

### Client Registration

CPP Training Name: \_\_\_\_\_

Therapist Name: \_\_\_\_\_ Client Nickname: \_\_\_\_\_ Client ID: automatically generated

TREATMENT INFORMATION				
Date CPP Treatment Started	Language Treatment Conducted in (indicate all)			Will a Translator be Used? <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Yes
TARGET CHILD INFORMATION				
Age in months	Gender <input type="checkbox"/> male <input type="checkbox"/> female  <input type="checkbox"/> other, specify _____	Ethnicity (check all that apply) <input type="checkbox"/> African American <input type="checkbox"/> Asian* <input type="checkbox"/> White <input type="checkbox"/> Latino/a* <input type="checkbox"/> Native American <input type="checkbox"/> Other* *Specify(Asian, Latino, Other) _____		Language(s) spoken <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> Other (specify)  Specify: _____
SIBLING INFORMATION				
Age in Years	Gender (M/F/O)	Relation to Child (e.g. full sibling, half sibling)	Where Resides (e.g. w/ child, w/dad)	In treatment with Child? <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Yes
				<input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Yes
				<input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Yes
				<input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Yes
				<input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Yes
				<input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Yes
				<input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Yes
				<input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Yes
				<input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Yes
CAREGIVER #1 INFORMATION				
Age in Years	Years of Education (1 <sup>st</sup> grade=1, Graduated High school=12; Graduated college=16)	Ethnicity (check all that apply) <input type="checkbox"/> African American <input type="checkbox"/> Asian* <input type="checkbox"/> White <input type="checkbox"/> Latino/a* <input type="checkbox"/> Native American <input type="checkbox"/> Other* *Specify(Asian, Latino, Other) _____		Language(s) spoken: <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> Other (specify)  Specify: _____
Involved in child's treatment? <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> UNK		Relationship to Child (select one) <input type="checkbox"/> Biological mother <input type="checkbox"/> Biological father <input type="checkbox"/> Adoptive mother <input type="checkbox"/> Adoptive father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> Foster mother <input type="checkbox"/> Foster father		<input type="checkbox"/> Caregiver's female partner (girlfriend) <input type="checkbox"/> Caregiver's male partner (boyfriend) <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Great grandmother <input type="checkbox"/> Great grandfather <input type="checkbox"/> Aunt  <input type="checkbox"/> Uncle <input type="checkbox"/> Great aunt <input type="checkbox"/> Great uncle <input type="checkbox"/> Other relative, please specify <input type="checkbox"/> Other non-relative, please specify  Specify: _____

USE AS NEEDED

<input type="checkbox"/> Not applicable – no other caregiver <span style="float: right;">CAREGIVER #2 INFORMATION</span>			
Age in Years	Years of Education (1 <sup>st</sup> grade=1, Graduated High school=12; Graduated college=16)	Ethnicity (check all that apply) <input type="checkbox"/> African American <input type="checkbox"/> Asian* <input type="checkbox"/> White <input type="checkbox"/> Latino/a* <input type="checkbox"/> Native American <input type="checkbox"/> Other* *Specify(Asian, Latino, Other)	Language(s) spoken <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> Other (specify)  Specify: _____
Involved in child's treatment? <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> UNK	Relationship to Child (select one) <input type="checkbox"/> Biological mother <input type="checkbox"/> Biological father <input type="checkbox"/> Adoptive mother <input type="checkbox"/> Adoptive father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> Foster mother <input type="checkbox"/> Foster father	<input type="checkbox"/> Caregiver's female partner (girlfriend) <input type="checkbox"/> Caregiver's male partner (boyfriend) <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Great Grandmother <input type="checkbox"/> Great Grandfather <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle	<input type="checkbox"/> Great aunt <input type="checkbox"/> Great uncle <input type="checkbox"/> Other relative, please specify <input type="checkbox"/> Other non-relative, please specify  Specify: _____
<input type="checkbox"/> Not applicable – no other caregiver <span style="float: right;">CAREGIVER #3 INFORMATION</span>			
Age in Years	Years of Education (1 <sup>st</sup> grade=1, Graduated High school=12; Graduated college=16)	Ethnicity (check all that apply) <input type="checkbox"/> African American <input type="checkbox"/> Asian* <input type="checkbox"/> White <input type="checkbox"/> Latino/a* <input type="checkbox"/> Native American <input type="checkbox"/> Other* *Specify(Asian, Latino, Other)	Language(s) spoken <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> Other (specify)  Specify: _____
Involved in child's treatment? <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> UNK	Relationship to Child (select one) <input type="checkbox"/> Biological mother <input type="checkbox"/> Biological father <input type="checkbox"/> Adoptive mother <input type="checkbox"/> Adoptive father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> Foster mother <input type="checkbox"/> Foster father	<input type="checkbox"/> Caregiver's female partner (girlfriend) <input type="checkbox"/> Caregiver's male partner (boyfriend) <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Great grandmother <input type="checkbox"/> Great grandfather <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle	<input type="checkbox"/> Great aunt <input type="checkbox"/> Great uncle <input type="checkbox"/> Other relative, please specify <input type="checkbox"/> Other non-relative, please specify  Specify: _____
<input type="checkbox"/> Not applicable – no other caregiver <span style="float: right;">CAREGIVER #4 INFORMATION</span>			
Age in Years	Years of Education (1 <sup>st</sup> grade=1, Graduated High school=12; Graduated college=16)	Ethnicity (check all that apply) <input type="checkbox"/> African American <input type="checkbox"/> Asian* <input type="checkbox"/> White <input type="checkbox"/> Latino/a* <input type="checkbox"/> Native American <input type="checkbox"/> Other* *Specify(Asian, Latino, Other)	Language(s) spoken <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> Other (specify)  Specify: _____
Involved in child's treatment? <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> UNK	Relationship to Child (select one) <input type="checkbox"/> Biological mother <input type="checkbox"/> Biological father <input type="checkbox"/> Adoptive mother <input type="checkbox"/> Adoptive father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> Foster mother <input type="checkbox"/> Foster father	<input type="checkbox"/> Caregiver's female partner (girlfriend) <input type="checkbox"/> Caregiver's male partner (boyfriend) <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Great grandmother <input type="checkbox"/> Great grandfather <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle	<input type="checkbox"/> Great aunt <input type="checkbox"/> Great uncle <input type="checkbox"/> Other relative, please specify <input type="checkbox"/> Other non-relative, please specify  Specify: _____




