CASE PRESENTATION FOR CALL: (Please remember to disguise any identifying information)

• What is your clinical question or what feedback would you like from the group?
  (If you don’t have a specific question, please let the group know that.)

• Age:
• Gender/Race/Ethnicity and/or other relevant cultural considerations:
• Living situation (if in care, what led to the placement?):

• Reason(s) for referral to you or your agency:
• Trauma(s) and when traumas occurred as identified on UCLA PTSD Reaction Index:
• Results of UCLA (anchor trauma; total score; subscales B,C,D,E; dissociation subscale):
• How were assessment results explained to caregivers/child and how were they received:

• Parental/Caregiver involvement:

• Share one approach that worked well for each of the PRACTICE components you have implemented:
  Psychoeducation
  Parenting Skills
  Relaxation
  Affect Regulation
  Cognitive Coping
  Trauma Narrative Development & Processing
  In-Vivo Exposure to Trauma Reminders
  Conjoint/Witnessing Session
  Enhancing Future Safety & Social Skills

• How have you addressed gradual exposure from the beginning of the model?

• What adaptations did you make to any of the components to fit with the individual needs of the child/family:

• What are you planning for your next step:

• Successes – what do you feel has gone really right with this case:

• Repeat clinical question for group feedback: