Action Period Activities

Action Period 1 Activity Checklist (must complete all): ☐ Tested screening methods using Mental Health Screening Questions (minimum 10 patients) #_____ ☐ Created a Patient Registry including children and youth with a positive screen for anxiety. How many patients are on your registry? _____ ☐ Used the SCARED on ______ patients. Retested ______ patients at subsequent patient visits ☐ Provided psychotherapeutic treatment to _____ patients ☐ Used the TeFA or CFA on _____ patients ☐ Recorded CGI scores at each patient visit after the first. Number of CGIs conducted _____ ☐ Provided pharmacotherapeutic treatment, as required. Number of patients treated _____ Are you collaborating with: ☐ School Counsellor ☐ CYMH MCFD Clinician **□** Specialist physician(s) (Psychiatrist, Pediatrician) What changes did you try in the action period? Please describe what you found useful/valuable What challenges did you encounter (if any)?

Please return to your PSP coordinator	
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