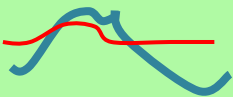


UNTANGLING THE WIRE		CLIENT/STUDENT/CHILD	SITUATION	CAREGIVER/TEACHER/PARENT
			How to manage the situation?	Installing the wire.
1st WIRE	TRACK PROGRAMME	<p>How important is the daily schedule for the client?</p> <p>Is there a difference between organized and not organized time?</p> <p>What is important for the client in the daily schedule?</p> <p>Is the daily schedule rich enough?</p> <p>What can the client decide in the daily schedule?</p> <p>How is his temperament, sensitivity, rhythm, tempo?</p> <p>Are their significal (periodical) changes in patterns?</p> <p>What happens if something changes in the daily schedule?</p> <p>How does the client deals with transitions and changes?</p> <p>What are favourite spots for the client?</p>	<p>What is the daily schedule of the group of clients?</p> <p>What is the daily schedule of the individual client? Is it different from the group?</p> <p>Are their mayor differences in different settings?</p> <p>How transitions or changes in daily schedule, time, place, activity are made clearly for the client?</p> <p>Which are the rules about place, time and space?</p> <p>Is their space for the client to nest himself?</p> <p>Are 'triggers' on the end of the track used as reinforcers?</p>	<p>Do you have control onthe daily schedule?</p> <p>How do you organise moments of encounter between client and caregiver?</p> <p>Which are the rituals you use to meet the client?</p> <p>Do you use yourself to make changes and switches in the daily schedule.?</p> <p>How is contact and how long can you have contact with the client?</p> <p>What do you find important concerning the track in your relation with the client?</p>
	GATE 	<p>Draw the course of problembehavior (the problembow)?</p> <p>Is it rather flight or fight? Freeze?</p> <p>Which-self proctective behaviors you can recognize?</p> <p>How many times 'the gate closes' ?</p> <p>How the client shows that his gate is closing?</p> <p>How many times there is total loss of selfcontrol?</p> <p>The severity of problembehavior?</p> <p>How does the client relax?</p> <p>What acts, objects, spots bring tranquility and calmness for the client?</p> <p>What feels for the client as a good restorative practice?</p>	<p>Which are the rules in the different phases of the problembehavior?</p> <p>What helps if you feel that the gate of the client is closing?</p> <p>Do you see differences in different settings?</p> <p>Are their contaminated situations, situations where it always seems to go wrong?</p> <p>Which activities in the daily schedule are relaxing?</p> <p>Are trauma-sensitive activities part of the program?</p> <p>How is the situation adjusted of organized in case of emerging tension?</p> <p>What is the effect of the problem behavior on other clients?</p> <p>Which restraints such as isolation, locking doors... are used?</p> <p>Does the client gets medication?</p> <p>What is the protocol concerning restorative practice?</p>	<p>Draw your own tensionbow?</p> <p>How do you lower your tension when you see that the gate is starting to close?</p> <p>What do you do when the gate is closed?</p> <p>How do you keep your calmness as caregiver?</p> <p>At which moment you step out of the situation, you seek help or you use time-out?</p> <p>How do you work on tension with the client?</p> <p>Can you take as directive that restoration is your responsibility and not the responsibility of a client in this emotional phase?</p>
	ACTION REACTION <i>If you take something away, what comes in place?</i>	<p>Is there to much or to little action-reaction?</p> <p>What are the amusing action-reactions the client uses?</p> <p>Which rituals does the client uses?</p> <p>Can you recognise challenging behavior in negative action-reaction?</p> <p>What helps in temporize action-reaction?</p> <p>Which action-reactions have to do with anxiety or tension?</p> <p>Is action-reaction compulsive?</p> <p>Is action-reaction linked on a person or a situation?</p>	<p>Is positive action-reaction part of the daily schedule?</p> <p>Are their activities in the daily schedule that are based on action-reaction?</p> <p>How negative action-reactions are conditioned?</p> <p>How contaminated situations are reorganised?</p> <p>Which rules help to temporize negative action-reaction?</p> <p>Are their teamprocedures concerning action-reaction?</p> <p>Does other clients have effect on action-reaction?</p> <p>If you take something away from the client, are you aware that you need to give something else in place?</p>	<p>Do you use positive action-reaction in your contact with the client? Words, music, handshake....</p> <p>What different rituals the different caregivers use?</p> <p>Is action-reaction a possibility to build up contactcircles?</p> <p>Can you use positive action as a sign of restoration for the relation between the client and the caregiver?</p> <p>Can you u se a 'yes-message' rather than a 'no, stop'. Do you tell what you expect from the client rather than what you don't expect?</p> <p>Does the client triggers you?</p> <p>Are you able to control action-reaction?</p>

