

Family Assessment

Family Name: _____

Date: _____

I. Family's understanding of the reason for the referral: (*"What has happened to bring me here to meet with you?"*)

II. Family Genogram (Refer to page 3): (*"I am going to ask you about your family and draw a family map. This will help me to learn more about your family and how I might be helpful to you."*)

III. Family's Past Successes. (Listen to your client's story. What are some things that tell you something positive about your client/family and the good choices family members made...their successes): (*"What are some of the good things that people notice about you and your family?"*)

1. _____.
2. _____.
3. _____.

III. Family's Resources (Family Members and Community Support): (*"Who are the family members and/or friends that are helpful to you?...in what ways? Are you a member of a faith-based or social group? What other community programs are helpful to you?"*)

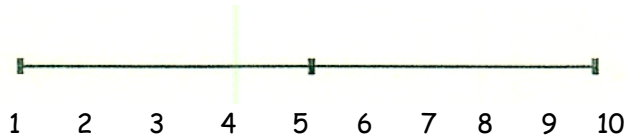
Together develop an ecogram on page 4 to include other folks/services in the family's lives.

1. _____.
2. _____.
3. _____.

V. In what ways has the family tried to solve their concerns in the past? (*"When the family has had problems before, how were you able to solve them?"*)

VI. Family's Goal/Miracle: (Tell the family that you are going to ask them a very unusual question): (*Suppose when you go to sleep tonight, a miracle occurs and the problems that brought us together today are solved. Since you are sleeping, you don't know that a miracle has happened and that your problem is solved. What do you suppose you will notice different the next morning that will tell you there has been a miracle?*)

VII Scaling:

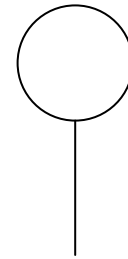


(*On a scale from one to ten, ten meaning the most hopeful you can be that you will reach your goal and one meaning having no hope at all... how hopeful are you that you will reach your goal? _____ . Imagine that your family is one point closer to the goal. How did you do it?*)

Notes:

Family Member _____ Worker _____ Date _____

Family Genogram: Family Map



Key:



