

OPTIONAL PEI OUTCOMES WORKSHEET
Trauma: Seeking Safety (SS)

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

- | | | |
|--|--|---|
| <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

UCLA PTSD-RI DSM-5

Parent

Clients Ages 7-18

Admin. Date

RAW SCORE

If "Unable to Collect," Enter Number from

UCLA PTSD-RI DSM-5

Child/Adolescent

Clients Ages 7-18

Admin. Date

RAW SCORE

If "Unable to Collect," Enter Number from

PTSD Checklist for DSM-5

Clients Ages 19+

Admin. Date

RAW SCORE

If "Unable to Collect," Enter Number from

Reasons for "Unable to Collect"

- | | | |
|---|---|---------------------------------------|
| 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 | |