

Therapist ID

Patient ID

Date

Session # [dropdown, 1-18]. If possible, program so that only the items for corresponding session # comes up, along with the questions at the end that everyone answers.

Did you make any of the following Adaptations to the protocol in TODAY's session?

<input type="checkbox"/> Tailoring/tweaking/refining (e.g., changing terminology or language, modifying worksheets in minor ways) Describe:
<input type="checkbox"/> Integrating components of the intervention into another framework (e.g., selecting elements to use but not using the whole protocol) Describe:
<input type="checkbox"/> Integrating another treatment into the EBP (e.g., integrating other techniques into the intervention) Describe:
<input type="checkbox"/> Removing/skipping CPT interventions, modules or components of the treatment (e.g., didn't assign module, didn't use a worksheet, didn't assign homework) Describe:
<input type="checkbox"/> Lengthening/extending session time
<input type="checkbox"/> Lengthening/extending number of weeks
<input type="checkbox"/> Shortening/condensing session time (e.g., ended CPT today and have completed fewer than 12 sessions)
<input type="checkbox"/> Shortening/condensing number of weeks—(e.g., condensing so all CPT elements are delivered in less than 12 sessions)
<input type="checkbox"/> Adjusting other order of intervention modules, topics, or segments Describe:
<input type="checkbox"/> Adding modules or topics to the intervention Describe:
<input type="checkbox"/> Departing from the protocol starting to use another treatment strategy Describe:
<input type="checkbox"/> Loosening the session structure Describe:
<input type="checkbox"/> Repeating elements or modules (e.g., repeating a concept or activity covered in a previous session that was not intended for another session) Describe:
<input type="checkbox"/> Substituting elements or modules (e.g., substituting an ABC sheet for the challenging beliefs worksheet) Describe:

Stopped using the CPT and used another strategy for part of the session (e.g., 10 minutes or more)

Describe:

Did CPT in a different setting (e.g., delivering it on an inpatient unit).

Describe:

Changed the Session format: (e.g., delivering by telephone or in a group)

Describe:

[separate instrument to ask for description of modification]

MOTIVATIONAL ENHANCEMENT:

(Display only: Check all that apply.)

- Identified **short-term goals** in several areas of functioning: (optional text box)
- Identified the **consequences** or impact of the issue: (optional text box)
- Identified the **benefits** of reducing the severity of the issue: (optional text box)
- Assessed **attitudes and expectations** for the intervention: (optional text box)
- Assessed any **barriers to participating** and assisted the patient in problem-solving these barriers. (optional text box)

DEGREE OF COLLABORATION:

The degree of collaboration between the patient and the therapist in the current session was:

Check box: ___Low ___Medium _____ High

(Display Only: Please describe the degree of collaboration)

PLEASE Check off all items that were completed in your most recent session. The interventions are grouped

Protocol adherence items for each session can be included below

[separate instrument: please describe reasons that you did not complete any elements listed under the session # that you had