

<p style="text-align: center;">Treatment of Social Anxiety Disorder in Adolescents - ECONOMIC LOG</p>

Log for recording resources used, and duration of any clinical contact and associated activities

Important: Please complete a new economic log every time a contact is made
(client visit, phone contact, school visit etc)

Young person's initials:

Name of Clinician:

Date:

Type of contact	Session No.	Duration (in minutes)
CT-SAD-A: face-to-face (with young person only)		
CT-SAD-A: face-to-face (with young person and parent)		
CT-SAD-A: face-to-face (with parent only)		
Associated Admin. (e.g. writing notes/report about client)		
Time spent on individual preparation for the session		
Travel Time		
Other* (please specify)		
Other* (please specify)		
Other* (please specify)		
Other* (please specify)		

* Please record all phone contact, school visits, home visits and any other types of visit.

Additional Resources used (Staff only)

Please record below any travel mileage, rail fares or other expenses incurred during this contact

1 Supervisor economic log for CT-SAD-A Training (workshops and weekly supervision)

2 **Treatment of Social Anxiety Disorder in Adolescents -**
3 **ECONOMIC LOG FOR CT-SAD-A TRAINING**

4
5 **Log for recording training duration during PHASE 1 - to be completed by EACH SUPERVISOR**

6 **N.B. If you supervise more than 2 Groups of therapists per week please complete an additional Economic Log.**

7
8 **Date:**

9 **Name of Clinician (SUPERVISOR):**

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For SUPERVISORS only

Please indicate the time that you spent preparing for each workshop/supervision session, the duration of each workshop/supervision session, and the number and names of therapists who attended each workshop/supervision session

<i>Workshop/ Supervision session NUMBER</i>	<i>Time spent <u>PREPARING</u> for workshop/ supervision session</i>	<i>Time spent <u>DELIVERING</u> workshop <u>OR</u> <u>SUPERVISING</u> clinicians/therapists</i>	<i><u>NUMBER</u> of clinicians/therapists attending workshop/supervision session</i>	<i><u>NAMES</u> of clinicians/therapists attending workshop/supervision session</i>
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CT-SAD-A Workshop: The cognitive model, getting started and early sessions. DAY 1minutes/hours (delete as appropriate)minutes/hours (delete as appropriate)		
CT-SAD-A Workshop: The cognitive model, getting started and early sessions. DAY 2	.....minutes/hours (delete as appropriate)	.....minutes/hours (delete as appropriate)		
CT-SAD-A Workshop: Core treatment components used later in therapy and ending treatment.	.....minutes/hours (delete as appropriate)	.....minutes/hours (delete as appropriate)		
CT-SAD-A Workshop: Learning from treatment cases.	.....minutes/hours (delete as appropriate)	.....minutes/hours (delete as appropriate)		

Supervision session 1 (week 1) GROUP 1	.....minutes/hours (delete as appropriate)	.....minutes/hours (delete as appropriate)		
Supervision session 1 (week 1) GROUP 2	<input type="checkbox"/> No additional preparation time <input type="checkbox"/> Additional preparation time equal to.....minutes/hours (delete as appropriate)	.....minutes/hours (delete as appropriate)		
Supervision session 2 (week 2) GROUP 1	.....minutes/hours (delete as appropriate)	.....minutes/hours (delete as appropriate)		
	<input type="checkbox"/> No additional preparation time			

Supervision session 2 (week 2) GROUP 2	<input type="checkbox"/> Additional preparation time equal to.....minutes/hours (delete as appropriate)	.....minutes/hours (delete as appropriate)		
Supervision session 3 (week 3) GROUP 1	.....minutes/hours (delete as appropriate)	.....minutes/hours (delete as appropriate)		
Supervision session 3 (week 3) GROUP 2	<input type="checkbox"/> No additional preparation time <input type="checkbox"/> Additional preparation time equal to.....minutes/hours (delete as appropriate)	.....minutes/hours (delete as appropriate)		
Supervision session 4 (week 4) GROUP 1	.....minutes/hours (delete as appropriate)	.....minutes/hours (delete as appropriate)		

