Adherence Checklist

_________  Subject Number  ___________  Session Number

___/___/___  Date of Session  ___________  Therapist Initials

Check if present:

_____  Therapist clearly reviewed the goal for today’s session.

_____  Therapist reviewed previously assigned homework.

_____  Therapist assigned new homework.

_____  Therapist provided directive education about normal reactions to trauma.

_____  Therapist explained the reason the youth is coming to treatment and what
treatment may consist of.

_____  Therapist assisted the child in accurately identifying their feelings.

_____  Therapist instructed the child through deep breathing, directing the youth’s
attention to the act of breathing alone.

_____  Therapist explained how we feel when our muscles are tense and walked
the child through an analogy (spaghetti vs. tin soldier) or progressive
muscles relaxation.

_____  Therapist instructed the child on thought stopping, teaching them that they
can have control over their thoughts by:

_________  Verbally saying “go away”

_________  Physically by wearing a rubber band
AND

_________  Replacing it with a positive thought

_____  Therapist taught cognitive coping skills or “positive self talk”.

_____  Therapist addressed the child’s sense of safety.

_____  Therapist provided psychoeducation if child expressed misinformation or
distortions regarding safety.
Therapist reviewed the cognitive triangle, educating the child on the connection between thoughts, feelings, and behaviors.

Running through series of scenarios.

Help child generate alternative thoughts that are more accurate or helpful, in order to feel differently.

Therapist provided assistance in dealing with problem ________ (fill in).

Please indicate any additional therapeutic interventions you may have used.

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
COHEN/MANNARINO TREATMENT CHECKLIST
Part II Trauma Narrative

Adherence Checklist

__________ Subject Number ___________ Session Number
___/___/___ Date of Session ___________ Therapist Initials

Check if present:

_____ Therapist clearly stated the goal for today’s session.

_____ Therapist reviewed and/or assigned homework.

_____ Therapist provided the theoretical basis of gradual exposure intervention.

_____ Therapist worked through a trauma narrative with the child by:

_________ Creating a book
_________ Writing on a computer
_________ Other: __________________________________

_____ Therapist walked through the trauma narrative asking the child to add thoughts and feelings he/she was having during the events.

_____ Therapist asked the child to describe the worst moment and include this in the book.

_____ Therapist assisted the child in critically examining and appropriately modifying cognitive distortions about causality or responsibility for the traumatic event.

_____ Therapist encouraged the child to write corrective story, or what they have learned through this process.

_____ Therapist directly explored and corrected any of the child’s cognitive errors.

_____ Therapist read the trauma narrative through with the child and his/her parent(s).

Please indicate any additional therapeutic interventions you may have used.

__________________________________________________________________
__________________________________________________________________