Ways to Spend Points

Sample List

Cost	Privilege
30	½ hour of acceptable TV programs *(2 hour max)*
10	½ hour of educational programing *(2 hour max)*
50	Extra treat
50	Soda *(3 per week max)*
150	Rent acceptable video game or movie *(2 hour max)*
500	Go to movie theater
300	Rollerskating at rink *(2 hour max)*
30	½ hour skateboarding time *(2 hour max)*
30	½ hour bike riding time *(2 hour max)*
40	½ hour staying up late *(weekends only / one hour max)*
100	Allowance per dollar *($5 max every two weeks)*
300	Allowance per dollar *(purchase up to $2 bonus per week)*
150	Maid services *(per 15 minutes / only when available)*
100	1 hour chauffeur service *(prorated / only when available)*
100	1 hour trip to store to spend earned money *(prorated)*
50	1 hour friend time *(per hour / only when available)*
50	1 hour computer or computer game time *(2 hour max)*
500	Sleep-over *(four times per year max)*
200	Meal at fast food restaurant *(limit of two per month)*
500	Trip to fun-type amusement park *(limit of once per month)*
100	Ice cream *(only when available)*
200	Meal different than family is having *(once a week max)*
???	Mystery adventure *(when available)*
100	1 hour special one-on-one time *(when available)*

Ways to Earn Points

RULES

Points		Points	

BONUSES FOR POSITIVE BEHAVIORS

Points		Points	

CHORES/RESPONSIBILITIES

Points		Points	

Ways to Spend Points

Cost	Privilege

Ways to Earn Points

Sample List

RULES			
Points		**Points**	
10	No lying	10	No arguing
10	No stealing	10	No being disrespectful
10	No aggression	10	No teasing
10	No yelling	10	No whining
10	No name calling	10	No bullying
10	No bad language	10	No disobeying

BONUSES FOR POSITIVE BEHAVIORS			
Points		**Points**	
10	Being polite – respectful	10	Taking "no" for an answer
10	Doing things when asked	10	Cooperative or compassionate behavior
10	Taking criticism well	10	Being helpful
10	Handling strong feelings well	10	Good manners
10	Expressing feelings w/o hurting others	10	Responsible behavior
10	Good attitude	10	Good self-control

CHORES/RESPONSIBILITIES			
Points		**Points**	
20	Making bed	10	Putting dirty dishes in sink
100	Good day at school	30	Washing the dishes
50	Good behavior at sitter or after school program	30	Good daily hygiene (brushing teeth, combing hair, etc.)
20	Keep room clean	50	Doing homework and turning it in
20	Taking the trash out	☆	Good grades *(Bonus)*
10	Feeding the dog	☆	Extra helpful efforts *(Bonus)*
10	Clearing the table	☆	Good bus stop and bus behavior *(Bonus)*

DifficultChild.com

Elementary School Credit System *(Sample)*

Name _____ Date _____ Initials _____

	Poor	Fair	Good	Very Good	Excellent
Paying attention		X			
Following directions			X		
Good attitude					X
Completing assignments				X	
No aggression or bullying					X
No teasing or name calling	X				
No bad words					X

Comments:

_____

_____

_____

Elementary School Credit System

Name _____ Date _____ Initials _____

	Poor	Fair	Good	Very Good	Excellent

Comments:

_____

_____

_____

Note to Parents: Use the teacher's rating to give your child credits and add them to the home Credit System.
A suggested conversion is:

Poor = 0 Fair = 10 Good = 15 Very Good = 20 Excellent = 30

Recognition and Appreciation

Here's a list of examples of ways of acknowledging, appreciating, recognizing and energizing success. They can be custom tailored to your own way of showing gratefulness:

Kodak Moments (active recognitions)

I have noticed the extra effort you've been using
Billy annoyed you and you walked away. Wonderful self-control.
I see that you're upset and I appreciate that you're handling your strong feelings well.
I noticed the effort you put into putting your things away in an organized way.
I notice that you got started on your homework right away and you are very focused.
I see that you are frustrated with the assignment and that you are sticking with it.
I notice that you're getting along with your sister beautifully. You're being respectful.

