

## C. Family Engagement and Needs Assessment

**Participant Name:** \_\_\_\_\_ **Medical Record Number:** \_\_\_\_\_

### Questions for Participant

Who is in your family?

What is your family like? What are your family relationships like?

Who are you closest to? Are there people not related to you, who are like family to you? How have things been for you and your family lately?

What is your family's understanding of what you've been going through lately? How do they feel about you getting mental health treatment? Do you have any worries about your family?

What do you think your family might need at this time? How might having them involved in your treatment with us be helpful for them, and for you?

Here are some of the ways our team can help your family; which options would be best for you and your family?

- ☐ Your family member(s) can come to your appointments with you, and we can all meet together sometimes.
- ☐ We can meet with your family member(s) separately, without your being there, if you prefer.
- ☐ We can call your family members if we have important information to share with them, and they can call us if they have information to share with us.
- ☐ We can meet with your family member(s) at their home if it's too difficult for them to come to our office.
- ☐ We can invite your family to our monthly family groups, where they can meet other families, learn more about our program, and get information, help and support.
- ☐ We can let your family know about resources in the community that might be helpful to them.
- ☐ We can work with your family to help them learn specific skills, such as good communication, problem-solving, conflict resolution, and crisis prevention.

### Questions for Family Members

How do you understand what your family member has been going through lately?

What are your thoughts about your family member's current goals?

How might you be able to help with those goals?

Are there any problems or concerns you have about your family member and his/her treatment?

What do you think you might need in order to help your family member with these problems/goals?

Are there any other needs/concerns that you have?

Are there other things you would like to be different/better for your family member?

How can we be helpful to you and your family member?

### Notes:

Clinician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Family Meeting:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Who is attending the initial family meeting?

How has the family been coping with the participant's experiences? What is the family's understanding of the participant's difficulties? What led to the participant getting mental health treatment?

How does the family feel about the participant getting mental health treatment?

What are the family's questions, concerns, and needs at this time?

What does the family think about the participant's goals and prospects for recovery?

Your family member(s) can come to your appointments with you, and we can all meet together sometimes.

- ☐ What services are the family interested in receiving?
- ☐ Attending appointments with the participant.
- ☐ Meeting with team members without the participant present, if the participant agrees.
- ☐ Staying in touch with the team through telephone contact.
- ☐ Home visits from the team to discuss the participant's treatment and progress.
- ☐ Attending monthly family groups to meet other families, learn more about our program, and get information, help and support.
- ☐ Learning about resources in the community that might be helpful to them:
  - ☐ NAMI
  - ☐ • Other Self-Help/Support Groups: \_\_\_\_\_
  - ☐ • Other: \_\_\_\_\_

**Notes:**

Clinician Signature: \_\_\_\_\_ Date: \_\_\_\_\_