Supervision session 4 (week 4) GROUP 2	<input type="checkbox"/> No additional preparation time <input type="checkbox"/> Additional preparation time equal to.....minutes/hours (delete as appropriate)	.....minutes/hours (delete as appropriate)		
Supervision session 5 (week 5) GROUP 1	.....minutes/hours (delete as appropriate)	.....minutes/hours (delete as appropriate)		
Supervision session 5 (week 5) GROUP 2	<input type="checkbox"/> No additional preparation time <input type="checkbox"/> Additional preparation time equal to.....minutes/hours (delete as appropriate)	.....minutes/hours (delete as appropriate)		

Supervision session 6 (week 6) GROUP 1	.....minutes/hours (delete as appropriate)	.....minutes/hours (delete as appropriate)		
Supervision session 6 (week 6) GROUP 2	<input type="checkbox"/> No additional preparation time <input type="checkbox"/> Additional preparation time equal to.....minutes/hours (delete as appropriate)	.....minutes/hours (delete as appropriate)		
Supervision session 7 (week 7) GROUP 1	.....minutes/hours (delete as appropriate)	.....minutes/hours (delete as appropriate)		
Supervision	<input type="checkbox"/> No additional preparation time	.....minutes/hours		

session 7 (week 7) GROUP 2	<input type="checkbox"/> Additional preparation time equal to.....minutes/hours (delete as appropriate)	(delete as appropriate)		
Supervision session 8 (week 8) GROUP 1	.....minutes/hours (delete as appropriate)	.....minutes/hours (delete as appropriate)		
Supervision session 8 (week 8) GROUP 2	<input type="checkbox"/> No additional preparation time <input type="checkbox"/> Additional preparation time equal to.....minutes/hours (delete as appropriate)	.....minutes/hours (delete as appropriate)		
Supervision session 9 (week 9) GROUP 1	.....minutes/hours (delete as appropriate)	.....minutes/hours (delete as appropriate)		

Supervision session 9 (week 9) GROUP 2	<input type="checkbox"/> No additional preparation time <input type="checkbox"/> Additional preparation time equal to.....minutes/hours (delete as appropriate)	.....minutes/hours (delete as appropriate)		
Supervision session 10 (week 10) GROUP 1	.....minutes/hours (delete as appropriate)	.....minutes/hours (delete as appropriate)		
Supervision session 10 (week 10) GROUP 2	<input type="checkbox"/> No additional preparation time <input type="checkbox"/> Additional preparation time equal to.....minutes/hours (delete as appropriate)	.....minutes/hours (delete as appropriate)		

Supervision session 11 (week 11) GROUP 1	.....minutes/hours (delete as appropriate)	.....minutes/hours (delete as appropriate)		
Supervision session 11 (week 11) GROUP 2	<input type="checkbox"/> No additional preparation time <input type="checkbox"/> Additional preparation time equal to.....minutes/hours (delete as appropriate)	.....minutes/hours (delete as appropriate)		
Supervision session 12 (week 12) GROUP 1	.....minutes/hours (delete as appropriate)	.....minutes/hours (delete as appropriate)		

Supervision session 12 (week 12) GROUP 2	<input type="checkbox"/> No additional preparation time <input type="checkbox"/> Additional preparation time equal to.....minutes/hours (delete as appropriate)	.....minutes/hours (delete as appropriate)		
Supervision session 13 (week 13) GROUP 1	.....minutes/hours (delete as appropriate)	.....minutes/hours (delete as appropriate)		
Supervision session 13 (week 13) GROUP 2	<input type="checkbox"/> No additional preparation time <input type="checkbox"/> Additional preparation time equal to.....minutes/hours (delete as appropriate)	.....minutes/hours (delete as appropriate)		

Supervision session 14 (week 14) GROUP 1	.....minutes/hours (delete as appropriate)	.....minutes/hours (delete as appropriate)		
Supervision session 14 (week 14) GROUP 2	<input type="checkbox"/> No additional preparation time <input type="checkbox"/> Additional preparation time equal to.....minutes/hours (delete as appropriate)	.....minutes/hours (delete as appropriate)		
Supervision session 15 (week 15) GROUP 1	.....minutes/hours (delete as appropriate)	.....minutes/hours (delete as appropriate)		
Supervision session 15 (week 15)	<input type="checkbox"/> No additional preparation time	.....minutes/hours (delete as appropriate)		

