situation and provides YOU with support and remedies and techniques that make the job of managing your child's behaviour issues – SO much easier!!!

Right, well now you will need to fill in the questionnaires. You will notice that each question belongs to a section e.g. in the parent questionnaire we are looking for information that a parent or carer is more likely to know, like for instance: How well does your child sleep?

Well, we need to measure this – so we have a scale called a 'weighting scale' – if your child sleeps very well you would perhaps give a '+2' rating or very poorly you would possibly give a '-2' rating!

This gives us what is called a 'QUANTITATIVE' measurement – in other words – the quantity of good sleep your child has. Then we ask you some specific questions like what time your child goes to bed and wakes up and then to describe any particular problems.

So... for example you may say that your child 'won't settle down to sleep for 3 hours' or 'wakes in the middle of the night' or 'wets the bed'. One family, I once worked with told me that their son would 'wake up' in the middle of the night and go and set fire to his brother's bed!!'

This give us what's known as a 'QUALITATIVE' measurement – in other words, looks at the quality of your child's sleep.

Then we go through a similar type of questionnaire with your child's teacher. This time we are looking at things that the teacher is more likely to know from a school setting.

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Now... when you look at the questionnaires you will notice that the forms are divided into 2 columns. This is so that when you do the questionnaire when you start off the programme (this is what we call an 'ENTRY POINT' you can fill in the left hand column in one coloured ink. The when your child is coming off the programme you can go through the same questionnaire again (this is the 'EXIT POINT') and we can get an idea of how much improvement there has been from both the shift in the 'Weighting scale' which gives a quantity of how big the shift is. For example a move from -2 to +2 is four points on the scale – that is 100% improvement in that category.

An improvement in the quality looks at the initial problems and what has changed – for example

"He no longer sets fire to his brother's bed any more!"



Just wait till yer dad gets back!

Ok – that was quite an extreme problem and many of your child's problems are unlikely to be so severe, but whatever it is, we are looking to improve and support, we need to know what helps the situation best and it is this approach that points the way for us!

Right please have a go at completing the parent/ carer consultation questionnaire and going through it with your child's teacher. It is always helpful if the same person who does the initial 'Entry questionnaire' also carries out the 'Exit questionnaire.' Remember what I said earlier about different people having different points of view!

Please now refer to the questionnaires.

HOLISTIC EDUCATIONAL THERAPY – HET Programme

Name of child	Picture before HET	Picture after HET		
Child's date of birth	Height	Weight		
Date	Initial questionnaire	Final Questionnaire		
Please comment on the following areas and tick whichever box applies the most.				
Use Red Pen for initial (rating – Blue Pen for final rating.			

HOW WELL DOES YOUR CHILD SLEEP?



Please tick whichever box applies the most.

+2	+1	o	-1	-2

SLEEPS SLEEPS WELL POORLY

Before HET	After HET	
My child goes to sleep at		
My child wakes up at		

Please detail any problems experienced during the night

Before HET	After	HET
		-

HOW DOES YOUR CHILD BEHAVE?

Please tick whichever box applies the most.



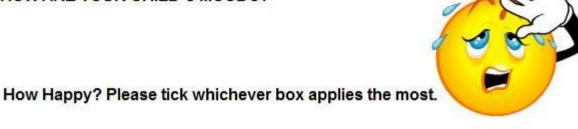
+2	+1	0	-1	-2
	20	\$	8	

BEHAVES BEHAVES WELL POORLY

Please detail any behaviour problems:

Before HET	After HET
TYPE OF PROBLEM	
WHEN THIS HAPPENS	

HOW ARE YOUR CHILD'S MOODS?



+2	+1	0	-1	-2
	6500			10.7
				Į.

VERY HAPPY SAD OR DEPRESSED

Is this?

Occasionally	Seldom	Regularly	Often	All the time
2 9				5

Please tick whichever box applies the most.

Before HET	After HET
NOTES:	

How calm? Please tick whichever box applies the most.



+2	+1	0	-1	-2

VERY

AGITATED FRUSTRATED OR ANGRY

Is this

Occasionally	Seldom	Regularly	Often	All the time

Please tick whichever box applies the most.

How calm Before HET	How calm After HET	
Notes:		

HOW WELL DOES YOUR CHILD EAT?



Please tick whichever box applies the most.

