PST Session #1

Patient ID Code: _____ Session #:_____ Date of Session: ___/___/___

Supervisor ID Code: _____   Date of Supervision Session: ___/___/___

For each item, assess the therapist on a scale of 0-5 and record the rating on the line next to the item number. Please check off if the therapist reported doing any of the components of each PST step with the patient.

0	1	2	3	4	5
Very Poor	Poor	Borderline	Satisfactory	Good	Very Good

Notes

___1. **Psycho-education**

Reviewed Structure
Reviewed depression symptoms
Linked depression to problems
Discussed PST
Highlighted collaboration

___2. **Problem-Solving**

____a. Defining the Problem

List how problem was defined:

Specific feasible problem chosen
Described in objective terms
Problem explored, clarified

____b.   **Establishing a realistic Goal**

Goal is objective
Described in Behavioral terms
Goal is achievable
Follows directly from problem statement

____c.   **Generating solutions**

Prime for Brainstorming
Brainstorming facilitated
Solutions from patient
Withhold judgment

_____d. **Implementing Decision-Making Guidelines
and Choosing the Solution(s)**

Cue for major themes at start
Consider "Pros" and "Cons" for self/others
Indentify themes and compare solutions
     Solution(s) satisfies the goal
     Negative impact is limited

_____e.   **Implementing the Preferred Solution(s)**

     Specific tasks identified
     Realistic behavior requirements
     Plan pleasant activities for the week

_____3.   **Global Rating**

          How would you rate the problem solving therapist overall in this session? (does not
need to approach a mathematical average of previous eight items)

COMMENTS AND SUGGESTIONS FOR THE THERAPISTS IMPROVEMENT:

PST Session # (circle one) 2   3   4   5   6

Therapist ID Code: _____ Therapist site: _____

Patient ID Code: _____ Session #:_____ Date of Session: ___/___/___

Supervisor ID Code: _____   Date of Supervision Session: ___/___/___

For each item, assess the therapist on a scale of 0-5 and record the rating on the line next to the item number.

0	1	2	3	4	5
Very Poor	Poor	Borderline	Satisfactory	Good	Very Good

Notes:

____1.   Review Client Progress

        Review of all current tasks
        Praise success
        Exploration of failure
        Rate Satisfaction and Mood
        Reinforce PST-PC Model
        Review previous problem areas

____2.   **Problem Solving**

___a. **Defining the Problem**

List how problem was defined:

        Specific, feasible problem chosen
        Described in objective terms
        Problem explored, clarified

___b. **Establishing a Realistic Goal**

        Goal is Objective
        Described in behavioral terms
        Goal is achievable
        Follows directly from problem statement

___c. **Generating Solutions**

       Prime for Brainstorming
       Brainstorming facilitated
       Solutions from patient
       Withhold judgment

___d. **Implementing Decision-Making Guidelines and Choosing the Solution(s)**

       Cue for major themes at start
       Consider "Pros" and "Cons" for
       self/others
       Indentify themes and compare solutions
       Solution(s) satisfies the goal
       Negative impact is limited

____e. **Implementing the Preferred Solution(s)**

       Specific tasks identified
       Realistic behavior requirements
       Plan pleasant activities for the week

____3.   **Global Rating**

How would you rate the problem solving therapist overall in this session? (does not need to approach a mathematical average of previous eight items)

COMMENTS AND SUGGESTIONS FOR THE THERAPISTS IMPROVEMENT: