

Weekly Practice Tracking

What: Tracking weekly practice and/or behaviors.

Why: Helps caregivers or children/adolescents keep track of doing daily practices and how they worked (report back!) OR document more about behaviors to help with making plans for intervention in session.

Example Tracking Forms: Be creative! Make one that works for you, client, and caregiver. Keep it as simple as possible....only ask people to record what you NEED to help with making the component you are on successful.

Child Target Behavior Frequency and Caregiver Ignoring:

Date	Target behavior 1: <i><u>Tantrums</u></i>	Target behavior 2: <i><u>whining</u></i>	CG strategy used: <i><u>ignoring</u></i>	Notes
Monday 4/9	//	///	<i>Forgot to ignore</i>	
Tuesday	///	/	<i>Yes</i>	He didn't like it—cried/whined more
Wednesday	///	//	<i>Yes</i>	<i>same</i>
Thursday	//	/	<i>yes</i>	<i>Stopped sooner</i>
Friday	/	0	<i>yes</i>	<i>No whining!!</i>
Saturday	/	//	<i>no</i>	<i>Awful day-my sister fired</i>
Sunday				

Functional Behavior Analysis Tracking (learning what maintains the behavior):

Setting Factors (who, when, where, etc.)	Antecedents (everything that led up to it)	Target Behavior (be specific)	Consequences (Everything that happened after)	Hypothesized Motivation? (attention, avoidance, reward, etc.)	Something you could change next time that might help?
After school, before dad got home. Slept badly last night. No snack.	Told him to start his math homework. I went in kitchen to start dinner	Punched brother in arm	Brother cried. I yelled at him to stop. He yelled back. I sent to room. He played video games in his room. He played video until dad got home & spanking.	Attention? I guess he never did do his math homework.	I don't know. Keep his brother in the kitchen with me?

Don't hesitate to **incorporate other factors** into your tracking that you think might make a difference for the particular client, or be important to track, such as substance use (marijuana, alcohol), sleep routine (e.g., # hours of sleep), argument with parent, caffeine use, etc. etc. etc.

Coping Skills Practice Tracking:

Activity	When/where/ how you'll do it	Potential obstacles & solutions	Mood rating before (0-10)	Mood rating after (0-10)

Negative Thoughts Record with Challenging:

Day	Events/ situations	Negative thoughts about events/ situations	Thought Necessarily true?	Possible alternative (more helpful) thoughts?
Tues				
Wed				
Thurs				
Fri				
Sat				
Sun				
Mon				

Trouble Sleeping

	Tues	Wed	Thurs	Fri	Sat	Sun	Mon
Time to bed							
Time fell asleep							
Total time awake in bed							
Time woke up for the last time							
Time got out of bed for the day							
Any daytime napping (when, how long)							
Caffeine, substance use							
Other clues?							