TERM Treatment Plan Documentation Resources

Updated February 2025

Prepared By:

Optum

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Dear TERM Provider:

As a TERM provider, you play a valuable role in the team effort to reduce the risk of abuse and neglect in families involved with the Child and Family Well Being Department (CFWB). In developing treatment plans for your CFWB clients, please keep in mind that different standards of documentation apply due to the legal context and high risk nature of the clinical work.

Because of the potential impact on legal proceedings and family reunification, it is important that the plans accurately and clearly describe the treatment rendered, including the treatment goals and the client's progress towards reaching those goals. In addition, a standardized and behavioral reporting format is utilized in order to increase readability of clinical documentation by non-clinical professionals (e.g., attorneys, judges).

"TERM Treatment Plan Documentation Resources" were developed as a collection of resources aimed at assisting you with writing treatment plans in this forensic context. The documents contained in this resource are for informational purposes and do not constitute treatment advice. We hope that these resources will help you to work more efficiently to meet the needs of your clients. Ultimately, a well written treatment plan may also reduce requests for additional information concerning case status, or the need for you to be called to court to provide clarifying testimony.

Please feel free to contact us at 877-824-8376 (Option 1) for any questions about TERM guidelines or processes. We also appreciate any ideas you may have to help us serve you better. Thank you for partnering with Optum TERM in serving the clients of the County of San Diego.

Respectfully,

Optum TERM Team

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<u>Treatment Plan Quality Assurance Checklist</u>

- The Treatment Plan Quality Assurance checklist is a resource for providers to use to ensure that treatment plans follow TERM guidelines and contain all of the basic elements.

Treatment Plan Quality Assurance Checklist

- ❑ Treatment plan submitted regardless of funding source.
- ❑ Treatment plan submitted according to required timelines regardless of number of sessions.
- ❑ Treatment plan is typed on current template and no section is left blank.
- ❑ Safety threats, risk issues, clinical issues, and treatment goals identified on the Therapy Referral Form, case records, and provider's clinical assessment are addressed in the treatment plan.
- ❑ Service delivery type is noted and supported by the treatment plan documentation.
- ❑ Documented treatment goals are specific and address the protective concerns and risk factors.
- ❑ Therapy methods are evidence-informed and appropriate to the client's developmental level and cultural and treatment needs.
- ❑ Client progress is documented and related specifically to the identified goals. Supporting behavioral examples of client's progress (or lack thereof) are provided.
- ❑ Treatment plan updates contain at least one current, unmet goal.
- ❑ Discharge summary reflects circumstances of discharge and the date and coordination with the PSW.
- ❑ Diagnostic impressions are supported by case documentation and demonstrate how the client meets current DSM criteria.
- ❑ Treatment plan is written in impartial and unbiased language.
- ❑ Any recommendations offered are within the scope of provider's license and role as a provider and the clinical rationale is clearly stated.
- ❑ Treatment plan reflects the plan was discussed with the client, either by client signature or by provider documentation of review with the client, if seen by telehealth.
- ❑ Treatment plan is signed by therapist (and by the supervisor for interns). A digital signature is acceptable.

CFWB Treatment Plan Instructions and Samples

- The CFWB Treatment Plan Instructions provide specific details for completing each section of the treatment plan.

- Also included in this section are sample treatment plans for an adult, a child, and a conjoint therapy case. The treatment plan samples are a mixture of hypothetical examples and are not intended to be a template for treatment plans. While documentation of objective, descriptive behavioral indicators of progress is necessary in order to best inform CFWB and the court, we are sensitive to your time and do not require long narratives. We encourage you to discuss and even make a draft of the content of the treatment plans with your client in session so that completing them takes minimal time on the computer.

Forms must be typed. Please do not modify the form in any way. Complete all highlighted sections.

Please use a new template for each initial treatment plan and do not cut and paste information to ensure accurate client information is documented.

Child and Family Wellbeing
Initial Treatment Plan/Treatment Plan Update: PARENT

Client Name: ______________________________ Client DOB:_______ Date: Click or tap to enter a date.

***Instructions*: Double-click to select the appropriate box**

This report is a(n): ☐ **Initial Treatment Plan** ☐ **Treatment Plan Update** ☐ **Discharge Summary**

Modality: ☐ **Individual** ☐ **Parent-Conjoint (both parents/caregivers)**

If this is an Initial Treatment Plan (ITP), the due date to Optum TERM is within 14 calendar days of the initial authorization start date.

