

Therapist Name: _____

TF-CBT Case Information

Client Initials or Pseudonym _____

Age____ Gender____

Presenting Problems *(Biggest concerns? Why is treatment requested)?*

Trauma History: *(types of events & ages occurred; worst event for child)*

Diagnosis & PTSD Symptoms:

| CATS (or other msr) | Child | Cgvr | Additional Diagnostic Info: |
|--------------------------------|-------|------|-----------------------------|
| Total Severity Score | | | |
| B Symptom # (Re-experiencing) | | | |
| C Symptom # (Avoidance) | | | |
| D Symptom # (Negative Beliefs) | | | |
| E Symptom # (Hyperarousal) | | | |

Family Information *(Primary caregiver? Caregiver involvement in treatment? Living situation? Barriers to treatment?)*

Other Important Case Information *(Time in current treatment? Previous treatment? legal, DHS involvement? Concerns about this case?)*

**TF-CBT CONSULTATION
CASE PRESENTATION**

1. What is your clinical question or what feedback would you like from the group during your case staffing?
2. How were assessment results explained to caregivers/child and how were they received?
3. In what ways are you involving the youth's caregiver(s) in TF-CBT? What challenges are you facing, if any, in engaging caregivers in treatment?
4. Share one approach that worked well for each of the PRACTICE components you have implemented so far:
 - Psychoeducation
 - Parenting Skills
 - Relaxation
 - Affect Regulation
 - Cognitive Coping
 - Trauma Narration & Cognitive Processing
 - In-Vivo Exposure to Trauma Reminders
 - Conjoint Caregiver-Child Session(s)
 - Enhancing Future Safety
5. How are you incorporating gradual exposure (trauma focus) into each model component?
6. What adaptations did you make to any of the components to fit with the individual needs of the child/family?
7. What are you planning for your next step in the components?
8. Successes – What do you feel has gone well with this case so far?