

OPTIONAL PEI OUTCOMES WORKSHEET
Trauma: Individual Cognitive Behavioral Therapy (CBT-Trauma)

ADMINISTRATIVE INFORMATION

Client ID	<input type="text"/>	Client First Name	<input type="text"/>
Client Last 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

<input type="checkbox"/> Began New EBP	<input type="checkbox"/> Linked to MHS at Another Agency	<input type="checkbox"/> Case Closed
<input type="checkbox"/> Continued in Concurrent EBP	<input type="checkbox"/> Began Non-PEI MHS	<input type="checkbox"/> Linked to Non-MHS in Community

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

<input type="checkbox"/> New EBP with Different Focus	<input type="checkbox"/> Deceased	<input type="checkbox"/> Foster Care/Residential Placement
<input type="checkbox"/> New EBP with Same Focus	<input type="checkbox"/> Psychiatric Hospitalization	<input type="checkbox"/> Continued in Concurrent EBP
<input type="checkbox"/> Arrested	<input type="checkbox"/> Moved	<input type="checkbox"/> Linked to Non-MHS in Community
<input type="checkbox"/> Detained by DCFS	<input type="checkbox"/> Unable to Contact	<input type="checkbox"/> Linked to MHS at Another Agency
<input type="checkbox"/> Medical Hospitalization	<input type="checkbox"/> Withdrew	<input type="checkbox"/> Began Non-PEI MHS

END OF TREATMENT QUESTIONNAIRES

<p>Youth Outcome Questionnaire® (Parent) Clients Ages 4-17</p> <p>Admin. Date <input type="text"/></p> <p>Intrapersonal Distress (ID) <input type="text"/></p> <p>Somatic (S) <input type="text"/></p> <p>Interpersonal Relations (IR) <input type="text"/></p> <p>Social Problems (SP) <input type="text"/></p> <p>Behavioral Dysfunction (BD) <input type="text"/></p> <p>Critical Items (CI) <input type="text"/></p> <p>TOTAL SCORE <input type="text"/></p> <p>If "Unable to Collect," Enter Number from Below <input type="text"/></p>		<p>Youth Outcome Questionnaire® (Self-Report) Clients Ages 12-18</p> <p>Admin. Date <input type="text"/></p> <p>Intrapersonal Distress (ID) <input type="text"/></p> <p>Somatic (S) <input type="text"/></p> <p>Interpersonal Relations (IR) <input type="text"/></p> <p>Social Problems (SP) <input type="text"/></p> <p>Behavioral Dysfunction (BD) <input type="text"/></p> <p>Critical Items (CI) <input type="text"/></p> <p>TOTAL SCORE <input type="text"/></p> <p>If "Unable to Collect," Enter Number from Below <input type="text"/></p>		<p>Outcome Questionnaire® Clients Ages 19+</p> <p>Admin. Date <input type="text"/></p> <p>Symptom Distress (SD) <input type="text"/></p> <p>Interpersonal Relations (IR) <input type="text"/></p> <p>Social Role (SR) <input type="text"/></p> <p>TOTAL SCORE <input type="text"/></p> <p>If "Unable to Collect," Enter Number from Below <input type="text"/></p> <p>UCLA PTSD-RI Adult Short Form Clients Ages 21+</p> <p>Admin. Date <input type="text"/></p> <p>RAW SCORE <input type="text"/></p> <p>If "Unable to Collect," Enter Number from Below <input type="text"/></p>		<p>UCLA PTSD-RI Parent Clients Ages 3-18</p> <p>Admin. Date <input type="text"/></p> <p>RAW SCORE <input type="text"/></p> <p>If "Unable to Collect," Enter Number from Below <input type="text"/></p> <p>UCLA PTSD-RI Child/Adolescent Clients Ages 6-20</p> <p>Admin. Date <input type="text"/></p> <p>RAW SCORE <input type="text"/></p> <p>If "Unable to Collect," Enter Number from Below <input type="text"/></p>	
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Reasons for "Unable to Collect"

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| 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 Refused |
| 3. Client Refused | 6. Invalid Outcome Measure | 12. Parent/Caregiver Unavailable |
| | 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 | |