+2	+1	0	-1	-2

EATS WELL POOR APPETITE FINICKY ABOUT FOOD

How does he/she eat Before HET	How does he/she eat After HET
Notes:	

Eating Before HET	***	Eating After HET	
Notes: What s/he ate:			
When:			
Is this a typical day?	Yes / No	Yes / No	

What did your child have to eat yesterday and when?

Please include sweets and snacks:

WHAT IS YOUR CHILD'S WATER INTAKE?



How many glasses a day does your child drink?

Tea or coffee?	Milk?	Water?	Fizzy drinks?	Squashes?	Fruit Juice?

Please fill in the number of glasses / cups for each category

Does your child drink water out of choice?

Before HET	After HET	
Notes:		

DOES YOUR CHILD HAVE PLENTY OF ENERGY?

Please tick whichever box applies the most.



+2	+1	0	-1	-2

FULL OF ENERGY CONSTANTLY ON THE GO

NO ENERGY ALWAYS TIRED

Is there any pattern to this? Please describe:

-

DOES YOUR CHILD MIX WELL?

Please tick whichever box applies the most.



+2	+1	0	-1	-2
			77	

PLAYS AND MIXES WELL WITHDRAWN DOESN'T MIX WELL WITH OTHERS

Please give details of any patterns or problems:

After HET
r child spend watching TV or playing
After HET

HOW DOES YOUR CHILD FEEL ABOUT HIM / HERSELF?

Please tick whichever box applies the most.



+2	+1	0	-1	-2

VERY CONFIDENT HAPPY WITH HIM / HERSELF LACKS CONFIDENCE SHY, NOT HAPPY WITH HIM / HERSELF

Please list the situations when your child is confident:

Before HET	After HET
Notes:	
Please list the situations when	n your child is not confident:

How would you like to see your child's health and well being improved?

Before HET	After HET
	3
At this point you could ask yourse	elf, if you had a magic wand to wave
for your child – what would the wish be?	
•	

Thank you for taking the time to complete this questionnaire and working with us to help your child!

HOLISTIC EDUCATIONAL THERAPY – HET Programme

TEACHER		School									
Name of child						Class					
Date		Initi	al int	ervie	N	Final Interview					
Please commer most.	nt on t	he fol	lowir	ng are	as ar	nd <mark>tick whichever box applies</mark> t					
Use Red Pen fo	r initia	al ratir	ng – E	Blue F	en fo	or final rating.					
behaves well						behaves poorly					
Description of Befo	re HE					After HET					
				Į							

Energy / Activity level at school



Energy / Activity level	+2	+1	0	-1	-2	
energetic / enthusiastic		-				tired / listless

Before HET	After HET
Notes:	

Academic Performance in school



Performance in school (Academic)	+2	+1	0	-1	-2	
Works well on academic tasks						works poorly on academic tasks

Before HET	After HET	
Notes:		

Physical performance in school



Performance in school (Physical)	+2	+1	0	-1	-2	
Works well on physical tasks			*			works poorly physical tasks

Before HET	After HET
Notes:	

Physical Co-ordination at school



Co-ordination	+2	+1	0	-1	-2	
Good motor skills	0			ik n		poor motor skills
Comments:	lie-		80.			1
Before H	ET				I	After HET
Notes:						

Sociability at school

<u>Sociability</u>	+2	+1	0	-1	-2	FQ
Good social relationships	(5)	23)	231			poor social relationships

Before HET	After HET
Notes:	

What mood is the child in?



Moods	+2	+1	0	-1	-2]			
Нарру	2					sad / low			
Comments:									
Before HET				After HET					
Notes:									
			1						
60.	+2	+1	0	-1	-2	60			
					3				
Calm					st	ressed			
Comments:					20				
Before HET	5		99		٨	fter HET			
N -			30		A	ILEI NE I			
Notes:									
			93						

Concentration Span and Emotional state

Concentration span	+2	+1	0	-1	-2	Ĭ				
Good attention	2)	15		- 6	8	poor attention				
Comments:	<u>5</u>	<u> </u>	20) : V *	Ţ				
Before HET			1	After HET						
Notes:			2							
Emotional state	+2	+1	0	-1	-2					
	E.A.			13 5	DES.					
Stable						unstable				
Comments:			,	20						
Before HE			After HET							
Notes:										

General Health and wellbeing



General Health / Wellbeing	+2	+1	0	-1	-2	
Fit and generally healthy	- 10			3		poor state of health

