NCTSN The National Child Traumatic Stress Network

Sample Monthly Tracking Form for Therapists from TF-CBT Learning Collaborative

Your TF-CBT LC ID: __ __ __ Reporting period: __ __ / __ __ __ __
Month Year

Please e-mail or fax a copy of this form to [NCCTS RA] on or before the 5th of each month (e-mail: [NCCTS RA e-mail], fax: 919-667-2350, ph: 919-682-1552, x258).

I. How much consultation in TF-CBT did you receive from the Collaborative faculty (e.g., through participation in conference calls) during the past month? (Check only one)

1☐ Did not receive TF-CBT consultation this past month
2☐ less than 30 minutes
3☐ 30-59 minutes
4☐ 60-119 minutes
5☐ 120-179 minutes
6☐ 180 minutes or more

II. How much supervision in TF-CBT did you receive during the past month? Include individual, group, or peer supervision with TF-CBT cases and guidance in TF-CBT components/skills that you received through your agency. Do not include consultation in TF-CBT received from collaborative faculty. (Check only one)

0☐ Did not receive supervision in TF-CBT through agency
1☐ less than 30 minutes
2☐ 30-59 minutes
3☐ 60-119 minutes
4☐ 120-179 minutes
5☐ 180-239 minutes
6☐ 240 minutes or more

☐ **Check here if you had no open TF-CBT cases anytime this month in which case you do not need to complete the remainder of this form.**

III. Please complete the table below for clients who, during the past month, (1) received one or more sessions of TF-CBT or (2) terminated TF-CBT (i.e., dropped out of or completed TF-CBT). Remember to delete client identifiers before submitting.

Client Identifier (e.g.,initials, med rec #) *delete before submitting*	**Western TF-CBT LC Client Identification Number** (enter 3-digit ID)	**Number of TF-CBT sessions received this past month[1]** (circle response)	**No. of times– met/ spoke individually with caregiver or met conjointly with child & caregiver– for 25 min. or more in the past month** (circle response)	**Treatment Status as of the end of this reporting period/past month** (check one)
		0 1 2 3 4 ≥ 5	0 1 2 3 4 ≥ 5	1☐continuing 2☐completed 3☐dropped out
		0 1 2 3 4 ≥ 5	0 1 2 3 4 ≥ 5	1☐continuing 2☐completed 3☐dropped out
		0 1 2 3 4 ≥ 5	0 1 2 3 4 ≥ 5	1☐continuing 2☐completed 3☐dropped out
		0 1 2 3 4 ≥ 5	0 1 2 3 4 ≥ 5	1☐continuing 2☐completed 3☐dropped out
		0 1 2 3 4 ≥ 5	0 1 2 3 4 ≥ 5	1☐continuing 2☐completed 3☐dropped out
		0 1 2 3 4 ≥ 5	0 1 2 3 4 ≥ 5	1☐continuing 2☐completed 3☐dropped out
		0 1 2 3 4 ≥ 5	0 1 2 3 4 ≥ 5	1☐continuing 2☐completed 3☐dropped out
		0 1 2 3 4 ≥ 5	0 1 2 3 4 ≥ 5	1☐continuing 2☐completed 3☐dropped out

[1]Count as one TF-CBT session 1) a session where you met individually with the child only, 2) a session where you met individually with the child and also met individually with his/her caregiver, or 3) a session where you met individually with the child (or caregiver) and also met conjointly with the child and caregiver.

!V. Please choose the response that best describes your understanding and skill in implementing each of the specified components of TF-CBT during the past month. *Check here if you did not provide TF-CBT this month* ☐.

TF-CBT PRACTICE Component	**Your understanding and skill in implementing component during the past month:** *Did not use*	*Minimal*	*Minimal to moderate*	*Moderate*	*Moderate to advanced*	*Advanced*
1. Psychoeducation (e.g., directive education about normal reactions to trauma)	0☐	1☐	2☐	3☐	4☐	5☐
2. Parenting Skills (e.g., time out, praise, selective attention, reinforcement plans)	0☐	1☐	2☐	3☐	4☐	5☐
3. Relaxation (explained physiology of relaxation and/or instructed on relaxation methods)	0☐	1☐	2☐	3☐	4☐	5☐
4. Affective Expression (assisted child in accurately identifying feelings) and Regulation (e.g., using imagery, positive self-talk)	0☐	1☐	2☐	3☐	4☐	5☐
5. Cognitive Coping and Processing (e.g., educating child on "cognitive triangle")	0☐	1☐	2☐	3☐	4☐	5☐
6. Trauma Narrative (developing and working with child to modify cognitive distortions throughout narrative)	0☐	1☐	2☐	3☐	4☐	5☐
7. In Vivo Exposure (worked on in-vivo desensitization plan to resolve avoidant behaviors)	0☐	1☐	2☐	3☐	4☐	5☐
8 Conjoint Parent-Child Treatment (shared trauma narrative or other conjoint activity)	0☐	1☐	2☐	3☐	4☐	5☐
9. Enhanced Safety Skills (e.g., developed a safety plan)	0☐	1☐	2☐	3☐	4☐	5☐