

FAMILY ASSESSMENT PROCEDURE

- I. Telephoning
 - a. Gather basic information
 - b. Identify members of household, as well as family members who are related to the child, e.g., noncustodial parent, who may be involved with the concern.
 - c. Get a brief description of the problem, duration, previous treatment. One goal of this discussion is to determine necessary release of information forms to include in the packet you send them (It would be wise to also have some on hand for the assessment in case these were not completed). A second goal is to identify IP behavior for which the parent is to collect pre-intervention baseline data.
 - d. Verify/obtain correct address and inform them that a packet will be sent to them (or has been sent to them if it takes a while to get hold of them).
 - e. Contract for attendance at the family assessment meeting and for completion of history forms, etc.
- II. History
 - a. Send forms to the family to be completed before the family assessment (see checklist)
 - b. At the same time, send information to the family about clinic location, parking, and the MF Intervention program (flyer and clinic brochure)
- III. Develop tentative hypotheses in structural terms
 - a. Type of problem
 - b. Family life-cycle stage
 - c. Tone and content of telephone conversation
 - d. Available history
 - e. Previous problem-solving attempts
- IV. Family assessment: Objective data collection
 - a. Welcome the family – introduce yourself, your consultant and other assistants. Have the head of the household introduce the family to you.
 - b. Acquaint family with the environment (e.g., “This is the room where we will meet each week. You will notice several unusual things about this room, such as the one-way mirror, microphone and videocamera.”). Show the children the camera and observation room if necessary. Use this opportunity to indicate to the family that
 - i. Consultants and sometimes the supervisor will be seated behind the one-way mirror,

- ii. At least once every session, the therapist will break to confer with consultants (tell them how you've agreed to do this – with the consultant knocking or the therapist breaking).
- c. Point out refreshment and restroom areas in the bldg. Discuss any parking problems.
- d. Briefly explain purpose of this session, which is to obtain information about the family that will be helpful in pinpointing the family's difficulties, in determining an appropriate intervention and in evaluating the degree to which the intervention was successful in alleviating the concern. Outline the general course of the session. "First, I will ask you to..." Do not succumb to the temptation to do a clinical interview – you will NOT have time to do that this session, but will gather this type of information in your first therapy session.
- e. If the family has not completed the informed consent forms, obtain those from the responsible adults for themselves and their children BEFORE proceeding with the assessment. If necessary, discuss the purpose of the videotaping and the confidentiality of videotapes, emphasizing that the UNT Clinic is a training facility that requires videotaping for supervision purposes. Explain the consent form and answer any questions they have.
- f. Obtain necessary release of information forms (e.g., for teachers, possibly doctors, case-worker, etc). Explain our policy of working with the schools and other involved agencies to provide the best services to the family.
- g. Ask family if they have any questions. If not, then shift to the assessment procedure. "OK, now we are ready to begin our assessment."
- h. Complete the ecomap and genogram with the entire family participating.
- i. Introduce the interactive tasks. "Next, we would like your family to discuss together several topics." See instruction sheets provided to you in MF1.
- j. Complete the objective measures. Separate parents and children. Assure them of the confidentiality of their responses, no right or wrong answers, encourage honest answers. One team member is to supervise the adults completion of forms (typically behind one-way mirror), while other administers instruments to children. If there are many young children, you may need to request assistance from other classmates to help you. Be sure to have this arranged prior to your assessment and don't forget to reserve the necessary number of rooms for your family's assessment.

V. Closure

- a. Bring family together again.
- b. Ask each family member how they felt about the assessment. Demonstrate empathy and support. Acknowledge any negative feelings
- c. Review the next step of the intervention program with the family, which is the initial interview. Be sure to confirm the time and make any other arrangements, if necessary to remind the family of their next appointment. Emphasize that this change in time is to the regularly scheduled hour that they will attend therapy each week.