Before HET	After HET
Notes:	

Self Esteem



<u>Self-Esteem</u>	+2	+1	0	-1	-2	Î
Good self-esteem / confidence	77.	9		2		poor self-esteem / confidence
Comments:	973					70
Before H	IET				Af	ter HET
Notes:						

Strengths



<u>Strengths</u>	
Aware of strengths	unaware of strengths
Comments: (give strengths	:
Before HET	After HET
Notes:	

Adaptability

Adaptability



Adaptable				not adaptable
Comments: Before HET	6 d		Afte	r HET
Notes:				

Food and Drink



			1.4.5			
Drinks	+2	+1	0	-1	-2	
Drinks well / sensibly	8		£1.	3		does not drink well or sensibly
Comments: Before HE		100	1			After HET
			_			AROTTIC I
Notes:						
			3			
			ļ			
	+2	+1	0	-1	-2	
Food	+2	+1	0	-1	-2	
Food Eats healthily	+2	+1	0	-1	-2	does not eat healthily
	+2	+1	0	-1	-2	does not eat healthily
Eats healthily	+2	+1	0	-1	-2	does not eat healthily
Eats healthily Comments:		+1	0	-1	-2	
Eats healthily		+1	0	-1	-2	does not eat healthily After HET
Eats healthily Comments:		+1	0	-1	-2	
Eats healthily Comments: Before H		+1	0	-1	-2	
Eats healthily Comments: Before H		+1	0	-1	-2	
Eats healthily Comments: Before H		+1	0	-1	-2	

Food and Drink continued

Before HET	After HET				
lotes:					



You've got till the count of 5!

Right well now you have the questionnaires completed – you have probably got a very good insight into what areas of support your child needs. Any of the categories that score less than 0 are certainly areas that we need to look at. These will certainly play a part in the goals / targets that we set for your child and with your child.

But first I would like to give you an idea of how we measure our success with these questionnaires.

One question that I am always asked is how long a child needs to be on the programme – and that is a little bit like one of those "How long is a piece of string?" questions. It all depends!!! Usually the time is when we have an idea of the child's profile – in other words what it was that has been contributing to the behaviour challenge. When we have achieved the goals set and seen an improvement and when we feel time is ready for that young person to be able to move forward for themselves with an understanding of what helps them to feel better.



Don't you even think about it!

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It is possible to see improvements within 3 weeks, especially emotionally, whilst on a Bach Blend but usually it takes at least 3 months to measure improvements with the Diet and Nutrition. With Core issues – the length of time is indicated by a piece of equipment we use called a 'galvanometer' and that is unique to the person on the programme. – So, as each individual is unique – so to each HET programme is unique to the individual concerned.

Measuring the results of the Questionnaires:

When we have the initial questionnaire completed it is possible to start working out some goals or targets and we will look at how this is done in the next section.

However, when we decide that the your child has completed the programme or been on the programme long enough to show positive improvements and is ready to come off, then we can do the 'Exit Questionnaire' or if you prefer to just see how it is going and you want to keep your child on the programme longer you can do an 'interim' questionnaire.

The point is really that you are taking the time to measure the improvements in the 'weighting scale' to find out the 'Quantity' and looking at changes in behaviour to establish a 'Quality' improvement.

When you compare the scales of the first and second questionnaire, you can input the data into a graph programme like Excel and it will draw graphs to compare the improvements at a glance. If you are being supported by a HET coach or therapist they will prepare this information for you, so you can see the improvements.

Here are some examples:

This is the case study of a 10 year old boy who is on the autistic spectrum and was placed short term at a pupil referral unit.

K started the Pupil Referral Unit in Sept 2002. He was selected for the programme as he was demonstrating inappropriate behaviours that were unsettling for the other children. He has been assessed as autistic.

At school K spits, swears, and exposes himself. He is very angry at being excluded from his previous school and finds it very difficult to adjust to any kind of change. He has always been like it and can be very obsessive over certain things e.g. anything to do with dates and car washes. He has an amazing memory for such details especially if relating to these topics. He finds it very difficult to relax and seems to be always on the go, never able to sit still. He is very demanding and badly behaved if he can't get his own way. There doesn't appear to be any specific triggers to this behaviour but gets worse if he feels anxious.