## PROCEDURAL FIDELITY: ASSESSMENT AND ENGAGEMENT

This is a suggested order; items do not need to be done in this order but do need to be done before the CPP core intervention phase begins. This checklist should be completed for each caregiver involved in treatment, with attempts made to engage all primary caregivers. Trauma and symptom screening should occur without the child present unless the child is a young infant (e.g. < 6 months) and the caregiver has no source of childcare.

#	ITEM	Caregiver Response	Done
1	Elicited Caregiver Perception of Need for Treatment Met alone and discussed with caregiver the reason for referral, referral source, and how caregiver feels about treatment		<input type="checkbox"/>
2	Elicited Caregiver Description of Family Circumstances, Challenges, and Strengths Met alone and discussed caregiver's concerns about child, self, and other family members		<input type="checkbox"/>
3	Provided a Sense of Positive Expectations About Improvement Noticed protective actions, conveyed realistic hope, provided emotional support, and acknowledged that coming to treatment is an important first step		<input type="checkbox"/>
4	Shared with Caregiver Rationale for Screening for Child Trauma (for this specific child or in general)		<input type="checkbox"/>
5	Asked Caregiver to Jointly Complete a Child Trauma Screening Instrument		<input type="checkbox"/>
	5a. Is caregiver aware of child's history?	<input type="checkbox"/> No <input type="checkbox"/> In part <input type="checkbox"/> Yes	
	5b. Select one to describe how you and caregiver discussed child's experience of trauma a) Child has no known history of trauma (e.g. newborn baby) b) Met <u>alone</u> with caregiver and screened for child's trauma history using a comprehensive trauma screening instrument to discuss what the caregiver knows and what is known from other sources (e.g. court reports, past therapists) c) Caregiver is not aware of child's trauma history. Met <u>alone</u> with caregiver and used a comprehensive trauma screening instrument or trauma history summary to talk to caregiver about child's history (facts and hypotheses) gathered from other sources (e.g. social worker, prior caregivers & therapists, court reports) Note: get appropriate releases prior to sharing information d) Caregiver refused to complete trauma screening, but did provide details regarding child's trauma history e) Caregiver refused to complete trauma screening, and refused to talk about child's trauma history	<input type="checkbox"/> a (NA) <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	
	5c. Indicate instrument used to screen for child trauma history <input type="checkbox"/> TESI-PRR <input type="checkbox"/> Other, specify: Click here to enter text.		
6	Considered Caregiver's Response to Child's Trauma History Considered the quality of the way the caregiver thinks about the child's traumatic experiences (NA child has no trauma hx)		<input type="checkbox"/> <input type="checkbox"/> NA

