

**OPTIONAL PEI OUTCOMES WORKSHEET**  
**Trauma: Child Parent Psychotherapy (CPP)**

**ADMINISTRATIVE INFORMATION**

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

**Trauma Symptom Checklist for Young Children®**  
Clients Ages 3-12

Admin. Date	<input type="text"/>	Anger/Aggression (ANG) Raw Score	<input type="text"/>	Posttraumatic Stress Total (PTS-TOT) Raw Score	<input type="text"/>
Response Level (RL) Raw Score	<input type="text"/>	Anger/Aggression (ANG) T-Score	<input type="text"/>	Posttraumatic Stress Total (PTS-TOT) T-Score	<input type="text"/>
Response Level (RL) T-Score	<input type="text"/>	PTS-Intrusion (PTS-I) Raw Score	<input type="text"/>	Dissociation (DIS) Raw Score	<input type="text"/>
Atypical Response (ATR) Raw Score	<input type="text"/>	PTS-Intrusion (PTS-I) T-Score	<input type="text"/>	Dissociation (DIS) T-Score	<input type="text"/>
Atypical Response (ATR) T-Score	<input type="text"/>	PTS-Avoidance (PTS-AV) Raw Score	<input type="text"/>	Sexual Concerns (SC) Raw Score	<input type="text"/>
Anxiety (ANX) Raw Score	<input type="text"/>	PTS-Avoidance (PTS-AV) T-Score	<input type="text"/>	Sexual Concerns (SC) T-Score	<input type="text"/>
Anxiety (ANX) T-Score	<input type="text"/>	PTS-Arousal (PTS-AR) Raw Score	<input type="text"/>	If "Unable to Collect," Enter Number from Below	<input type="text"/>
Depression (DEP) Raw Score	<input type="text"/>	PTS-Arousal (PTS-AR) T-Score	<input type="text"/>		
Depression (DEP) T-Score	<input type="text"/>				

**Reasons for "Unable to Collect"**

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