Specifically:

- He can be very fidgety
- · Has a short fuse and a short attention span
- He can't stand things being moved around
- He is quite isolated but that doesn't seem to bother him as he lives in his own little world.
- He is a compulsive nail biter

In consultation with his teacher:

- He does not get on with other children; he repeatedly says no and causes problems. He threatens staff.
- He exposes himself and just laughs at his consequences.

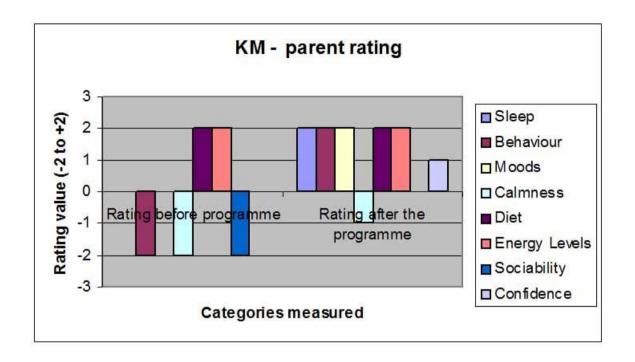
So...We set objectives for K:-

- To reduce incidents of inappropriate behaviour viz. dropping trousers and inappropriately touching girls.
- To improve flexibility and reduce resistance to changes

These were the results we got:

PARENTAL QUESTIONNAIRE RESULTS:

WEIGHTING SHIFT				
+ 50%				
+100%				
+ 50%				
+25%				
No change				
No change				
+ 50 %				
+ 25 %				



This chart compares the rating KM's mother gave the behavioural categories before and after the programme.

Specific Improvements:

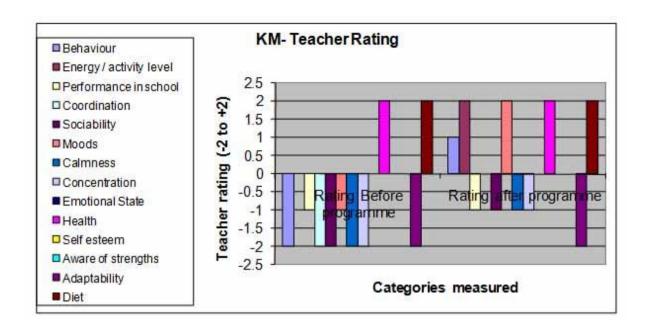
"He is not so agitated; he has improved on the programme - no longer biting his nails."

"He is gaining confidence and likes to go to clothes shops and chose his own clothes."

[&]quot;He now is able to relax."

TEACHER QUESTIONNAIRE RESULTS:

CATEGORY	WEIGHTING SHIFT			
BEHAVIOUR	+75%			
ENERGYLEVELS	+50%			
PERFORMANCE IN SCHOOL	No change			
COORDINATION	+50 %			
SOCIABILITY	+ 25 %			
MOODS	+75 %			
CALMNESS	+25 %			
CONCENTRATION SPAN	+ 25 %			
EMOTIONALSTATE	Same			
GENERALHEALTH	Same			
SELF ESTEEM	Same			
STRENGTHS AWARENESS	Same			
ADAPTABILITY	Same			
DIET	same			



This chart compares the behavioural ratings given by KM's teacher before and after the programme.

Specific improvements:

"He has really improved."

"He is fine if things are kept calm around him."

"The last 4 –5 weeks have been excellent and he has been using his Nintendo game as a reward."

K also met both the objectives set for him.

Ok – so you can get a good idea of how we can show what and where the areas of support are needed and how much behaviours improve whilst your child is on the programme.



You gotta catch me first!

Let's now look at how we set objectives.

There may well be obvious behavioural challenges where we want to see an immediate improvement. For example, a child who may take 3 hours to get off to sleep in the evening or lose weight perhaps or even be less disruptive in class and pay more attention, if the child has ADD or ADHD or to stop having angry / aggressive / violent outbursts, or perhaps if the child is on the autistic spectrum – to interact more with what is going on around them, be more flexible etc and so on. These are all situations where we want the child to have a happier time of things. And it is easy to state where they are at! This is where we would look at our magic wand 'wish list'!

However, it is also very helpful to go back over the questionnaires and look at where your child has been rated 0, or -1 or -2 and look towards scoring some improvement in these areas too, so they might also be included in our goals or targets.

Now this is where we look at defining what is known as 'SMART' goals or targets.