	6a. Factual response: Select one to describe caregiver's factual response to child's trauma history a) Child has no known history of trauma b) Acknowledged traumatic event(s) and impact on child c) Acknowledged traumatic event(s) but may be unsure of impact on child d) Acknowledged event but denied impact e) Denied child's experience of documented traumatic events	<input type="checkbox"/> a (NA) <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	
	6b. Emotional response: Select one to describe caregiver's emotional response to child's trauma history a) N/A Child has no known history of trauma b) Integrated: Emotionally integrated, able to talk about experience without being overwhelmed c) Triggered: Overwhelmed or flooded by thinking about child's experience d) Avoidant: Avoids thinking about child's experience, blocks or pushes away experience e) Mixed Avoidant & Triggered: Overwhelmed by child's experience and actively avoids thinking about it	<input type="checkbox"/> a (NA) <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	
	Note: Caregivers can refuse to answer any questions that make them feel uncomfortable. However, if a caregiver completely refuses to talk about a child's potential history of trauma, or if a caregiver denies the child's experience of trauma, and the child has a known history of trauma, a fundamental goal of the Foundational Phase is to determine if the caregiver can talk about and acknowledge the child's history once s/he forms a relationship with you and feels safer. If not, it may be contraindicated to engage in trauma-informed CPP.		
7	Assessed Child Symptoms (May be done prior to screening for trauma) Met <u>alone</u> with caregiver and obtained caregiver report of child's symptoms and areas of concern		<input type="checkbox"/>
	7a. Method for assessing child's symptoms (select one) <input type="checkbox"/> a) Clinical interview <input type="checkbox"/> b) Standardized questionnaire (check all used) (Below are optional instruments. It is recommended that you use one of them, but none are required) <input type="checkbox"/> CBCL <input type="checkbox"/> DECA-I/T <input type="checkbox"/> DECA-C <input type="checkbox"/> ITSEA <input type="checkbox"/> BITSEA <input type="checkbox"/> SDQ <input type="checkbox"/> ECBI <input type="checkbox"/> Other: Click here to enter text.		
8	Assessed Child Trauma Symptoms (Ideally done after screening for trauma) Met <u>alone</u> with caregiver and obtained caregiver report of child's trauma symptoms using a standardized instrument or clinical interview (check NA if child has no history of trauma exposure)		<input type="checkbox"/> <input type="checkbox"/> NA
	8a. Method for assessing child's trauma symptoms (check all that apply) <input type="checkbox"/> TSCYC <input type="checkbox"/> DIPA <input type="checkbox"/> PAPA <input type="checkbox"/> P.I.E. <input type="checkbox"/> Interview <input type="checkbox"/> None <input type="checkbox"/> Other, specify:		
9	Assessed Child Developmental Functioning Assessed child's developmental functioning (regulatory capacity, achievement of age appropriate skills)		<input type="checkbox"/>
	9a. Method for assessing child's developmental functioning (check all that apply) <input type="checkbox"/> ASQ <input type="checkbox"/> Clinical observation <input type="checkbox"/> Other:Click here to enter text.		

10	Discussed Connection Between Child's Symptoms and Child's History Talked to caregiver about how child's symptoms or functioning may be related to the child's trauma history (including any history of separations). Note: This may be repeated at different times in the treatment but needs to happen in the beginning as part of setting the trauma frame (check NA if child has no history of trauma exposure)		<input type="checkbox"/> <input type="checkbox"/> NA
11	Discussed Trauma Reminders Helped the caregiver understand the concept of a trauma reminder and begin to identify possible trauma reminders for the child and caregiver (check NA if child and caregiver have no history of trauma exposure)		<input type="checkbox"/> <input type="checkbox"/> NA
12	Assessed for Child Safety Risks to Engaging in Trauma-Informed Treatment (check NA if child and caregiver have no history of trauma exposure)		<input type="checkbox"/> <input type="checkbox"/> NA
	12a. Code any safety risks (check one) <input type="checkbox"/> No risks, it seems safe to talk about the child's experience of trauma with the child <input type="checkbox"/> Yes, there are potential safety risks (check all potential risks) <input type="checkbox"/> Child has contact with violent caregiver who is unaware that child is participating in trauma treatment <input type="checkbox"/> Child has contact with violent caregiver who denies the child's experience of trauma <input type="checkbox"/> Other safety risk, specify <a href="#">Click here to enter text.</a>		
Note: If there are safety risks that cannot be resolved, conducting trauma-informed CPP with the child may be contraindicated. You can help the caregiver think about how to support the child and ensure safety, or engage in relationship-based CPP to strengthen their relationship, but it would not be safe to involve the child in trauma treatment.			
13	Observed Child and Caregiver Interaction Observed child and caregiver together to obtain information regarding quality of their relationship, the way child and caregiver typically play and interact		<input type="checkbox"/>
14	Discussed Impact of Child Trauma Treatment on Caregivers Met <u>alone</u> with caregiver and discussed how talking about/processing a child's traumatic experiences can affect caregivers, highlighting both risks and benefits (check NA if child has no history of trauma exposure)		<input type="checkbox"/> <input type="checkbox"/> NA
15	Shared Rationale for Asking About Caregiver Trauma History Examples: <ul style="list-style-type: none"> <li>• It may be helpful to know caregiver's trauma history, so you can support him/her with any reactions that may arise as you both talk about and process child's trauma history with child</li> <li>• When caregivers have experienced trauma, especially as children, this can affect the way they raise their children in positive and negative ways. It may be good to talk about this in treatment to break the cycle of trauma and violence</li> </ul>		<input type="checkbox"/>

