Clinician Session-wise Case Series Evaluation Form

Participant ID

_____

Background Information [to be completed by Clinician]

Session number

_____

Session completion status

◯ Completed
◯ Incomplete/Truncated
◯ Drop out

Age of participant

_____

Gender of participant

◯ Male
◯ Female

Week of assessment

_____
(Eg. Wk1)

Date of completion of form

_____

Clinician Session Log A

A1. What is the goal of the overall session

_____

A2. How clearly were you able to define it

_____

A3. To what extent was the goal achieved and why

_____

Clinician Session Log B

B1. How was the session delivered

◯ Face-to-face
◯ Phone

B2. If on the phone, why and in what way did this interfere with the session

_____

Clinician Session Log C

C1. How long did the session last

_____

C2. How was it broadly structured by goal

_____

C3. Define the time taken for each stage

_____

Clinician Session Log D

D1. What were the strategies used in order to deliver the required treatment
Psychoeducation
1. Behaviour Activation
2. Problem solving
3.Goal setting
4. Working Alliance
5. Homework Assignment
6. Communication strategies
7. Sleep Hygiene
8. Story telling
9. Worksheet with examples
10. Any other (Please give details below)

_____

D2. To what extent were these based on the manual

_____

D3. How did they need to be modified and why

_____

Clinician Session Log E

E1. What were the challenges that arose during the session

_____

E2. How were these handled

_____

E3. Was the information provided in the manual sufficient to address these challenges or were other sources/information used

_____

Clinician Session Log F

F. What was your overall opinion of the ease with which you carried out this session? Explain answer.

_____

Clinician code/name

_____

(Enter your code as the one completing the FORM)