Leave it ALONE!

S = Specific – Be very specific as to what the goal is and always phrase it in a positive way. For example – it is pointless saying "We want Michael not to be disruptive in class" – Let's say it in a positive way – we turn the coin over and phrase it so what we want is the opposite - so we say "I want Michael to pay attention in class and stay on task!"

M= Measurable – This means that we can actually measure that we are achieving the goal. Let's say we give Michael a colouring in task to do for arguments sake and we observe him passively, for a 10 minute period. In other words we do not say anything if he comes off task, we just watch quietly and make a note of how many times in that 10 minutes he comes off task, fidgets, pushes, pulls, distracts others, goes onto another task etc – over the whole 10 minute period.

A= Achievable – This is about the ability of your child to achieve the goal. If you are expecting your child to gain 'A' level grades for Pure and Applied Mathematics and they haven't got a good grasp of the 8 x tables then the whole exercise is doomed to failure. This is a good way to sound your goals out with your child and also with your child's teacher, to ensure that you are not over stretching your child, so everyone agrees the goal and feels comfortable with supporting your child in working towards that goal.

R = Realistic — this means that it is REASONABLE to expect your child to make this target. If Michael has ADHD and is expected to sit and concentrate on a task for a whole hour without being distracted then this is clearly not reasonable or realistic. No one can sit and concentrate this way for so long.



Let me at him!

T= Time related – this is about the time period you are going to measure over. For example you may well set the colouring task with Michael who comes off task 12 times in 10 minutes. You plan to do the exercise again 1 month later and he comes of task 6 times in 10 minutes and then again 3 months down the line, comes off task only twice in a 10 minute period. This shows that you have met the target you originally set.

...And you can check out the exit questionnaire and measure the other areas of improvement and specifically comment on how the 'Quality' has improved in each category as shown in our case study given in the previous section.

You will need to define all of your objectives in this way. If you are working with a HET coach or therapist then they will help you to define and measure your goals in a SMART way.

OTHER WAYS TO MEASURE IMPROVEMENT

As I mentioned earlier it is possible to assess your child's progress every step along the way on a HET programme so we get a very clear picture of what is going on with your child.

In the early days, I researched HET in a pupil referral unit, (a special school where children who show behaviours that cannot be coped with in a mainstream school are supported for a short time until such time as they are able to be reintegrated into mainstream again.) One of the methods that I used to measure the success of HET, was to look back over the classroom records that the teacher kept of their 'Consequences' prior to coming on the programme compared to their 'Consequences' whilst following the HET programme.



Can we play now?

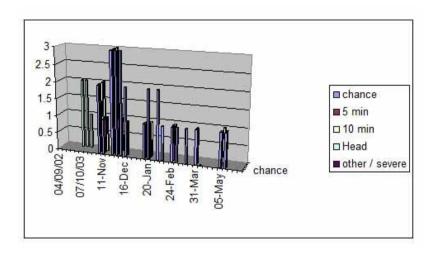
To explain 'Consequences' – I am referring to a system based on something called 'Assertive Discipline' (Lee Canter), which is where young people are made aware of the consequences of their behaviour in such a way that they choose that behaviour because they are aware of what will happen if they do certain things. For example consequences may include a 'warning' or a period out of whatever is going on for 5 or 10 minutes, it could mean if the child is at school that they get sent to the Head's office or even a phone call home for bad behaviour, or for a severe behaviour they may get excluded from school.

The consequences get more severe depending on the severity of the behaviour.

Now, when I was researching this at the PRU, I was able to put this information together and show it in the form of a graph and you could see at a glance how helpful this was in seeing the impact and improvement for the child on a HET programme.

Let's take a minute out to look at case study K's chart:

BEHAVIOURAL INCIDENT LOG





If I say sorry can I come back in now?

You can see when K joined the unit in October – the autumn term. The consequences he was receiving were often and very severe. However he started the HET programme in the spring term and it can be seen quite clearly that is behaviour improved – the numbers of consequences that he received were less frequent and less severe.

This was a story that was repeated with every child on the programme

Now the only problem with this approach was that it focused on negative behaviours, albeit showing that the HET programme was working very well because these negative behaviours were starting to reduce.

However, something very exciting happened when I flipped the coin on this one. When we start to focus on positive behaviours and involve the child in evidencing these positive behaviours much more dramatic improvements started to show.