Male



Female



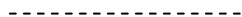
Deceased



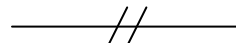
Pregnancy



Married



Unmarried

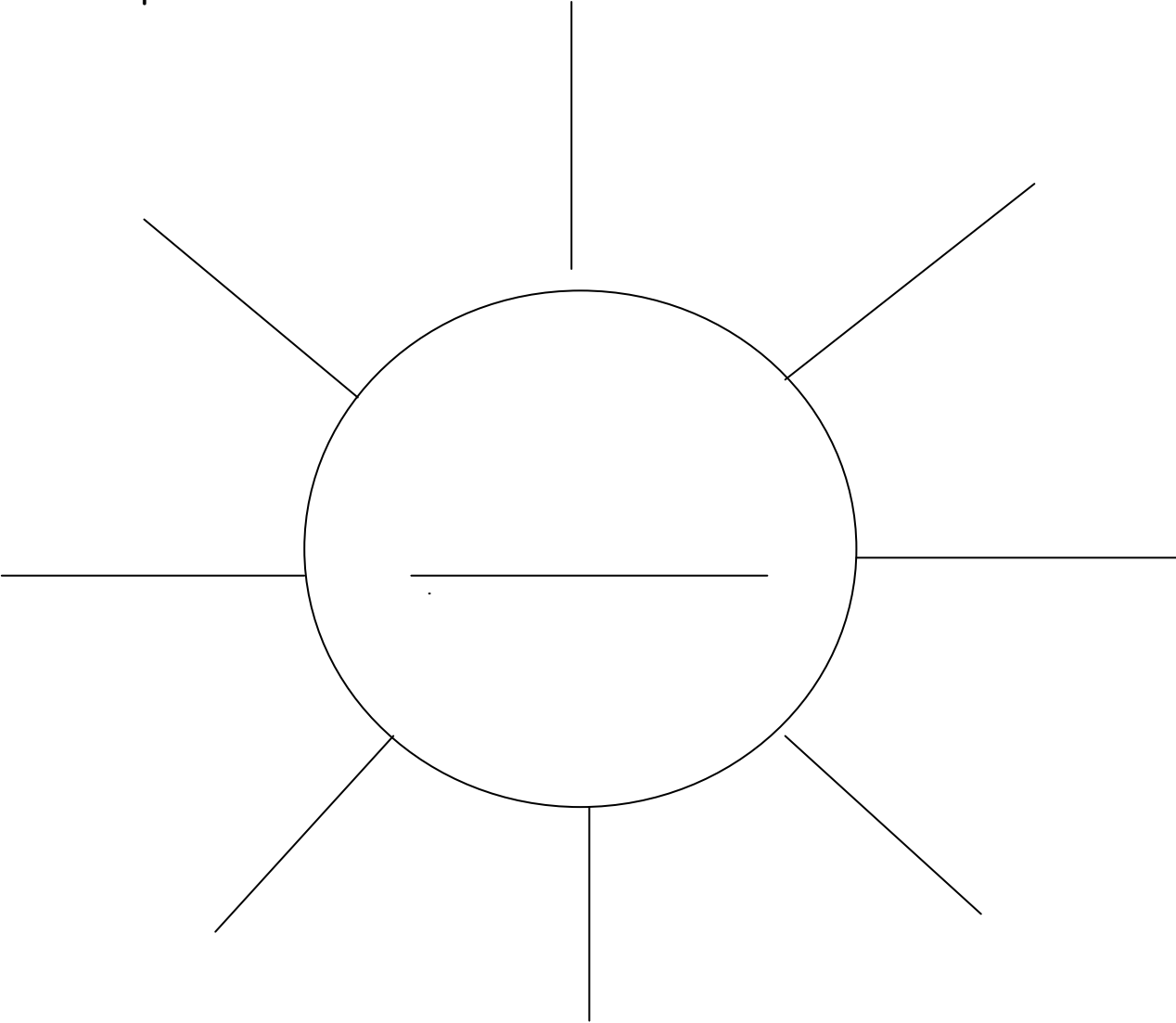


Separation/Divorce



Pet

Family Ecogram: Resource Map



Family Assessment Update

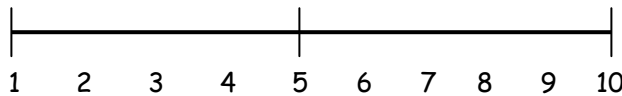
Family Name: _____ Date: _____

Worker's Name: _____

I. Positive Change: *"What's better?" ("What are some of the positive changes that you have noticed over the past three to six months?")*

II. Miracle: Discover if the client/family wants to update their miracle. *("Since our last meeting, has your miracle stayed the same? If so, how have you been able to get closer to your miracle? If not, how is the miracle changed?")*

III. Scaling



"On a scale from one to ten, ten meaning the most hopeful you can be that you will reach your goal and one meaning having no hope at all, how hopeful are you that you will reach your goal?" _____.

"Suppose you were one point closer to your goal? What would be different?"

IV. Tasks:

1. Worker: *("From now until our next meeting, what will I have done to help get closer to the miracle?")*

2. Client: *("From now until our next meeting, what are some of the things you and your family will have done to get closer to the miracle?")*

Family Member _____	Worker _____	Date _____
	Supervisor _____	Date _____

Family Action Plan

Family Name: _____

Date: _____

Worker's Name: _____

Agency: _____

Family Members Present:

Successes: ("What is better since our last meeting?")

1. _____

2. _____

Goal/Miracle: (Ask the family to recall their miracle as stated on the Family Assessment. Check to make sure that the miracle is the same. If not, repeat the Miracle Question.):

("Suppose when you go to sleep tonight, a miracle occurs and the problems that brought us together today are solved. Since you are sleeping, you don't know that a miracle has happened and that your problem is solved. What do you suppose you will notice different the next morning that will tell you there has been a miracle?")

Steps: What steps will you have taken to reach this goal? ("What was the first thing done to reach your miracle/goal? What was the next step?the next step?")

5. _____

4. _____

3. _____

2. _____

1. _____

Tasks:

1. Worker: (*"From now until our next meeting, what will I have done to help get closer to the miracle?"*)

1) _____.

2)_____.

3)_____.

2. Family: (*"From now until our next meeting, what are some of the things you and your family will have done to get closer to the miracle?"*)

1)_____.

2)_____.

3)_____.

