

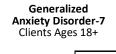


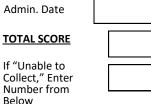
OPTIONAL PEI OUTCOMES WORKSHEET

Anxiety: Individual Cognitive Behavioral Therapy (CBT-Anxiety)

ADMINISTRATIVE INFORMATION				
Client ID				
Client Last Name			Client First Nam	e
Provider ID			Therapist ID/NP	l #
END OF TREATMENT INFORMATION				
Date of Last (EBP Treatment) Session Total Number			Total Number of E	BP 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 №	1HS 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 0	Contact	Linked to MHS at Another Agency

END OF TREATMENT QUESTIONNAIRES





Reasons for "Unable to Collect"

- Administered Wrong Form 1.
- Administration Date Exceeds Acceptable Range 2.
- 3. **Client Refused**
- Client Unavailable 4.



- Clinician not Trained in Outcome Measure 5.
- Invalid Outcome Measure 6.

Below

- 7. Lost Contact with Client
- 8. Lost Contact with Parent/Caregiver
- 9. Not Available in Primary Language
- Outcome Measure Unavailable 10.
- 11. Parent/Caregiver Refused
- 12. Parent/Caregiver Unavailable
- 13. Premature Termination
- 14. Therapist did not Administer Tool