**Your Family Story**

*You can edit directly in this document. Please take as much space as you need. Everything you provide is confidential. Once complete, please email to me at”raisingtroubledkids@comcast.net*

Your name(s):

Your child’s name, age:

Other important family members:

Diagnosis if any:

1 – **Please describe your priorities and expectations for your child**, both near-term and long-term. Include your priorities for yourself and other family members. *This helps to develop an action plan and specific steps to improving everyone’s wellbeing.*

2 **- Tell me about the history of your child's behaviors** and what is most concerning now. What was positive in the past and what has changed. *This will help with problem-solving to develop practical steps for addressing the behaviors.*

3 - **Tell me about the important people in your child’s life** who directly interact with and influence your child.  Besides family members and friends, include others like teachers or professionals who are involved. And include both positive and negative relationships. *We can determine which relationships to strengthen and which to limit. Families need the support of good people for their wellbeing and that of their child.*

4 – **Strengths**: What are your best qualities? What are your child’s best qualities? What’s going well in your family and household? *The goal is to work with existing strengths and avoid existing challenges. This may help identify new approaches, develop an effective strategy, and make practical/doable plans.*

5 - **Is your child receiving any kind of mental health treatment?** What is it?  What has helped, had no effect, or worsened things for your child?  Please include anything else that may be affecting your child's mental health (substances, sleep, school, medical problems, etc.). *It helps to know what's worked or failed and then develop and better plan. There are lots of options.*

6 - **Is there anything in your child’s life that is making things difficult but currently unavoidable?***When we identify outside stressors, we can develop ways to reduce their impact.*

7 - **Is there anything else you’d like to add?**  How are you doing? Are you struggling with a decision, relationship(s), or other concern affecting you or others in the household? *Please add additional comments, especially if something is affecting your ability to parent. There are ways to reduce extra burdens.*

I’m happy to answer any questions, but can’t provide specifics until I know more about you, your child, and other key people in your life. Your explanations help me better understand your needs and identify what’s the most effective and appropriate for your situation.

*There are answers and there is hope!*



Take good care,

Margaret Puckette, CPSP

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