For Medi-Cal funding: Authorization for continued services is dependent on Medical Necessity review of the ITP. Providers will be notified of determination within fourteen (14) business days of ITP submission.

NOTE: Treatment Plan Updates are due every 12 weeks after ITP due date.

Provider:		Phone:	Fax#:
SW Name:		SW Phone:	SW Fax:

ATTENDANCE

Date of Initial Session: Click or tap to enter a date.	Last Date Attended: Click or tap to enter a date.	Number of Sessions Attended:
Date of Absences:	Reasons for Absences:	
Service Delivery Type: Telehealth ☐ In-Person ☐	Service delivery type has been assessed and continues to be clinically appropriate: Yes ☐ No ☐	

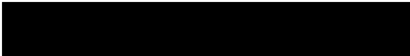
I received and reviewed the following records provided by the PSW or Optum (required prior to the intake assessment): ***Instructions*: Check all that apply. Please document any efforts to obtain records in the "Additional Comments" section below if they have not been received by intake assessment. PSW Locator Number is 858-514-6995.**

- ☐ Therapy Referral Form (04-176A)
- ☐ Case Plan
- ☐ Child and Adolescent Needs & Strengths (CANS)
- ☐ Court Reports (e.g., Detention Hearing Report**,** Jurisdiction/Disposition Report, etc.)
- ☐ Copies of additional significant additional court reports, if available

For Voluntary Services Cases:

- ☐ Case Notes

Additional Items as Applies:



Forms must be typed. Please do not modify the form in any way. Complete all highlighted sections.

Please use a new template for each initial treatment plan and do not cut and paste information to ensure accurate client information is documented.

Child and Family Wellbeing
Initial Treatment Plan/Treatment Plan Update: PARENT

Client info must be re-entered in header on page 2 to populate on remaining pages.

Client Name: ____________________________ Client DOB:_______ Date: Click or tap to enter a date.

☐ Copies of all prior psychological evaluations and treatment plans
☐ All prior mental health and other pertinent records
☐ Copies of History & Physical and Discharge Summary written by psychiatrist
☐ Other (please describe):

RISK ASSESSMENT:

(Risk factors must be addressed with treatment goals and plan below)

Instructions: Must be completed and updated for every treatment plan submission. If risk factors are identified, please include treatment goals that reflect how risk factors are being addressed in therapy.

Date of Assessment: *Click or tap to enter a date.* (this should be ongoing and include all risk factors documented on the 04-176A and known to the provider):	**Suicidal**:	☐ N/A ☐ Ideation ☐ Plan ☐ Intent ☐ Hopelessness ☐ Family History ☐ History of Self-Harm/Suicide Attempt ☐ History of hospitalizations
	Homicidal:	☐ N/A ☐ Ideation ☐ Plan ☐ Intent ☐ Current ☐ History of harm to others ☐ History of hospitalizations ☐ Family History
	Other Risk Considerations:	☐ Psychotic Symptoms ☐ Violent Behavior(s) ☐ Substance Abuse ☐ Refugee/Asylum ☐ Human Trafficking ☐ Recent Loss or Critical Event ☐ Other e.g., trauma history, social isolation, etc. Please describe: **Risk factors must be addressed with treatment goals and plan below.**
Date of Last Hospitalization: Click or tap to enter a date. Description of Last Hospitalization: Date of Last Incident (self-harm, aggression, etc.): Click or tap to enter a date. Description of Last Incident:		

TREATMENT GOALS:

Per the TERM Provider Handbook, treatment goals for parents focus on the protective issue. It is essential that therapists working with CFWB parents accept the true finding of the Juvenile Court as a fact of the case. If CFWB offers the family Voluntary Services instead of filing a petition with the Court to take jurisdiction, a true finding does not apply; however, the therapist is expected to accept the allegations of abuse as facts of the case.

NOTE: Treatment goals and interventions should be measurable and may change over time. For each update, please include new progress in applicable section and do not delete previous entries. Add/delete rows as needed.

TREATMENT GOAL:

Instructions: Goals should be specific to the case and based on presenting concerns documented on the CFWB Therapy Referral Form and background records. Goals should also address any risk factors noted in the Risk Assessment.

Forms must be typed. Please do not modify the form in any way. Complete all highlighted sections.

Please use a new template for each initial treatment plan and do not cut and paste information to ensure accurate client information is documented.

Child and Family Wellbeing

Initial Treatment Plan/Treatment Plan Update: PARENT

Client info must be re-entered in header on page 2 to populate on remaining pages.