GROUP 2	<input type="checkbox"/> Additional preparation time equal to.....minutes/hours (delete as appropriate)			
Supervision session 16 (week 16) GROUP 1	.....minutes/hours (delete as appropriate)	.....minutes/hours (delete as appropriate)		
Supervision session 16 (week 16) GROUP 2	<input type="checkbox"/> No additional preparation time <input type="checkbox"/> Additional preparation time equal to.....minutes/hours (delete as appropriate)minutes/hours (delete as appropriate)		

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15 **Additional Resources used (Staff only)**

16 Please record below any travel mileage, rail fares or other expenses
17 incurred for the above training

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Treatment of Social Anxiety Disorder in Adolescents - ECONOMIC LOG FOR <u>CT-SAD-A TRAINING</u>

Log for recording training duration during PHASE 1 - to be completed by EACH THERAPIST

Date:

Name of Clinician (THERAPIST):

Training type: WORKSHOPS	Duration <i>(please specify if expressed in hours or minutes)</i>
CT-SAD-A Workshop: The cognitive model, getting started and early sessions. DAY 1	
CT-SAD-A Workshop: The cognitive model, getting started and early sessions. DAY 2	
CT-SAD-A Workshop: Core treatment components used later in therapy and ending treatment.	
CT-SAD-A Workshop: Learning from treatment cases.	

Training type: SUPERVISION	Time spent being supervised <i>(please specify if expressed in hours or minutes)</i>	Time spent consulting the online/hard copy training material "Cognitive Therapy for Social Anxiety Disorder in Adolescents (CT-SAD-A) Manual" or other relevant material <u>IN</u>

		<u>PREPARATION FOR SUPERVISION</u>
Supervision session 1 (week 1)	.....minutes/hours (delete as appropriate)	<input type="checkbox"/> No preparation needed <input type="checkbox"/> Less than 30 mins <input type="checkbox"/> 30-60 mins <input type="checkbox"/> Other duration (please specify).....
Supervision session 2 (week 2)	.....minutes/hours (delete as appropriate)	<input type="checkbox"/> No preparation needed <input type="checkbox"/> Less than 30 mins <input type="checkbox"/> 30-60 mins <input type="checkbox"/> Other duration (please specify).....
Supervision session 3 (week 3)	.....minutes/hours (delete as appropriate)	<input type="checkbox"/> No preparation needed <input type="checkbox"/> Less than 30 mins <input type="checkbox"/> 30-60 mins <input type="checkbox"/> Other duration (please specify).....
Supervision session 4 (week 4)	.....minutes/hours (delete as appropriate)	<input type="checkbox"/> No preparation needed <input type="checkbox"/> Less than 30 mins <input type="checkbox"/> 30-60 mins <input type="checkbox"/> Other duration (please specify).....
Supervision session 5 (week 5)	.....minutes/hours (delete as appropriate)	<input type="checkbox"/> No preparation needed <input type="checkbox"/> Less than 30 mins <input type="checkbox"/> 30-60 mins <input type="checkbox"/> Other duration (please specify).....
Supervision session 6 (week 6)	.....minutes/hours (delete as appropriate)	<input type="checkbox"/> No preparation needed <input type="checkbox"/> Less than 30 mins <input type="checkbox"/> 30-60 mins <input type="checkbox"/> Other duration (please specify).....
Supervision session 7 (week 7)	.....minutes/hours (delete as appropriate)	<input type="checkbox"/> No preparation needed <input type="checkbox"/> Less than 30 mins <input type="checkbox"/> 30-60 mins