I adopted this approach into an experimental research programme in the form of software used on hand held computers called PDAs and we logged the results over a period of time and the results were much more impressive!



No... I haven't seen him!

This approach is linked into the behavioural reward scheme that is the focus of Stepping Stone 2

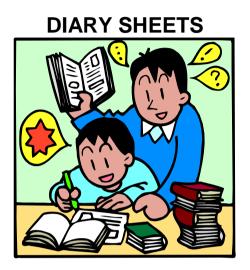
Behavioural management Strategies – Working with reward charts and Willow

These strategies are linked into every aspect of the HET programme to encourage your child to become more accountable and personally responsible for the outcomes of their behaviour.

This approach has been used in schools in the UK as a tool to measure success with children with special needs for OFSTED – the government watchdog for standards in education.

NOW, to prepare a little groundwork for the next module I am going to ask you to keep some diary information with your child in order that we have some before and after information to measure our success with your child, as well as helping to set the goals.

Please look at the following charts and diaries:



Please try and make a list of anything that you think might be a pattern in your child's behaviour

- A particular type of food or sweet?
- An incident?
- A bad night's sleep?
- A late night?
- A family upset?
- Anything you can think of?

MONITORING OUTBURSTS.

Please take the time to complete this chart. It will help us to see how and when your child is showing the behaviours that need some support!



DATE	LENGTH OF OUTBURST			INTENSITY				TRIGGER
	5 MINS +	15 MINS +	30 MINS +	VIOLENT	ABUSIVE	HYPER- ACTIVE	WITHDRAWN	What started it
e.g. Mon 22.7		1			swearing	Trashing rooms		Not being allowed out to play.
								3) d

In the two charts you are given above, you are asked to complete a diary to see if you can work out a pattern to the behaviours your child is showing. These undesirable behaviours are a barometer for their emotional state and in truth they have no other coping strategy to deal with what the underlying problem is. They have no other way to communicate that issue!



I'll pretend I didn't hear you say that!

So, by keeping a record of what their behaviours are and what is going on around those behaviours, what triggers it etc we are able to see if there are any patterns around the situation. For example one young man that I worked with was diagnosed with 'Tourette's Syndrome,' a condition with tics and uncontrollable bouts of verbal abuse. He was helped considerably with dietary monitoring and identified certain additives that triggered worse behaviours. His condition improved dramatically, to the extent that his parents were able to take him out again to public restaurants for family meals etc when he had started the programme.

The second chart above asks you to log down and monitor the behavioural outbursts that your child has at the time. In the example shown above the little girl concerned called Rachael (aged 10) – had "Kicked – off" for about 20 minutes after she had been told she couldn't go outside to play as she hadn't tidied her room. She continued to be 'hyper' and ran round the house trashing other rooms, pulling things over, throwing things around etc.

When you fill in the chart – please note the date and time, what the behaviour was – there may be different behaviours shown e.g. abusive and hyperactive in the example above. And also VERY importantly – What it was that triggered the behaviour – this is known as 'antecedent behaviour' and is a key to understanding what support your child needs and when they need it.



A quiet word about doing that....

Using this technique also helps to set the goals and targets that we need with our children and also helps to measure their success on the HET programme.

It is important to start collecting this information together straight away – a little bit like fitting together the pieces of the jig saw puzzle. A HET coach / therapist will help you do this.

You will need this information before you start working with the next Stepping Stone.

Here are some video links that might help you with doing these questionnaires:

Meeting the 'Evans Family' and carrying out the questionnaires.

This is a short film about a family who are on the HET programme and are going through the consultation questionnaires – this is an 'interim' review.

Introducing the Evans Family:

http://www.holisticeducationaltherapy.co.uk/interview/family/enansintro.html

Lyndsey (Mom) the interview

http://www.holisticeducationaltherapy.co.uk/interview/linzie1/linzie1int.html

http://www.holisticeducationaltherapy.co.uk/interview/linzie2/linzie2int.html

http://www.holisticeducationaltherapy.co.uk/interview/linzie3/linzie3int.html

Nigel (Dad) the interview

http://www.holisticeducationaltherapy.co.uk/interview/nigel1/nigel1int.html
http://www.holisticeducationaltherapy.co.uk/interview/nigel2/nigel2int.html
http://www.holisticeducationaltherapy.co.uk/interview/nigel3/nigel3int.html



Well done.... son!