16	Asked Caregiver to Jointly Complete a Caregiver Trauma Screening Instrument Met <u>alone</u> with caregiver and discussed using a trauma screening instrument to think about caregiver history		<input type="checkbox"/>
	16a. Caregiver response (select one) a) Reports s/he has not experienced any traumatic events b) Agreed to complete screening instrument c) Did not agree to screening instrument but did describe his/her history d) Did not want to talk about own trauma history now but is open to talking about it later e) Did not want to talk about own trauma history	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	
	16b. Indicate instrument used to screen for caregiver trauma history <input type="checkbox"/> LSC-R <input type="checkbox"/> Other, specify: Click here to enter text.		
17	Shared Rationale for Asking About Caregiver Symptoms Examples: <ul style="list-style-type: none"> <li>It is common for caregivers to be strongly affected when their children experience trauma, especially if they experienced the same event</li> <li>Caregiver's mood and functioning can affect the child</li> <li>In CPP, the therapist supports the caregiver and family in addition to the child</li> </ul>		<input type="checkbox"/>
18	Introduced Caregiver Symptom Measures Discussed using questionnaires or interviews to better understand the caregiver's symptoms		<input type="checkbox"/>
	18a. Caregiver response (select one) a) Agreed to complete questionnaires regarding his/her symptoms b) Did not agree to questionnaire but did describe symptoms c) Did not want to talk about own symptoms now but is open to maybe talking about it later d) Did not want to talk about own symptoms	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d	
	18b. Indicate method used to assess caregiver PTSD <input type="checkbox"/> NA No Trauma Hx <input type="checkbox"/> None <input type="checkbox"/> PSSI <input type="checkbox"/> Clinical Interview <input type="checkbox"/> Other, specify:		
	18c. Indicate method used to assess caregiver depression <input type="checkbox"/> None <input type="checkbox"/> CES-D <input type="checkbox"/> Clinical Interview <input type="checkbox"/> Other, specify: Click here to enter text.		
	18d. Describe other instruments used to assess caregiver mood or functioning Click here to enter text.		
19	Processed Information Gathered During Assessment/Engagement with Supervisor/Colleague <ul style="list-style-type: none"> <li>For supervisees: reviewed the checklist and discussed the assessment results and treatment conceptualization with a supervisor</li> <li>For supervisors and other licensed staff: As needed, processed assessment with a colleague to conceptualize treatment and reflect on emotions brought up by the dyad. Check done if reflected alone and no additional support was needed.</li> </ul>		<input type="checkbox"/>

## PROCEDURAL FIDELITY: FEEDBACK SESSION

After completing the assessment, therapist and caregiver meet alone to discuss what they have learned, plan treatment, and talk about how to introduce the child to treatment, including how to bring up the child's trauma history. Other caregivers may be present, but the child should not be present unless the child is an infant.

#	ITEM	Caregiver Response	Done
1	Elicited Caregiver Perception About Assessment Process and Foundational Phase Engaged caregiver in a conversation about what s/he learned, positive experiences, concerns, ideas for future steps		<input type="checkbox"/>
2	Described Therapist Perspective and Recommendations		<input type="checkbox"/>
3	Provided Other Referrals as Needed for Child, Caregiver, or Other Family Members		<input type="checkbox"/>
4	Provided Rationale for Dyadic Treatment Examples <ul style="list-style-type: none"> <li>• We work with caregivers to think about how trauma may affect the child's development and relationships and how caregivers can help them heal from this experience</li> <li>• For older toddlers and preschoolers: We help very young children talk/play about and process experiences with their caregivers</li> <li>• If a caregiver's trauma history is affecting perceptions of or interactions with the child, treatment can help the caregiver consciously think about how his or her history affects parenting and develop ways to change intergenerational patterns</li> </ul>		<input type="checkbox"/>
5	Processed Cultural Beliefs About Talking About Trauma Discussed with caregiver how CPP's view of talking about and processing trauma may be different from the way they were raised or from typical cultural beliefs. Elicited caregiver's view on this. (check NA if child and caregiver have no history of trauma exposure)		<input type="checkbox"/> <input type="checkbox"/> NA
6	Discussed Play in CPP Spoke with caregiver about how we use play in CPP (e.g. to process experience and build relationships) and how this may differ from how people typically interact with young children in the caregiver's family/culture or in the broader culture.		<input type="checkbox"/>
7	Requested Permission to Introduce Trauma-Related Toys (for children old enough to use play to process experience) Discussed with caregiver the toys you might bring to help the child process his/her experience. Obtained permission to introduce trauma-related toys (e.g. dolls especially for boys, police cars, knives). Highlighted that young children often benefit from having "props" to tell their "story" (check NA if child is too young or has no history of trauma exposure)		<input type="checkbox"/> <input type="checkbox"/> NA
8	Discussed Child's Need for Emotion Regulation while Processing Trauma (for children old enough to process trauma) Helped caregiver understand that child may need "emotion regulation breaks" when processing traumatic experiences. Helped caregiver think about the way this child may do this and how the caregiver will support the child in doing this.		<input type="checkbox"/> <input type="checkbox"/> NA
9	Discussed with Caregiver the Need for Regular Weekly Sessions		<input type="checkbox"/>