Polaroids (experiential recognitions)

I appreciate the good choice you made to speak thoughtfully.
I love that you've shown responsibility in completing your homework assignments.
I appreciate that you just took "no" for an answer, without arguing or fussing.
I'm very pleased that you've been doing your chores without being told.
I appreciate that you've been using good manners. That's being respectful.
I appreciate that you've been sharing with your sister. That's a great attitude.
I appreciate that you've been doing extra reading. That shows responsibility.
I appreciate that you've been focused on your project. That shows thoughtfulness.
I like how nice you were to Billy when he felt sad. That really shows compassion.
I like that you were honest when it would have been easy to lie. That shows integrity.
You've been much nicer with your friends. I really appreciate the cooperation you are using.
You've been using much more self-control when you're mad. I appreciate that very much.
You did what I asked right away. You followed directions beautifully.

Canons (unbroken rules – proactive recognitions)

I appreciate that you haven't been teasing or arguing with your brother.
You haven't been mean to the dog all day long. I appreciate that very much.
You have not been screaming or yelling since your time-out. I really appreciate the extra self-control you're using…especially since I can see that you're still disappointed.
I appreciate that you didn't throw a tantrum when you were told "no" to your question.
I appreciate that you haven't been demanding. Good job for being thoughtful.
You have not been a bully to your brother and haven't used bad words. I really appreciate that.
I appreciate that you haven't been aggressive. That's a healthy way to be powerful.
I appreciate that you have not been ditching school or violating curfew. Your effort helps me a lot and it's really using good judgment and is a wonderful choice.
I appreciate that you haven't been rude to your teachers. Thank you for using good manners.
Thanks for getting back in control of your strong feelings. You were really mad and you calmed yourself down. Good job for choosing peacefulness.

Creating and Continuing Successes

- Remember: Your greatest asset is what you *choose to energize and how you choose to respond.*
- You can shift your child to positive and responsible choices by building a wide base of successes all around them.
- Remember to do *Kodak Moments:* Notice what your child is doing (when nothing is going wrong) and feed it back with detail. This is very nurturing and registers internally to your child as a success.
- Remember to do *Polaroids:* Teach your child important values like good manners, respect, and good attitude by giving acknowledgement and appreciation specifically for nuances of that quality. Other important values: making good choices, showing responsibility, using healthy self-control, handling strong feelings well, and cooperating. Creatively energize these traits to the greatest extent that you can imagine.
- Remember to do *Canons:* Be proactive. Avoid the trap of responding after the rule is broken. Actively let your child know when the rules **are not** being broken. Be specific and appreciate these instances powerfully. Acknowledgements when the child is not hitting, not arguing, not using bad words, not yelling or teasing are felt as powerful successes and go a long way toward teaching the rules.
- If you give *general* praise like *good job* and *thank you* take an extra second to explain specifically why you are pleased to increase the impact.
- Remember that lectures, warnings, yelling, reprimands, discussions, sermons, and other non-verbal ways of responding to negativity are really *rewards* of your energy. Be super-careful what you choose to reward.
- When rules are broken, simply give a consequence in your most unceremonious way. *Oops, broke a rule. That's a time-out...* or *that was arguing, that's a time-out.* Stay calm. Even subtle reactions are rewards.
- You can also create successes by making your requests to your child more specific and direct: *I need you to...* Remember to energize desirable response with recognition and appreciation.
- For very difficult children you must amp up both the level of appreciation and the level of limit setting, along with a cleaner level of not accidentally energizing negativity. **You can have more impact with your appreciations by giving the recognition with more emotion, more detail and more frequency.** You can help limit setting by giving more appreciation to rules not broken, by making rules more clear and by getting better and better about not accidentally rewarding negativity. If your goat has been gotten, keep that as privileged information. Only make a fuss about the good stuff and remember that you can see as many positives as you choose. Get creative. Remember *Shamu* and *The Tolltaker.*

The following article was published in a Best Practices journal in the spring of 2000.

