

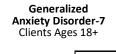


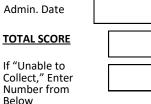
OPTIONAL PEI OUTCOMES WORKSHEET

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