10	Asked About Caregiver's Perspective of CPP		<input type="checkbox"/>
	10a. Is caregiver in agreement about the need to address child's trauma history (either directly or at least if the child brings it up)? <i>Code in part if there are aspects of the child's trauma history the caregiver is willing to bring up, and there are aspects that the caregiver prefers not be discussed.</i>	<input type="checkbox"/> No <input type="checkbox"/> In part <input type="checkbox"/> Yes	
	10b. Does caregiver understand why CPP is conducted jointly with child and caregiver?	<input type="checkbox"/> No <input type="checkbox"/> In part <input type="checkbox"/> Yes	
	If the caregiver does not agree with the treatment model or has serious concerns, it will be important to explore this further. CPP may be contraindicated and in this case a referral to an alternate treatment should be considered		
11	Thought About the Appropriateness of Beginning CPP with Child Considered items assessing: Caregiver's Response to Child's Trauma History, Safety Risks to Engaging in Trauma-Informed Treatment, and Caregiver's Perspective of CPP and decided whether to include child in CPP.		<input type="checkbox"/>
	11a. Therapist assessment of appropriateness of CPP (select one) <input type="checkbox"/> a) It seems safe/appropriate to include child in CPP even if treatment includes a focus on child's trauma history <input type="checkbox"/> b) It is not safe and/or appropriate to begin trauma-informed CPP with the child Given concerns, the treatment plan will focus on the following (check all that apply) <input type="checkbox"/> 1. Work with caregiver alone to enhance safety and provide case management <input type="checkbox"/> 2. Work with caregiver alone to help caregiver begin to acknowledge child's history <input type="checkbox"/> 3. Conduct CPP with caregiver and child to strengthen the relationship but not address the trauma <input type="checkbox"/> 4. Develop alternate CPP plan, (describe) Click here to enter text. <input type="checkbox"/> 5. Refer family to alternate treatment Click here to enter text.		
12	Developed CPP Triangle of Explanations with Caregiver		<input type="checkbox"/>
	12a. Describe the components of the CPP triangle Experience:  Feelings/Behavior:  How Treatment will Help:  Protective and Growth Promoting Factors:  Modality: Way this will be shared with the child (e.g. discussion, using toys)		

REFLECTIVE PRACTICE FIDELITY

POTENTIAL SOURCES OF CHALLENGE	Level (select one)			
	No	Low	Moderate	Significant
Family is difficult to engage or work with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family trauma history is likely to provoke negative reactions in any clinician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Systems are involved in complicated and/or conflictual ways with family/treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapist and caregiver have significantly different perspectives or cultural beliefs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapist knowledge and skill level (e.g. new therapist, new to the model or trauma work)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited access to safe reflective supervision or reflective consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THERAPIST REFLECTIVE PRACTICE CAPACITY	Therapist Capacity (select one)			
	Requires Development	Emerging	Acquired	
Awareness of own emotional reactions				
In the moment (in session)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Upon self-reflection (outside session)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
In supervision/consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Awareness of own personal and/or cultural biases				
In the moment (in session)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Upon self-reflection (outside session)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
In supervision/consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to consider multiple perspectives (caregiver's, child's, own)				
In the moment (in session)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Upon self-reflection (outside session)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
In supervision/consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to recognize and regulate strong emotions prior to intervening (in the moment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Use of self-care practices to enhance ability to regulate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
USE OF EXTERNAL SUPPORTS				
Appropriately uses supervision and/or consultation with colleagues to:				
Process emotional reactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Consider alternative perspectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Seek new knowledge & new skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**EMOTIONAL PROCESS FIDELITY**

POTENTIAL SOURCES OF CHALLENGE Degree to which in sessions. . .	Level (select one)			
	No	Low	Moderate	Significant
Caregiver is dysregulated or triggered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver is avoidant or shut down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child is dysregulated or triggered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child is avoidant or shut down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAPACITY TO HANDLE EMOTIONAL CHALLENGES Therapist is able to . . .	Therapist Capacity (select one)			
	Requires Development	Emerging	Acquired	
Identify when caregiver is not regulated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tolerate caregiver's strong emotional reactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Intervene in ways to help caregiver become regulated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Identify when child is not regulated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tolerate child's strong emotional reactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Create a context where child's emotional response is understood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Create a context where child is helped to regulate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**DYADIC-RELATIONAL FIDELITY**

POTENTIAL SOURCES OF CHALLENGE Degree to which in the sessions. . .	Level (select one)			
	No	Low	Moderate	Significant
Caregiver and child have conflictual, competing agendas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver has difficulty understanding or tolerating child's behavior or temperament	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver and/or child serve as trauma reminders to the other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver has unrealistic expectations of the child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child has sensorimotor or affect regulation challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAPACITY TO ADDRESS THE NEEDS OF CAREGIVER AND CHILD Therapist is able to . . .	Therapist Capacity (select one)			
	Requires Development	Emerging	Acquired	
Balance attention between caregiver and child (tracking both)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hold/support child and caregiver perspectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bridge/translate between caregiver & child (help them understand each other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Intervene in ways that strengthen the caregiver-child relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Think about and support child's relationship with other important caregivers (e.g. father)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

