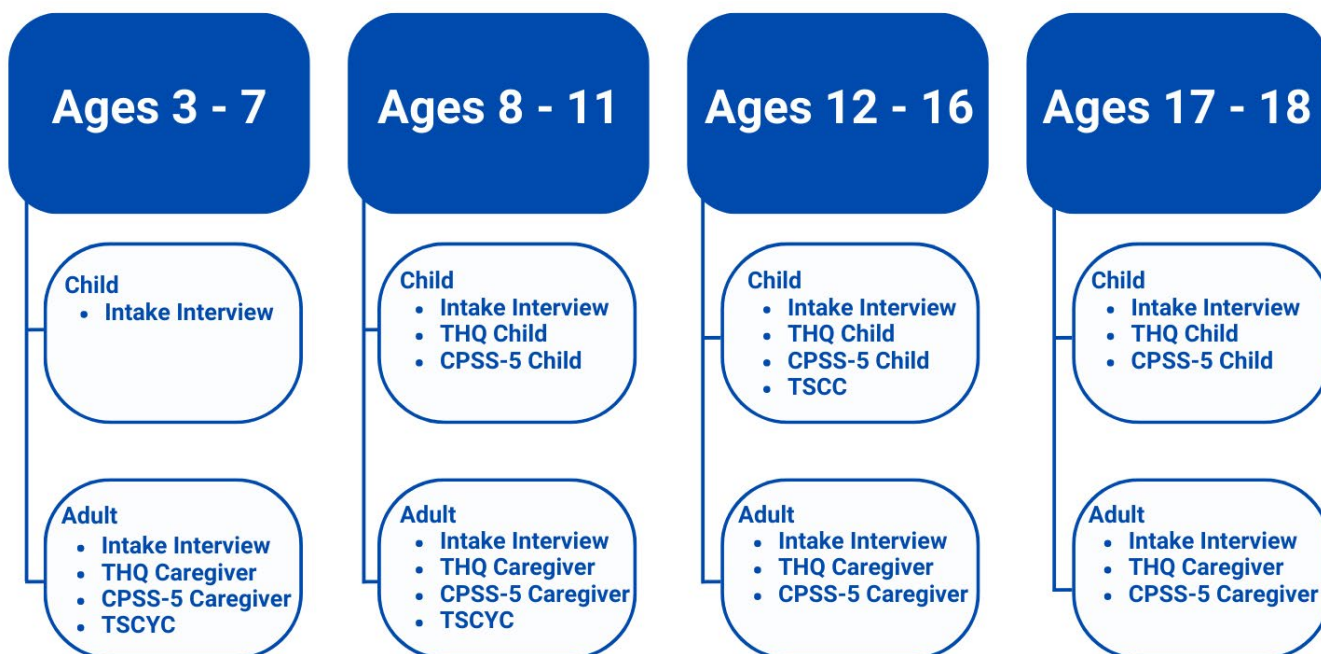


## Case Presentations

- Complete case presentations on two cases during the consultation calls.
- All required documents need to be submitted by 9am the Monday before you present.
- For each presentation, complete and submit the following to [tcty@sanfordhealth.org](mailto:tcty@sanfordhealth.org):
  1. Case Presentation Form
  2. Demographic Form
  3. All required assessments for the client's age



Optional: Any narrative or pictures to correspond with your case presentation

- Each client will be assigned a TCTY ID, which will need to be added to the post assessment once treatment is completed with the client.
- All assessments will be scored and the results will be emailed back during the learning collaborative. Clinician will be responsible for scoring your own assessments after the consultation calls are completed.
- Due to a full schedule for the consultation calls, being rescheduled is not guaranteed. Please plan ahead and coordinate with another clinician if you need to switch case presentation dates. Any changes must be emailed to [tcty@sanfordhealth.org](mailto:tcty@sanfordhealth.org).

**Focus of consultation calls: Clinician brings clinical questions and TCTY provides support and consultation.**

**TF-CBT CASE PRESENTATION**

**\*\*\* DO NOT INCLUDE ANY IDENTIFYING INFORMATION\*\*\***

Child age:	Race/ethnicity:
Gender identity:	Grade in school:
Sexual orientation:	Education setting:
Relevant family information (family members in home, history of placements, changes in primary caregiver):	
Reason for referral and presenting concerns/problems/symptoms:	
Trauma history (suspected and known trauma experiences, age of exposure, perpetrator – if applicable)	
Commercial Sexual Exploitation: Child Sexual Abuse: Child Physical Abuse: Community Violence: Domestic Violence: Neglect: Accident: Traumatic Grief: Medical Trauma: Other:	
Any ongoing stressors or safety concerns? If so, describe:	
Other contributing factors (medical, sensory, cognitive, temperament, parental/family psychiatric history, stress):	
What do you think maintains/perpetuates the symptoms? (e.g., parent anxiety /avoidance, ongoing conflict, disbelieving parent, lots of attention to negative bx)	



Clinician: \_\_\_\_\_ Agency: \_\_\_\_\_

TCTY #: \_\_\_\_\_ Presentation: Case 1 / Case 2 Date: \_\_\_\_\_

Strengths/Resources. Positive things about the child and family:	
INTAKE Assessment– CHILD:	INTAKE Assessment– CAREGIVER:
END OF TREATMENT Assessment– CHILD:	END OF TREATMENT Assessment– CAREGIVER:
# of TF-CBT sessions:	
<b>QUESTIONS FOR THE CALL LEADER ABOUT THE CASE AND USE OF TF-CBT:</b>	
Description of the TF-CBT <b>APPRACTICE Components</b> used so far with child and caregiver (e.g., methods or strategies used, child/caregiver response, successes & challenges)	
<b>Assessment Feedback</b>	
Child:	Caregiver:
<b>Psychoeducation</b>	
Child:	Caregiver:
<b>Parenting</b>	
Child:	Caregiver:
<b>Relaxation/Stress Management</b>	
Child:	Caregiver:
<b>Affective Expression/Feelings Identification</b>	
Child:	Caregiver:



Clinician: \_\_\_\_\_ Agency: \_\_\_\_\_

TCTY #: \_\_\_\_\_ Presentation: Case 1 / Case 2 Date: \_\_\_\_\_

Cognitive Coping	
Child:	Caregiver:
Trauma Narrative and Processing	
Child:	Caregiver:
In-vivo Exposures (if applicable)	
Child:	Caregiver:
Conjoint Prep and Sharing	
Child:	Caregiver:
Enhancing Safety	
Child:	Caregiver: