Clinician Patient-wise End of Case Series Evaluation Form

Participant ID

_____

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_____

Part 1: Background Information

Instructions: As the clinician who administered the Y-MIND intervention, please complete this form for each patient AFTER the he/she has ended treatment/no longer receiving the treatment

Name of Clinician

_____

Patient name

_____

Date of discharge

_____

Part 2: Outcome with Participant

Reason for discharge

- ◯ Planned discharge
- ◯ Drop out (i.e. 3 missed appointments)
- ◯ Change in place of residence
- ◯ Death of patient
- ◯ Referral out of the study
- ◯ Refusal to continue with treatment
- ◯ Other

Specify to whom and for what reason if referred

_____

Reason for refusal to continue with treatment

_____

Specify if other

_____

What was the overall response of the patient to the treatment

- ◯ Recovered
- ◯ Partly improved
- ◯ No change
- ◯ Worsened

Explain your choice of response

_____

What strategies were the most helpful [Tick All that apply]

- ☐ Psychoeducation
- ☐ Behaviour Activation
- ☐ Problem solving
- ☐ Goal setting
- ☐ Working Alliance
- ☐ Homework Assignment
- ☐ Communication strategies
- ☐ Sleep Hygiene
- ☐ Storytelling
- ☐ Worksheet with examples
- ☐ Any other

Specify if any other

_____

Explain why these were the most useful strategies

_____

What were the barriers to successfully delivering the treatment [Tick all that apply]

- ☐ Patient did not respond to the treatment
- ☐ Patient did not follow through on the treatment expectations, e.g. homework
- ☐ Patient did not have time
- ☐ Patient was not cooperative
- ☐ Family was not cooperative
- ☐ Patient could not understand a concept or strategy
- ☐ Patient had a physical illness
- ☐ Clinician-related issues
- ☐ Any other

Specify if you choose Clinician-related issues

_____

Please elaborate on your choices of response to the barriers

_____

Clinician code/name

_____

(Enter your code as the one completing the FORM)