TRAUMA FRAMEWORK FIDELITY

POTENTIAL SOURCES OF CHALLENGE Challenges related to . . .	Level (select one)			
	No	Low	Moderate	Significant
Child's history being unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver's history being unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver not fully acknowledging child's history or not agreeing to talk about it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver not having a trauma framework (does not view child behavior in light of history)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver being triggered and having difficulty thinking about child's past experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAPACITY TO INTERVENE WITHIN A TRAUMA FRAMEWORK Therapist is able to . . .	Therapist Capacity (select one)			
	Requires Development	Emerging	Acquired	
Keep child's and caregiver's trauma history in mind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Think about how the child's and caregiver's history may be affecting interactions with each other and with the therapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Frame interventions (e.g. affect regulation, improving relationships) within the broader context of the family's traumatic experiences (in addition to other contributing factors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Directly talk about and bring up the family's trauma history when relevant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PROCEDURAL FIDELITY

POTENTIAL SOURCES OF CHALLENGE	Level (select one)			
	No	Low	Moderate	Significant
Scheduling challenges due to family illness, work, competing needs, or irregular visitation schedule make it difficult for family to attend weekly sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scheduling challenges due to therapist illness, work schedule or competing needs make it difficult for therapist to hold weekly sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family structure (e.g. multiple children) makes it difficult for therapist and caregiver to hold sessions focusing on the needs of individual children when clinically indicated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home visiting environment often chaotic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAPACITY TO CARRY OUT PROCEDURES Therapist is able to . . .	Response (check one)			
	No	Yes, But They Did Not Attend Regularly	Yes, Attended	
Schedule sessions on a regular basis (generally 1x per week)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Give appropriate notice for vacation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Propose caregiver collateral sessions when . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>Caregiver is triggered by child or child's play or in need of psycho-education</li> <li>Caregiver does not understand trauma as a potential cause of child's behaviors</li> <li>Caregiver needs to share information with therapist (e.g. new traumatic events)</li> </ul>	<input type="checkbox"/> Not needed			

**CPP CASE CONCEPTUALIZATION AND CONTENT FIDELITY**

- Clinical Focus: Throughout the phase, degree to which the therapist's interventions addressed the objective:  
0=not at all a focus; 1=minor; 2=moderate; 3=significant
- Appropriateness: Under=Therapist should have focused more on this objective; Appropriate=Amount of therapeutic focus seems appropriate; Over=Therapist may have overly focused on this objective, to the detriment of other important objectives
- Progress Towards Objective (Referral=Upon Referral; Current=At the end of the Foundational Phase)  
3 = Established: Good enough to support development  
2 = Present but Unstable: Good under some conditions. Not fully consolidated. Lost in response to internal or external stress.  
1 = Emerging: Early manifestations  
0 = Primary Target/Urgent Concern: Immediate risk to development, relationship and/or therapeutic alliance

CPP OBJECTIVES	Clinical Focus (0-3)	Appropriateness (check one)			Progress Referral (0-3)	Progress Current (0-3)
		Under	Appropriate	Over		
<b>CONVEY HOPE</b>						
<ul style="list-style-type: none"> <li>• Highlighted that change and growth are possible given positive steps the family has made</li> <li>• Provided realistic examples of potential pathways for healing, noting ways that caregiver efforts and treatment may lead to improved caregiver and child functioning</li> <li>• Helped the family connect to spiritual resources consistent with family traditions</li> </ul>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<b>DEVELOP EMPATHIC RELATIONSHIP WITH FAMILY MEMBERS</b>						
<ul style="list-style-type: none"> <li>• Empathically listened to concerns: <input type="checkbox"/> caregiver <input type="checkbox"/> child's</li> <li>• Understood difficult behavior given past history &amp; current context: <input type="checkbox"/>caregiver <input type="checkbox"/>child</li> <li>• Made warm supportive comments or recognized accomplishments: <input type="checkbox"/> caregiver <input type="checkbox"/>child</li> <li>• Understood caregivers' mistrust of providers and reluctance to engage in treatment in light of their past history and current experiences with potentially punitive systems</li> </ul>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<b>ENHANCE SAFETY</b>						
<p>Safety - Physical Safety (chart all safety risks separately)</p> <ul style="list-style-type: none"> <li>• Helped caregiver reflect on his/her history of physical endangerment and how it shapes current expectations regarding danger and safety</li> <li>• In a supportive, non-confrontational manner, directly addressed safety issues with caregiver with the goal of increasing caregiver awareness and mobilizing protective action</li> <li>• Balanced respect for the caregiver's psychological vulnerabilities with the need to address lapses in safety and destructive or self-destructive behavior</li> <li>• Encouraged the caregiver to develop an attitude that prioritizes safety as a core value for the caregiver, child, and family</li> <li>• Supported caregiver in engaging other family members in addressing risks to safety (including partners who may have been violent)</li> <li>• Focused on and addressed serious risks to physical safety, including risks within family relationships and permanency of placement</li> <li>• Engaged in safety planning</li> <li>• Assessed for and filed appropriate DCF reports for suspected abuse</li> </ul>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

