PCIT LOG

Child's Initials:_____

Trainee/Therapist:_____ Caregiver's PCIT participation: Primary ☐ Secondary ☐

Agency:_____ Referred by:_____

Caregiver Info

Relationship of caregiver to child: _____ Adult ethnicity: _____

Primary Language: _____ Age of cgvr: _____ Years of schooling _____

Caregiver gender: Male ☐ Female ☐ Custody status (bio parents): ☐ Full ☐ Partial/joint ☐ Reunifying

Marital Status: ☐ Married ☐ Living with partner ☐ Divorced ☐ Separated ☐ Widowed ☐ Single/Never Married

Work status: ☐ Employed ____ hrs/week ☐ Full-time foster parent ☐ Unemployed ☐ Student ☐ Disabled ☐ Retired

Receipt of financial compensation: ☐ None ☐ Foster care monies ☐ Unemployment ☐ Welfare (Gen Assist.)
☐ Disability ☐ Other _____

Child Info

Child's Age: _____ Sex: Male ☐ Female ☐

Child's Ethnicity: _____ Primary Language: _____

Length of time with this caregiver: _____ Placement change during tx? Yes ☐ No ☐

Diagnosis (DSM codes): Axis Ia ____ Axis Ib ____

Treatment funding source: ☐ Gov't subsidy ☐ Grant ☐ Private Insurance ☐ Self-pay/sliding fee ☐ Other _____

Child Maltreatment History				**Perpetrators:**	
History of sexual abuse:	None ☐	Suspected ☐	Documented ☐	1)_____	2)_____
History of physical abuse:	None ☐	Suspected ☐	Documented ☐	1)_____	2)_____
History of neglect:	None ☐	Suspected ☐	Documented ☐	1)_____	2)_____
Domestic Violence:	None ☐	Suspected ☐	Documented ☐	1)_____	2)_____
Prenatal exposure to AOD:	None ☐	Suspected ☐	Documented ☐	(Type of substance(s): _____)	

Treatment Info:	PRE-Treatment	MID-Treatment	POST-Treatment	Termination Date
DPICS Dates:	_____	_____	_____	_____
# Parent Talk:	_____	_____	_____	
# Unlabeled Praises:	_____	_____	_____	
# Labeled Praises:	_____	_____	_____	
# Reflections:	_____	_____	_____	
# Behavior Descriptions:	_____	_____	_____	
# Questions:	_____	_____	_____	
# Indirect Commands:	_____	_____	_____	
# Direct Commands:	_____	_____	_____	
# Negative Talk:	_____	_____	_____	
# Child comply w/command:	_____	_____	_____	

2.13

Treatment Info (cont'd):

PCIT completed? Completed ☐ Early termination ☐ (Reason ended PCIT: _____)

CDI [# of sessions] _____ : Completed? Yes ☐ No ☐

PDI [# of sessions] _____ : Completed? Yes ☐ No ☐

Who terminated PCIT? _____ Treatment goals met? Yes ☐ Some ☐ No ☐

Change in functioning? Improved ☐ No change ☐ Worsened ☐

Prognosis: _____

List other services client received during PCIT and approximate number of hours:

1) _____ 2) _____ 3) _____

PSI	Pre (Raw score)	Mid (Raw score)	Post (Raw score)	Cut-offs
Defensive Responding	_____	_____	_____	<11
Parental Distress	_____	_____	_____	>35
Parent-Child Dysfunction	_____	_____	_____	>32
Difficult Child	_____	_____	_____	>35
Total Stress	_____	_____	_____	>101

ECBI	Pre (raw score)	Mid (raw score)	Post (raw score)	Cut-offs
Intensity	_____	_____	_____	>130
# of Problems	_____	_____	_____	> 14

TAI	Post
Total Score	_____

CBCL	Pre (T-score)	Mid (Optional) (T-score)	Post (T-score)
Internalizing	_____	_____	_____
Externalizing	_____	_____	_____
Total Score	_____	_____	_____

**Clinical Cutoffs: T scores >64

TSCYC	Pre (T-score)	Post (T-score)
PTS Arousal	_____	_____
PTS Avoidance	_____	_____
PTS Intrusion	_____	_____
PTS Total Score	_____	_____

**Clinical Cutoffs: T scores >69