END OF TREATMENT

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
Quality, Outcomes, & Training Division

END OF TREATMENT

OPTIONAL PEI OUTCOMES WORKSHEET
Trauma: Prolonged Exposure for PTSD (PE)

Use this worksheet if the date of first EBP treatment session is BEFORE October 1, 2017

ADMINISTRATIVE INFORMATION

Client ID			
Client Last Name		Client First Name	
Provider ID		Therapist ID/NPI #	

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

Posttraumatic Stress Diagnostic Scale®
Clients Ages 18-65

Admin. Date	
Number of Symptoms Endorsed	
Symptom Severity Score	
Symptom Distress: Level of Functional Impairment	
If "Unable to Collect," Enter Number from Below	

Reasons for "Unable to Collect"

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. Not Available in Primary Language
9. Outcome Measure Unavailable
10. Premature Termination
11. Therapist did not Administer Tool