The Nurtured Heart Approach: Research Findings

Howard N. Glasser, Executive Director, The Cildren's Success Foundation

The Nurtured Heart Approach has been practiced at Tucson's Center for the Difficult Child (CDC) between 1994 and 2001. It is a strategic family systems approach designed to turn the challenging child around to a new pattern of success. The approach has also been found to produce substantial success in helping the average child flourish at higher-than-expected levels of functioning.

The approach is now used in hundreds of classrooms nationally, and its strategies have been adopted with substantial success as the school-wide discipline plan in several Tucson schools.

The Nurtured Heart Approach teaches significant adults how to strongly energize the child's experiences of success while not accidentally energizing his or her experiences of failure. Most approaches, because they were designed for the average child, get stretched beyond their capacity when applied to challenging children. Traditional approaches for parenting and teaching can easily backfire with challenging children: they inadvertently reward children by providing more energy, involvement and animation when things are going wrong. Challenging children wind up being very confused because they perceive a high level of incentive for pushing the limits and for negative behaviors and little incentive to make successful choices. Often, the harder adults try applying these normal methods, the worse the situation becomes, despite the best of intentions.

Since The Nurtured Heart Approach was first introduced at CDC in 1994, a number of studies have been undertaken and several positive outcomes have emerged.

Recidivism:

The most recently published findings are from the 1999 "Year in Review" study conducted by Pima County Juvenile Court in relation to the Pre-Adolescent Diversion Project (PADP) of Tucson's Child and Family Resources. The project's parenting component and several other aspects of the program are based on The Nurtured Heart Approach. The project is a 16-hour workshop series over 4 weeks for first offending youth and their families.

According to Pima County Juvenile Court researchers, first offenders referred to other Juvenile Court programs have shown a 32% rate of recidivism, whereas the rate of re-offense for those youths completing the PADP with their families is only 18%. This represents a 45% rate of improvement over other diversionary programs. Typically, re-offending youths do so at escalating rates of intensity, committing bigger crimes and more often. The graduates of PADP who did re-offend committed lesser offenses. The statistical significance of the 18% rate of recidivism is .00001. This occurrence could not have happened by chance alone. Therefore, the strategies and approach of the Pre-Adolescent Diversion Project have been shown to produce significant improvement.

Medications:

Another indicator of The Nurtured Heart Approach's effectiveness may be related to informal research regarding the use of medications among CDC clients.

Although many children referred to CDC are already on medication, CDC has scrutinized the records of children who are referred to the agency with no prior evaluation and therefore are not taking medications at the time of intake.

Upon close examination of the initial assessments of those already on medications and those not on medications, no difference is discernible. Those who are referred who are not on medications typically have very much the same symptoms and levels of severity as those who are already on medications at the time of intake. Most frequently those symptoms match the profiles of Attention Deficit/Hyperactivity Disorder (ADHD) and Oppositional-Defiant Disorder, with problems of aggression, compliance, impulsivity, distractibility, and a preponderance of school related issues.

National statistics show that of all children going to a primary care physician or a child psychiatrist for an initial assessment with these kinds of symptoms, 75% are prescribed medications at the time of that evaluation. It can therefore be assumed, given the kinds of symptoms and the level of severity of the children referred to CDC, that approximately 75% of these children would be put on medications if CDC's very first step were referral to a physician for an evaluation.

During a 10-month period in 1998, CDC worked with 211 children. Of these, 51 were already on medications prior to referral to CDC. Of the 160 children who were not already on medications, only eight were subsequently referred for psychiatric evaluations and only four were actually prescribed medications subsequent to the evaluation. This represents less than a 3% rate of utilization of medications. Perhaps just as interesting is that nine of the 51 on medications were successfully transitioned off medications during this time frame.

Overall improvements:

A separate on-going study conducted collaboratively by the Community Partnership for Southern Arizona (CPSA) research department since late 1996 involves pre- and post-treatment administration of the Connor's Parent Rating Scale with all CDC clients. Preliminary assessment of the data indicates excellent results in terms of efficacy of treatment. All scales of the Connors show improvement at the .01 level of significance and five of the six scales show improvements beyond four standard deviations. The study further confirms that, in general, the presenting symptoms of CDC clients at intake show a high degree of severity while the outcomes show children well within the mid-range of normative behaviors. Further analysis will be forthcoming.