CPP OBJECTIVES	Clinical Focus (0-3)	Appropriateness (check one)			Progress Referral (0-3)	Progress Current (0-3)
		Under	Appropriate	Over		
<p>Safety - Environmental Context</p> <ul style="list-style-type: none"> <li>Discussed ways that contextual risks (e.g. poverty, community violence, immigration-related risks, inadequate or unsafe housing, and inadequate access to services) affect child and family functioning</li> <li>Considered the impact of racism and historical trauma on child and family functioning</li> </ul>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<p>Safety – Stabilization</p> <ul style="list-style-type: none"> <li>Discussed provision/maintenance of basic needs</li> <li>Provided case management to help family obtain basic needs</li> <li>Helped caregiver develop the capacities to obtain services and needs independently (to overcome barriers, communicate about needs, and collaborate with service providers)</li> <li>Helped caregiver identify and address root causes of recurrent crisis and ongoing instability</li> </ul>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<p>Safety &amp; Consistency in Therapy</p> <ul style="list-style-type: none"> <li>Acknowledged safety risks to participating in therapy: reporting, mandated nature, etc.</li> <li>Encouraged consistent, on-time participation in therapy</li> <li>Created a consistent environment for treatment</li> </ul>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<p>Perceived Safety</p> <ul style="list-style-type: none"> <li>Identified misperceptions of danger or safety: <input type="checkbox"/>caregiver <input type="checkbox"/>child</li> <li>Fostered accurate perceptions of danger and safety</li> </ul>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<p>Safety within Caregiver-Child Relationships</p> <ul style="list-style-type: none"> <li>Acknowledged past history of risks to safety: <input type="checkbox"/> caregiver <input type="checkbox"/> child</li> <li>Highlighted the need for safe behavior while legitimizing feelings (e.g. child cannot hit others even though child is angry)</li> <li>Fostered caregiver's ability to socialize child in ways that are consistent both with the caregiver's cultural values and beliefs and the family's context</li> <li>Identified factors that may interfere with caregivers capacity to socialize child, including environmental circumstances, strong emotions (e.g. guilt, fear, feelings of worthlessness), and prior history</li> <li>Supported caregiver's development of routines to enhance safety</li> <li>Helped establish caregiver as a protective, benevolent, legitimate authority figure</li> </ul>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

CPP OBJECTIVES	Clinical Focus (0-3)	Appropriateness (check one)			Progress Referral (0-3)	Progress Current (0-3)
		Under	Appropriate	Over		
<b>STRENGTHEN FAMILY RELATIONSHIPS: PROMOTE EMOTIONAL RECIPROCITY</b>						
<ul style="list-style-type: none"> <li>Helped caregiver reflect on how current expectations about relationships (child's or caregiver's) are shaped by past experience</li> <li>Helped caregiver identify and explore origins of negative views/representations of the child</li> <li>Helped caregiver think about how perceptions may affect behavior or interactions with child</li> <li>Helped caregiver and child notice and respond supportively to each other's relational bids</li> <li>Helped caregiver reflect and respond benevolently to the child's challenging behavior</li> <li>Helped identify negative perceptions child may have about caregiver</li> <li>Helped child understand and appreciate caregiver's efforts on the child and family's behalf</li> <li>Helped caregiver and child learn ways to repair and connect after conflict</li> <li>Helped caregiver and child consciously explore new ways of relating that promote trust, continuity, reciprocity, and pleasure</li> </ul>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<b>COORDINATE CARE</b>						
<ul style="list-style-type: none"> <li>Engaged in systematic efforts to obtain all relevant information about child history (e.g. CPS reports related to placement history)</li> <li>Helped family members obtain needed referrals to other services</li> <li>Communicated and coordinated care as needed with other service providers</li> <li>Reflected on the needs of the entire family and prioritized services according to immediacy of needs</li> <li>Took steps to ensure that risks to the child's safety were known and addressed effectively by the team of service providers involved with the family</li> <li>Fostered a climate of transparency in communicating to caregiver the way that service providers are working together to ensure child safety</li> </ul>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<b>STRENGTHEN DYADIC AFFECT REGULATION CAPACITIES</b>						
<ul style="list-style-type: none"> <li>Fostered caregiver's ability to respond in soothing ways when child is upset</li> <li>Fostered child's ability to use caregiver as a secure base</li> <li>Provided developmental guidance around typical early childhood fears/anxieties</li> <li>Acknowledged and helped find words for emotional experiences: <input type="checkbox"/>caregiver <input type="checkbox"/>child</li> <li>Provided developmental guidance around emotional reactions: <input type="checkbox"/>caregiver <input type="checkbox"/>child</li> <li>Taught, developed, or fostered strategies for regulating affect: <input type="checkbox"/>caregiver <input type="checkbox"/>child</li> <li>Explored with caregiver links between emotional responses to past experiences and current emotional responses to child's behavior</li> </ul>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