JOINED ATTENTION

*Doing things
together*

To GRANT

Does the client has joined attention with the caregiver for an object or an activity?
Is the client interested in daily routines?
What does the client like to do with the caregiver?
What are important things you have to know about the client: objects that he likes, food, activities, pets...?
What is a good 'attention attack' with the client?
Does the client experience doing together as emotional refueling?
Is their a risk that doing together leads to an obsession or to overdemanding behavior?

Is doing together and joined attention part of the program?
Is doing together and joined attention embedded in the daily routine activities?
Is it clear that it's a matter of involvement and shared attention and not of result, output or performance?
Are their activities in the program that are 'the way is the goal' and 'away with the goal'?
Is doing together part of the restorative practice?
What are the rules when the client becomes overdemanding?
Do you use 'the attention attack' as regulation?

Which activities you like to do with the client?
How do you refuel the client emotionally?
How do you involve the client in daily routine activities?
Can you hold direction in 'doing together'?
What do you grant to the client, what do you do or give him so he feels happy?
Doing something together is a beautiful form of restoration.
How do you use another track or a detour when doing together becomes claiming behavior?

2nd type of WIRE

ATTACHMENT

*ATTENTION
RELIABILITY
CIRKLING*

Has the attachment disorder to do with congenital or acquired factors?
Are their signals of disruptive attachment behavior?
Who are the persons on which the client is attached?
Is their difference in attachment in different environments or contexts?
Is it rather 'flight' safety' or 'attachment' safety?
Does the client often falls back on topics of the first wire: action-reaction, the gate that closes?
Is attachment activated in times of stress or separation?
Is the client always searching for attention?

How many times the system uses elements of the first wire to regulate attachment?
How do you deal with claiming behavior?
Are changes of transitions in the program organised?
Is predictability in persons organised?
Is the system rather than a person the wire?
Is 'together(client and caregiver) make it work' a slogan?
What are 'the rules of the house'?

Who in the team is the real wire for the client?
What do you do if the client keeps circling around you, claims you?
Can you regulate the symbiosis (the client always want to do things with you)?
How do you mentalise for the client?
How do you work on distance and proximity?
Can you switch easily between refueling and regulation?
Do you think that you can refuel the client emotionally? How do you give attention? How do you circle around him?
What are the different attachment styles in the team, or at home?
Do you see yourself as a locomotive that regulates the wire and where the client can lean on?

3rd type of WIRE

The LOOP

*To pass on the wire
Selfcontrol*

Draw the emotional hierarchy.
Is there a difference in different setting?
Is it easy for the client to switch between caregivers?
What are transitional objects or rituals that refer to important persons (wire)?
Is the type of attachment of the client rather refueling or exploring.
Can the client control himself in case of 'no, no attention'? Is their regression in the first wire?
Is the attachment type rather avoiding or anxious?

Does the system makes attachment constructive?
How do you switch in the program between refueling, passing on and giving opportunities to explore?
Is switching in persons or activities organised?
Are their rituals in greeting and saying goodbye?
Is there a link between different settings?
Are their 'loop'-activities in the program?
Is their a trajectory for new caregivers?
Does the client falls back on the system or on the caregiver as a person?
Is 'no or no attention', deliberately used in the program?

How do you make a loop in the wire?
How do you manage attention? How do you switch between refueling and helping the client to explore?
What is your position in the emotional hierarchy?
Is your attachment style rather refueling or exploring?
How do you cope with 'no, no attention'?
Do you mentalise about the process of the loop?
Do you use a transitional object as a symbol for connection?
Can you hold direction on passing the client on?
How do you work together with parents and natural network?