Utilization of high-level services:

Considering the consistently high severity of CDC clients at intake, a fairly remarkable outcome has emerged over the years in relation to the number of CDC children who eventually needed high level and costly interventions such as out-of-home placements. Since 1994, only 8 children have required higher levels of intervention. This is despite the fact that many of the children referred to CDC over the years had one or more mental health related hospitalizations prior to referral to CDC.

The Nurtured Heart Approach also has been called upon numerous times to help transition children from high-level interventions to normal family life and regular levels of treatment. The related preventive request--to take on a child headed for a high-level intervention as a way of re-stabilizing the child--is also a routine facet of the capacities of this approach.

Re-utilization:

In a study of 808 of CDC cases from November 1994 through October 1998, only 28 children needed to have their cases re-opened and, in most of these instances, subsequent treatment was very brief (1 to 3 sessions)and successful. Most of these families needed only a little inspiration or clarification on how to get back on track with the approach. The rate of re-utilization is less than 3.5%.

Cost/efficacy:

Many consumers do not qualify for the public mental health system and find the cost of on-going private treatment prohibitive. The Nurtured Heart Approach, typically taught for 8-12 total hours over a four-week period, is very well-suited to multi-family group scenarios, thus allowing families without insurance benefits to have an alternative form of affordable treatment.

In 1996, Dr. Shirli Ward researched The Nurtured Heart Approach for her doctoral dissertation. Comparison of a Nurtured Heart Approach large group format (over 30 parents in one group training) showed levels of success similar to that produced by therapeutic work with individual families. Dr. Ward pointed out that other prominent parent training programs were limited in size to a maximum of eight families, making The Nurtured Heart Approach considerably more time and cost effective.

The study also found that it was not necessary for both parents to participate in the training to achieve beneficial results. In one component of the study, only mothers were involved in the training and their children were not directly involved in the treatment. The mothers were able to become, in effect, the "therapists." The results reflected a high degree of satisfaction with the program in terms of improvements in family life and the progress their children made.

Dr. Ward further assessed the effect of the approach on child and parent functioning using the Devereaux Scale of Mental Disorders along with the Parent Stress Index, the Parenting Sense of Competence Scale, the Beck Depression Inventory, and the Forehand Satisfaction Survey.

Dr. Ward found that, relative to subjects in the comparison group, those involved in The Nurtured Heart Approach parent-training model demonstrated significant changes in functioning following treatment. Mothers reported significant (.01) improvements in their child's behavior related to the following: conduct, anxiety, communication, acute problems, and overall severity. In addition, in terms of their own well-being, mothers reported fewer depressive symptoms, decreased stress levels and increased parenting effectiveness and satisfaction following treatment.

These results were found to be consistent across the researched diagnostic categories of Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Conduct Disorder and Depressive Disorder as well as for children for whom treatment was sought for general noncompliance and Adjustment Disorder.

In 1994, Dr. Lorence Miller, also using the Devereaux Scale of Mental Disorders, found that a sample population of children in treatment at CDC had higher levels of severity at entry into treatment than the comparison groups of selected specific diagnoses used in the Devereaux group's own studies of criterion-related validity. The CDC sample population had more severe problems in all areas but attention. Dr. Miller's post-test results for both The Nurtured Heart Approach family treatment and large multi-family group treatment modalities were shown to have extremely significant effects toward normalized behaviors.

Training:

Perhaps one last measure of The Nurtured Heart Approach could be viewed in relation to the training of professionals. The approach is so readily transferred to other professional that they become fully competent in a relatively short period of time.