Scaling Question and number: (*"On a scale from one to ten, ten meaning the most hopeful you can be that you will reach your miracle/goal, and one having not hope at all. How hopeful are you that you will reach your miracle /goal? _____."*)

(*"Suppose you were to move one point closer to your miracle/goal. What would be different?"*)

_____.

Notes:

Family Member (s) _____

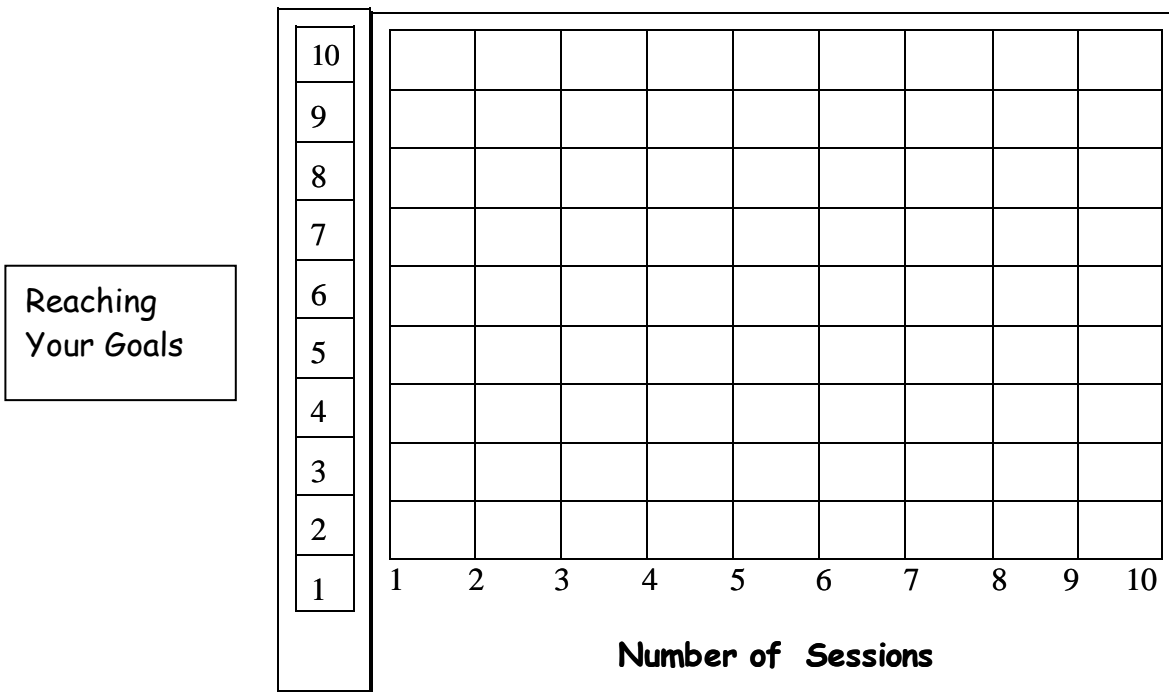
Therapist _____ Date _____

Family Name: _____ Date: _____
Worker: _____

Family Goal: _____

Work together to assign a number during each session. *How close are you to your goal?*

Client-Family Scale



What's Better?

Transition Summary

Family Name: _____ Agency/Program _____

Intake Date: _____ Goal Date for Service Completion: _____

- I. If it is the family's understanding that services were completed successfully, what would they say is different? (*"Envision the time in the future when you know that our work together is done—what would be different?"*)

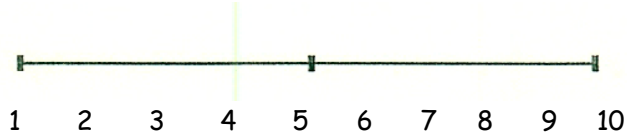
- II. List some of the positive changes the family has made. (*"Your family has changed the way they work together. Let's list the positive changes you have made."*)

- III. Review the family's past successes. (*"This family has shown so many successes during our work together. Which may be helpful in the future?"*)

- IV. Suppose you kept up with the progress you have made. What will you continue to do? (*"You and your family have worked so hard. What are some of the things that you will continue to do?"*)

- V. Family's Ongoing Miracle: (*"Envision your family six months from now and all your hard work has paid off. What will you be doing? Your husband? Your children?"*)

VI. Scaling:



a. Hopefulness:

"On a scale from one to ten, ten meaning the most hopeful you can be that you will continue to meet your goals and one meaning having no hope at all... how hopeful are you? _____ . What can you do to stay hopeful?"

_____.

b. Change:

"On a scale from one to ten, ten meaning the best family you could ever imagine to be, and one stands for your family the first time we met, where are you today? _____ . Suppose your family was one point closer to your goal. How did you do it?"

_____.

Family Member _____ Worker _____ Date _____

Supervisor _____ Date _____

Program Information

Total of sessions: _____

Reason for closing: _____
_____.

Referrals made (include date): _____
_____.

