

## **TIPS ON ASSESSMENT FEEDBACK WITH FAMILIES**

- **Begin with a Positive**
  - *“Both you and your child were very open on the questionnaires and gave a lot of information that is very helpful for treatment. This gives us a good starting point to work on the problems you both see.”*
  - *“It was pretty amazing how in tune you are with your child. Although she may not be talking with you a lot about what is going on, you are seeing many of the same problems that she told us about.”*
- **ALWAYS connect the feedback to why they are here**
  - To caregiver: *“Last week we discussed that your biggest concern for your child is her anger and aggressive outbursts at home. You are said sleep problems and trouble at school are big concerns. We also know that your child has experienced \_\_\_\_\_. The goal of our appointment was to take a closer look at these problems and see if they are related to the \_\_\_\_\_ he has experienced. One diagnosis we are looking at is posttraumatic stress disorder. Tell me what you know or have heard about ptsd.”*
- **Review PTSD & Explain HOW caregiver concerns relate to trauma**
  - *In some ways, it looks like your child is dealing with so many different problems (sleep, anger, fighting at school, worrying, lying to get out of trouble); however, what we will talk about today is how all these different problems are really signs of posttraumatic stress disorder. After experiencing \_\_\_\_\_, kids can struggle and cope in different ways. (get out stoplight sheet and provide a few examples)*
  - *“During a trauma, a child feels very unsafe and afraid. Afterwards the child may constantly feel on guard and act as if ‘on the defensive’. Also, getting poor sleep because of nightmares and worries about the trauma can make a child irritable. With all this going on, kids do tend to get into more fights.”*
- **Ask for caregiver’s feedback**
  - *“Your child has memories of the \_\_\_\_\_ many times during the day that make him very upset and this can get in the way of doing normal kid stuff, like schoolwork or playing with friends. Does that fit with what you see?”*
  - *“What are your questions?” (Not “Do you have questions?”)*
  - *“Tell me your thoughts on what we’ve talked about so far.”*

- Re: treatment recs: *“Some of the ideas for treatment I’ve mentioned may sound good to you, others may not sound like a fit. I’d like to hear what you are thinking so far about treatment.”*
- **Reflect emotion**
  - *“It looks like it’s very hard for you to hear how your son’s abuse is affecting him day to day.”*
- **Communicate hope in treatment recommendations**
  - ALWAYS GIVE A SOLUTION (e.g., TF-CBT)
  - Empower caregiver as important and capable of supporting child’s improvement & Empower child as able to learn skills to feel better.
  - *“TF-CBT is specifically designed to help kids deal with symptoms related to difficult experiences like sexual abuse. Over 80% of kids who go through TF-CBT show improvement and no longer have PTSD at the end of treatment, which is typically 4-6 months.”*
  - *You should start to see improvements within the next month, to make sure we’re on the right path, you will complete some of these questionnaires again. We will monitor what is working and what is not and adjust to fit your family. I expect treatment to last \_\_\_ months and you’ll do these measures again at the end so both you & I can feel confident that he is doing better & is ready to be done with therapy. How does that sound?”*