

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

Youth Outcome Questionnaire® (Parent)
Clients Ages 4-17

Youth Outcome Questionnaire® (Self-Report)
Clients Ages 12-18

UCLA PTSD-RI Parent
Clients Ages 3-18

UCLA PTSD-RI Child/Adolescent
Clients Ages 6-20

Admin. Date	<input type="text"/>	Admin. Date	<input type="text"/>	Admin. Date	<input type="text"/>	Admin. Date	<input type="text"/>
Intrapersonal Distress (ID)	<input type="text"/>	Intrapersonal Distress (ID)	<input type="text"/>	RAW SCORE	<input type="text"/>	RAW SCORE	<input type="text"/>
Somatic (S)	<input type="text"/>	Somatic (S)	<input type="text"/>	If "Unable to Collect," Enter Number from Below	<input type="text"/>	If "Unable to Collect," Enter Number from Below	<input type="text"/>
Interpersonal Relations (IR)	<input type="text"/>	Interpersonal Relations (IR)	<input type="text"/>				
Social Problems (SP)	<input type="text"/>	Social Problems (SP)	<input type="text"/>				
Behavioral Dysfunction (BD)	<input type="text"/>	Behavioral Dysfunction (BD)	<input type="text"/>				
Critical Items (CI)	<input type="text"/>	Critical Items (CI)	<input type="text"/>				
TOTAL SCORE	<input type="text"/>	TOTAL SCORE	<input type="text"/>				
If "Unable to Collect," Enter Number from Below	<input type="text"/>	If "Unable to Collect," Enter Number from Below	<input type="text"/>				

Reasons for "Unable to Collect"

- Administered Wrong Form
- Administration Date Exceeds Acceptable Range
- Client Refused
- Client Unavailable
- Clinician not Trained in Outcome Measure
- Invalid Outcome Measure
- Lost Contact with Client
- Lost Contact with Parent/Caregiver
- Not Available in Primary Language
- Outcome Measure Unavailable
- Parent/Caregiver Unavailable
- Parent/Caregiver Refused
- Premature Termination
- Therapist did not Administer Tool