CPP OBJECTIVES	Clinical Focus (0-3)	Appropriateness (check one)			Progress Referral (0-3)	Progress Current (0-3)
		Under	Appropriate	Over		
<b>STRENGTHEN DYADIC BODY-BASED REGULATION</b>						
<ul style="list-style-type: none"> <li>Fostered body-based awareness, including awareness of physiological responses, particularly as they relate to stress <input type="checkbox"/>caregiver <input type="checkbox"/>child</li> <li>Fostered understanding and identification of body-based trauma reminders</li> <li>Helped caregiver learn/engage in body-based regulation techniques to regulate affect</li> <li>Helped caregiver &amp; child learn or use body-based regulation techniques to soothe child</li> <li>Helped caregiver and child exchange physical expressions of care</li> <li>Enhanced understanding of safe body-based boundaries</li> </ul>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<b>SUPPORT CHILD'S RELATIONSHIP WITH OTHER IMPORTANT CAREGIVERS</b>						
<ul style="list-style-type: none"> <li>Helped caregivers understand the child's perspective and need for positive representations of alternative caregivers (e.g. father, step-parent, foster parents)</li> <li>Helped caregiver support the child in integrating the positive and negative aspects of other caregivers</li> <li>Shared the concept of angel moments and the importance of helping the child hold on to positive memories involving alternative caregivers, even when relationships between caregivers are strained</li> <li>Supported child in developing an age-appropriate understanding of the family history</li> <li>Supported the child in understanding that different family members have different points of view and different ways of relating to each other and to the child</li> </ul>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<b>ENHANCE UNDERSTANDING OF THE MEANING OF BEHAVIOR</b>						
<ul style="list-style-type: none"> <li>Helped caregiver notice behavior (child's, caregiver's, or another caregiver's)</li> <li>Provided developmental guidance regarding age appropriate behavior and developmental meaning of behavior</li> <li>Provided developmental guidance around how children learn and develop</li> <li>Helped caregiver consider (reflect on) the meaning of child and/or caregiver behavior (thinking about developmental stage, past experiences, cultural beliefs)</li> <li>Helped enhance reflective functioning in caregivers and child</li> </ul>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<b>SUPPORT CHILD IN RETURNING TO A NORMAL DEVELOPMENTAL TRAJECTORY</b>						
<ul style="list-style-type: none"> <li>Supported adaptive behavior and normative developmental activities</li> <li>Supported healthy non-trauma play</li> <li>Supported positive identity development</li> <li>Fostered caregiver's efforts to engage in age appropriate activities</li> <li>Provided case management to help engage child in age appropriate activities (e.g. school)</li> </ul>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____



CPP OBJECTIVES	Clinical Focus (0-3)	Appropriateness (check one)			Progress Referral (0-3)	Progress Current (0-3)
		Under	Appropriate	Over		
<b>NORMALIZE THE TRAUMATIC RESPONSE</b>						
<ul style="list-style-type: none"> <li>Acknowledged effects of child's and caregivers' experience of trauma and historical trauma</li> <li>Provided psychoeducation: Impact of trauma, including common symptoms &amp; PTSD, trauma reminders and how they affect child and caregiver</li> <li>Helped caregiver anticipate developmental changes in child's processing of the trauma</li> </ul>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<b>SUPPORT DYAD IN ACKNOWLEDGING THE IMPACT OF TRAUMA</b>						
<ul style="list-style-type: none"> <li>Promoted a deep emotional acknowledgement of the impact of trauma while attending and responding to dysregulated (over or under) affective states</li> <li>Helped caregiver acknowledge what child has witnessed &amp; remembers</li> <li>Helped caregiver and child understand each other's reality (with regards to the trauma)</li> <li>Helped caregiver &amp; child identify and cope with trauma reminders</li> <li>Helped caregiver think about his/her own trauma history (ghosts in the nursery) and ways this history may affect her/him and the way s/he parents</li> </ul>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<b>HELP DYAD DIFFERENTIATE BETWEEN THEN AND NOW</b>						
<ul style="list-style-type: none"> <li>Highlighted difference between past and present circumstances</li> <li>Helped dyad understand that they can make new choices</li> <li>Helped child and caregiver become aware of the difference between reliving and remembering by helping them identify traumatic triggers and pointing out the different circumstances in the past and the present</li> </ul>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<b>HELP DYAD PUT THE TRAUMATIC EXPERIENCE IN PERSPECTIVE</b>						
<ul style="list-style-type: none"> <li>Supported caregiver and child in making meaning (e.g. creating a story, using ritual, connecting with spiritual beliefs)</li> <li>Integrated historical trauma as part of the family and personal narrative</li> <li>Worked with beliefs (existential challenges) around why the traumatic events happened (e.g. that they are bad, being punished)</li> <li>Helped caregiver and child see trauma as something that happened to them but that does not define them</li> <li>Supported family's advocacy work or work to help others</li> <li>Fostered acceptance around how these experiences have shaped the caregiver and child's sense of self</li> <li>Helped the family find pathways to post trauma growth and joy</li> <li>Encouraged appreciation of goodness, beauty, and hope</li> </ul>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____