

OPTIONAL PEI OUTCOMES WORKSHEET

Trauma: Alternatives for Families-Cognitive Behavioral Therapy (AF-CBT)

ADMINISTRATIVE INFORMATION

Client ID	<input type="text"/>	Client First Name	<input type="text"/>
Client Last Name	<input type="text"/>	Therapist ID/NPI #	<input type="text"/>
Provider ID	<input type="text"/>		

END OF TREATMENT INFORMATION

Date of Last (EBP Treatment) Session Total Number of EBP Treatment Sessions

Completed EBP? Yes No If YES, Client's Treatment Success? Significant Partial

If Client COMPLETED EBP, Please Check One for Disposition

Began New EBP Linked to MHS at Another Agency Case Closed

Continued in Concurrent EBP Began Non-PEI MHS Linked to Non-MHS in Community

If Client DID NOT COMPLETE EBP, Please Check One for Disposition

New EBP with Different Focus Deceased Foster Care/Residential Placement

New EBP with Same Focus Psychiatric Hospitalization Continued in Concurrent EBP

Arrested Moved Linked to Non-MHS in Community

Detained by DCFS Unable to Contact Linked to MHS at Another Agency

Medical Hospitalization Withdrew Began Non-PEI MHS

END OF TREATMENT QUESTIONNAIRES

**UCLA PTSD-RI DSM-5
Parent
Clients Ages 7-18**

Admin. Date

RAW SCORE

If "Unable to Collect," Enter Number from Below

**UCLA PTSD-RI DSM-5
Child/Adolescent
Clients Ages 7-18**

Admin. Date

RAW SCORE

If "Unable to Collect," Enter Number from Below

Reasons for "Unable to Collect"

- | | | |
|---|---|---------------------------------------|
| 1. Administered Wrong Form | 4. Client Unavailable | 10. Outcome Measure Unavailable |
| 2. Administration Date Exceeds Acceptable Range | 5. Clinician not Trained in Outcome Measure | 11. Parent/Caregiver Unavailable |
| 3. Client Refused | 6. Invalid Outcome Measure | 12. Parent/Caregiver Refused |
| | 7. Lost Contact with Client | 13. Premature Termination |
| | 8. Lost Contact with Parent/Caregiver | 14. Therapist did not Administer Tool |
| | 9. Not Available in Primary Language | |