



**General Note:** The Family Informed Trauma Interview can be used to augment a diagnostic and orientation process and support clinical engagement strategies that specifically assesses barriers, establish alliance, queries about previous experiences with mental health services, learns about family expectations, determines readiness and initiates coordination of care.

**Family Informed Trauma Interview:** This guide can be used to conduct a semi-structured interview over multiple family meetings. The purpose of the guide is to facilitate a family dialogue that would clarify the family’s composition, history of traumatic experiences, presenting problems, patterns of familial relating and contextual needs with specific emphasis on safety concerns. The guide can be used to augment other types of assessment protocols and to support treatment planning. Some of the skills necessary for administering the interview are reflective listening; family focused questioning, and safety planning.

**Date(s) of Evaluation:** \_\_\_\_\_

**Name of evaluator(s) and license (Please print):** \_\_\_\_\_

**Sources of Information:**

1. **Ensure all family members are included in the interview (below list names and roles in family i.e. child, parent, guardian, foster parent)**
2. **Effective assessment gathers collateral information, be sure to get needed consents to collect qualitative and quantitative data (e.g. Pediatrician, School personnel, Child Welfare workers, Juvenile Justice workers, etc.)**

**Members: (During the beginning or joining phase of the family meeting, ask each member name, age and role or relationship within the family)**

|                         | Date of Birth | Role in family |
|-------------------------|---------------|----------------|
| Caregiver 1             |               |                |
| Caregiver 2             |               |                |
| Caregiver 3             |               |                |
| Child 1                 |               |                |
| Child 2                 |               |                |
| Child 3                 |               |                |
| Child 4                 |               |                |
| Child 5                 |               |                |
| Child 6                 |               |                |
| Others in the Household |               |                |
| Other 1                 |               |                |
| Other 2                 |               |                |
| Other 3                 |               |                |
| Other 4                 |               |                |

**Describe your family's racial/ethnic/cultural background:**

**What does your family do for fun?**

**Family Composition:** Use this section to collect information on multigenerational family composition and current living situations. Draw a family Genogram outlining each member of the family and their relationship to one another, circle the members living together.

**Other Relevant Family Composition Information:** Clarify who has guardianship of the children in the family and ask about current and past issues involving guardianship/custody, out-of-home placements, and/or prolonged separations (e.g. military, incarceration, hospitalization, etc.) that are important to understanding how the family is functioning or coping right now and in the past?

Is anyone on your family genogram separated or lost to your family due to trauma or traumatic loss?

**Family Health Care:**

Would you consider your family members to be in good health?

What does your family do to take care of the healthcare needs of each member? (i.e. go to dentist, use ER for primary health services, etc.)

Does anyone in your family have ongoing health concerns or recent serious medical events? If yes complete items below:

|                         | Medical Event or Illness | Treatment |
|-------------------------|--------------------------|-----------|
| Caregiver 1             |                          | Yes or No |
| Caregiver 2             |                          | Yes or No |
| Caregiver 3             |                          | Yes or No |
| Child 1                 |                          | Yes or No |
| Child 2                 |                          | Yes or No |
| Child 3                 |                          | Yes or No |
| Child 4                 |                          | Yes or No |
| Child 5                 |                          | Yes or No |
| Child 6                 |                          | Yes or No |
| Others in the Household |                          | Yes or No |
| Other 1                 |                          | Yes or No |
| Other 2                 |                          | Yes or No |
| Other 3                 |                          | Yes or No |
| Other 4                 |                          | Yes or No |

If you answer “yes” to the any of the above questions, who is caring for the family member? What is plan of care? Does the family have the resources needed to follow through with the plan?

**Identified Trauma Exposures:**

Check and use "Comments" to describe positive findings.

| Traumas                      | None | Current | Past | Member Comments |
|------------------------------|------|---------|------|-----------------|
| Physical abuse.              |      |         |      |                 |
| Sexual abuse                 |      |         |      |                 |
| Emotional abuse              |      |         |      |                 |
| Neglect                      |      |         |      |                 |
| Medical Events               |      |         |      |                 |
| Natural or Manmade Disasters |      |         |      |                 |
| Political Violence           |      |         |      |                 |
| Military deployments         |      |         |      |                 |
| Family violence              |      |         |      |                 |
| Traumatic loss/separation    |      |         |      |                 |
| Cultural violence            |      |         |      |                 |

**Draw a family timeline and indicate when trauma events and/or major losses or separations occurred.** Instructions: Start with caregiver's life before the children entered the family. Ask about major life events (e.g. leaving home, graduation, parenthood, work or careers, etc.) as well as traumatic events and losses in childhood and adulthood, then add each new member and highlight major life events, including traumatic events and losses.

For example:

Caregiver 1 \_\_\_\_\_

Caregiver 2 \_\_\_\_\_

Child 1 \_\_\_\_\_

Have family members developed problems (physical, behavioral or emotional) that you believe are related to your family's trauma and/or loss history?

**Family Strengths, Needs and Challenges:** In this section, explore each family members unique perspective.

1. With which family members do you spend time?
2. Which family members provide concrete support and assistance when needed or in other words who can you turn to in your family?
3. Has this changed over time? Or after traumatic events?
4. How would you describe the quality of communication among family members from different generations?
5. How has trauma affected relationships within your family? Between you and your partner? Between you and your children? Between your children? Between you and your parents or siblings? Have any of these relationships become closer or more supportive or more distant or conflictual?
6. Talk about some times that your family has solved difficult issues. What have you done to be successful during those difficult times?
7. Do members of the family believe that they can work together to solve problems?
8. How has your family's cultural and/or spiritual perspective, values and beliefs shaped your family life? To what extent does your family's religious or spiritual orientation help your family cope when bad things happen?

**Resources and Social Supports, Needs and Strengths:**

1. Do you have any concerns about your housing or utilities?
2. Are you able to get enough food, clothes and daily supplies?
3. Do members of the family work?
4. Do you feel supported by friends, family, neighbors and colleagues?
5. Do you belong to any groups or participate in any community activities?
6. How would you describe your and your child's relationship with the school? Do any of your children have any special needs in the classroom?
7. Are there people outside your family whom you lean on in times of stress?
8. How do they help?
9. How this changed over time? How it changed since the trauma events occurred?

**Family Safety:** The following items refer to the degree to which family members feel safe in their home, school and community.

Identify which family members do not feel safe and ask them to rate how the intensity of the safety concern.

1. Prioritize most important safety concerns and discuss the following safety planning strategies: What can your family do to stay safe, who do you turn to, and where can you go to seek safety?
2. What kind of help are you looking for?
3. Have you sought help before? Was it helpful?
4. What do you hope to achieve?
5. Do you foresee any problems or barriers that will get in the way of us working together?
6. How would you like see your family in the future?

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**Signature (license or degree)**

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**Date**

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**Supervisor Signature (if applicable)**

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**Date**