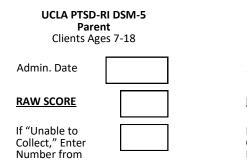




## **OPTIONAL** PEI OUTCOMES WORKSHEET

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

ADMINISTRATIVE INFORMATION						
Client ID						
Client Last Name			Client First Nam	ne		
Provider ID			Therapist ID/NF	PI #		
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 N	IHS 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 Child/Adolescent Clients Ages 7-18

Admin.	Date

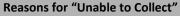
RAW SCORE

If "Unable to Collect," Enter Number from Below

1	

1. Administered Wrong Form

- 2. Administration Date Exceeds Acceptable Range
- 3. Client Refused



- 4. Client Unavailable
- 5. Clinician not Trained in Outcome Measure
- 6. Invalid Outcome Measure
- 7. Lost Contact with Client
- 8. Lost Contact with Parent/Caregiver
- 9. Not Available in Primary Language
- 10. Outcome Measure Unavailable
- 11. Parent/Caregiver Unavailable
- 12. Parent/Caregiver Refused
- 13. Premature Termination
- 14. Therapist did not Administer Tool





Below