		<input type="checkbox"/> Other duration <i>(please specify).....</i>
Supervision session 8 <i>(week 8)</i>	.....minutes/hours <i>(delete as appropriate)</i>	<input type="checkbox"/> No preparation needed <input type="checkbox"/> Less than 30 mins <input type="checkbox"/> 30-60 mins <input type="checkbox"/> Other duration <i>(please specify).....</i>
Supervision session 9 <i>(week 9)</i>	.....minutes/hours <i>(delete as appropriate)</i>	<input type="checkbox"/> No preparation needed <input type="checkbox"/> Less than 30 mins <input type="checkbox"/> 30-60 mins <input type="checkbox"/> Other duration <i>(please specify).....</i>
Supervision session 10 <i>(week 10)</i>	.....minutes/hours <i>(delete as appropriate)</i>	<input type="checkbox"/> No preparation needed <input type="checkbox"/> Less than 30 mins <input type="checkbox"/> 30-60 mins <input type="checkbox"/> Other duration <i>(please specify).....</i>
Supervision session 11 <i>(week 11)</i>	.....minutes/hours <i>(delete as appropriate)</i>	<input type="checkbox"/> No preparation needed <input type="checkbox"/> Less than 30 mins <input type="checkbox"/> 30-60 mins <input type="checkbox"/> Other duration <i>(please specify).....</i>
Supervision session 12 <i>(week 12)</i>	.....minutes/hours <i>(delete as appropriate)</i>	<input type="checkbox"/> No preparation needed <input type="checkbox"/> Less than 30 mins <input type="checkbox"/> 30-60 mins <input type="checkbox"/> Other duration <i>(please specify).....</i>
Supervision session 13 <i>(week 13)</i>	.....minutes/hours <i>(delete as appropriate)</i>	<input type="checkbox"/> No preparation needed <input type="checkbox"/> Less than 30 mins <input type="checkbox"/> 30-60 mins <input type="checkbox"/> Other duration <i>(please specify).....</i>
Supervision session 14 <i>(week 14)</i>	.....minutes/hours <i>(delete as appropriate)</i>	<input type="checkbox"/> No preparation needed <input type="checkbox"/> Less than 30 mins <input type="checkbox"/> 30-60 mins <input type="checkbox"/> Other duration <i>(please specify).....</i>

Supervision session 15 (week 15)	.....minutes/hours (delete as appropriate)	<input type="checkbox"/> No preparation needed <input type="checkbox"/> Less than 30 mins <input type="checkbox"/> 30-60 mins <input type="checkbox"/> Other duration (please specify).....
Supervision session 16 (week 16)	.....minutes/hours (delete as appropriate)	<input type="checkbox"/> No preparation needed <input type="checkbox"/> Less than 30 mins <input type="checkbox"/> 30-60 mins <input type="checkbox"/> Other duration (please specify).....
Supervision session 17 (week 17)	.....minutes/hours (delete as appropriate)	<input type="checkbox"/> No preparation needed <input type="checkbox"/> Less than 30 mins <input type="checkbox"/> 30-60 mins <input type="checkbox"/> Other duration (please specify).....
Supervision session 18 (week 18)	.....minutes/hours (delete as appropriate)	<input type="checkbox"/> No preparation needed <input type="checkbox"/> Less than 30 mins <input type="checkbox"/> 30-60 mins <input type="checkbox"/> Other duration (please specify).....
Supervision session 19 (week 19)	.....minutes/hours (delete as appropriate)	<input type="checkbox"/> No preparation needed <input type="checkbox"/> Less than 30 mins <input type="checkbox"/> 30-60 mins <input type="checkbox"/> Other duration (please specify).....
Supervision session 20 (week 20)	.....minutes/hours (delete as appropriate)	<input type="checkbox"/> No preparation needed <input type="checkbox"/> Less than 30 mins <input type="checkbox"/> 30-60 mins <input type="checkbox"/> Other duration (please specify).....
Supervision session 21 (week 21)	.....minutes/hours (delete as appropriate)	<input type="checkbox"/> No preparation needed <input type="checkbox"/> Less than 30 mins <input type="checkbox"/> 30-60 mins <input type="checkbox"/> Other duration (please specify).....
Supervision session 22 (week 22)	.....minutes/hours (delete as appropriate)	<input type="checkbox"/> No preparation needed <input type="checkbox"/> Less than 30 mins

		<input type="checkbox"/> 30-60 mins <input type="checkbox"/> Other duration (please specify).....
Supervision session 23 (week 23)	.....minutes/hours (delete as appropriate)	<input type="checkbox"/> No preparation needed <input type="checkbox"/> Less than 30 mins <input type="checkbox"/> 30-60 mins <input type="checkbox"/> Other duration (please specify).....
Supervision session 24 (week 24)	.....minutes/hours (delete as appropriate)	<input type="checkbox"/> No preparation needed <input type="checkbox"/> Less than 30 mins <input type="checkbox"/> 30-60 mins <input type="checkbox"/> Other duration (please specify).....

Other training-related expenses	
Other (please specify)	£.....
Other (please specify)	£.....
Other (please specify)	£.....
Other (please specify)	£.....

Additional Resources used (Staff only)

Please record below any travel mileage, rail fares or other expenses incurred for the above training