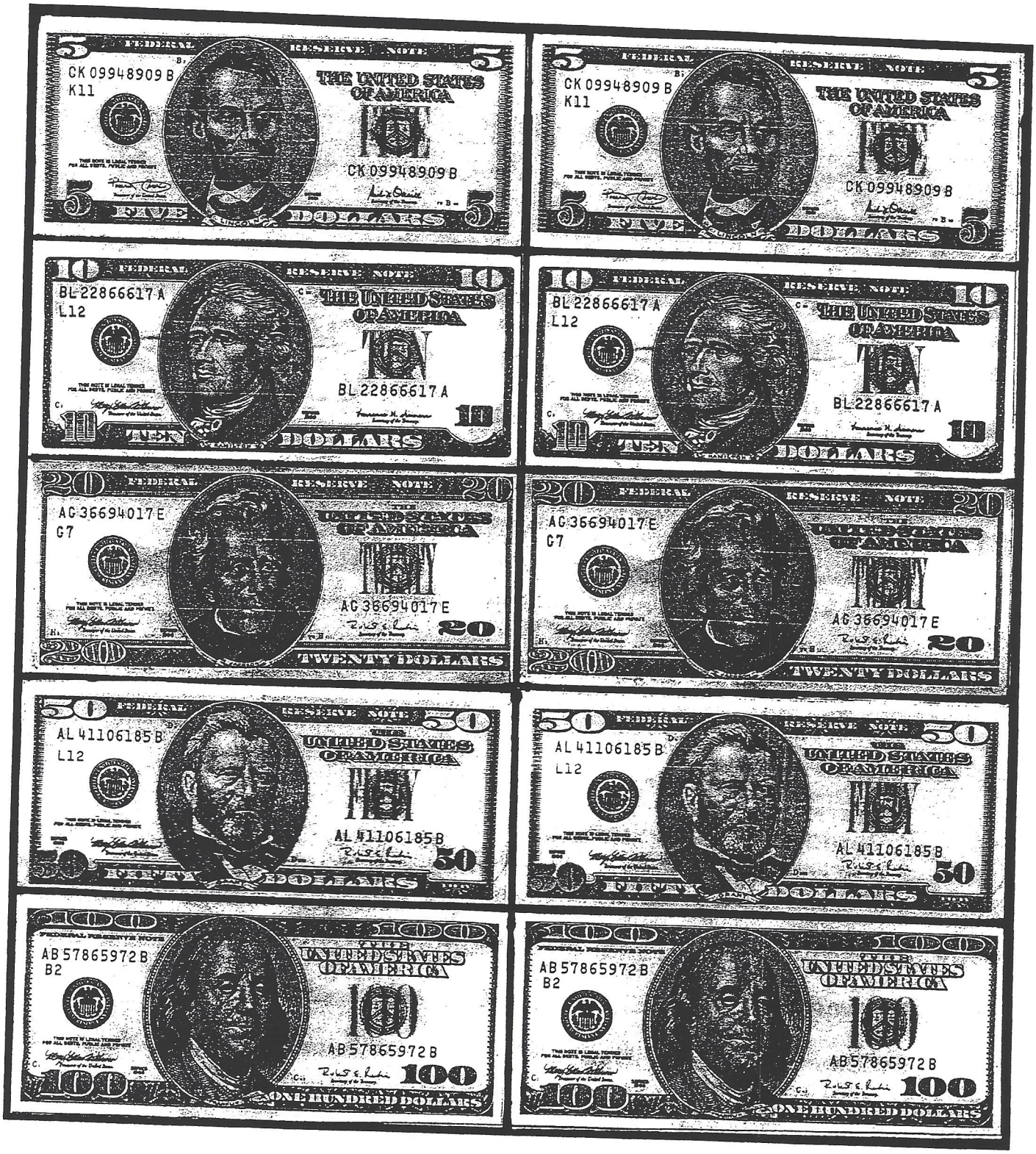
CDC accepted its first two interns, both Masters Degree students in the University of Phoenix Marriage and Family Program, in 1999. Within two months, both were so effective with families in treatment that they were comparable to senior therapists in both the results they produced and their own perceived level of competency. This finding was replicated with five more interns in the 2000 CDC training program, following suit in their level of confidence and competency. CDC attributes a great deal of the success of the training to the inherent power of the model: The Nurtured Heart Approach.

Credit System Currency

Credit System Currency

Credit System Currency

Credit System Currency



Credit System Currency