Client Name: ___________________________ Client DOB:_______ Date: Click or tap to enter a date.

Note: When the client is a parent, the treatment plan should specifically include a goal on parenting skills, based on the safety goals specified in Section E of the CFWB Therapy Referral.

EVIDENCE BASED TREATMENT INTERVENTIONS UTILIZED (e.g., CBT, TF-CBT):

Progress since last treatment report and how assessed (i.e., changes in symptoms and biopsychosocial functioning) as reported by SW, parent self-report, and behavioral observations of parent in sessions. Include date of update(s) below.

ITP: ***Instructions*****:** ***Please consider the treatment plan a working document that should be updated throughout the course of therapy.* Document progress on treatment goals toward resolving safety threats and risk factors, as well as any other indications of how client is (or is not) responding to interventions. Provide specific behavioral details and examples showing how the risk has been reduced and progress has been made. Evidence of progress should be based on what the therapist has observed, measured and/or obtained from a reliable collateral report. Progress update language should align with evidence-based treatment intervention identified in the above section.**

Note: Generic statements, such as, "client has made excellent progress" will result in a request to update the documentation to include behavioral examples that substantiate the progress. While extensive documentation of progress is not expected for the Initial Treatment Plan, please include information pertaining to the client's readiness for change, engagement in the treatment planning process, and any initial progress made on the identified measures.

First Update: *Date and document progress here*

Second Update: *Date and document progress here*

Third Update: *Date and document progress here*

Fourth Update: *Date and document progress here*

Forms must be typed. Please do not modify the form in any way. Complete all highlighted sections.

Please use a new template for each initial treatment plan and do not cut and paste information to ensure accurate client information is documented.

Child and Family Wellbeing
Initial Treatment Plan/Treatment Plan Update: PARENT

Client info must be re-entered in header on page 2 to populate on remaining pages.

Client Name: ___________________________ Client DOB:_______ Date: Click or tap to enter a date.

Add/delete goals as needed.
Note: Goals can be added by copying the previous treatment goal to the open space under the copied treatment goal.

TREATMENT GOAL:

EVIDENCE BASED TREATMENT INTERVENTIONS UTILIZED (e.g., CBT, TF-CBT):

Instructions: Please list specific interventions utilized to address treatment goals. Specific, evidence-informed psychological techniques related to the client's presenting problems should be utilized.

Progress since last treatment report and how assessed (i.e., changes in symptoms and biopsychosocial functioning) as reported by SW, parent self-report, and behavioral observations of parent in sessions. Please include date of update(s) below.

ITP: *Date and document progress here*
First Update: *Date and document progress here*
Second Update: *Date and document progress here*
Third Update: *Date and document progress here*
Fourth Update: *Date and document progress here*

DISCHARGE SUMMARY:

Instructions: All sections of the Discharge Summary must be completed. DO NOT leave any blanks. Please document the reason for therapy termination.

Date of Discharge: Click or tap to enter a date.	Date SW Notified: Click or tap to enter a date. *If PSW was not reached, please specify attempts made to coordinate Discharge, per TERM requirements.*
Reason for Discharge: ☐ Successful completion/met goals* ☐ Poor attendance ☐ Office of Child Safety Case Closed ☐ Other (specify): *Document the reason for therapy termination.* *Note: Discharge reports are required for all cases regardless of whether treatment ended prematurely or due to goals being met. Client's progress should be described with specific detail under each goal within the progress section.*	

Forms must be typed. Please do not modify the form in any way. Complete all highlighted sections.

Please use a new template for each initial treatment plan and do not cut and paste information to ensure accurate client information is documented.

Child and Family Wellbeing
Initial Treatment Plan/Treatment Plan Update: PARENT

Client info must be re-entered in header on page 2 to populate on remaining pages.

Client Name: ____________________________ Client DOB:_______ Date: Click or tap to enter a date.

Instructions: Complete one of the following signatures for each treatment plan submission to reflect the client's involvement in the treatment planning process.

PARENT SIGNATURE

I have discussed this ☐ Initial Treatment Plan ☐ Treatment Plan Update ☐ Discharge Summary with my provider.

Parent Signature: ____ **Date:** __________

If the client is seen for treatment in person, a parent signature is required.

If the client is receiving telehealth treatment, the treatment plan shall be reviewed with the client and the review must be documented below.

Select One was reviewed with parent by the provider on this date: Click or tap to enter a date.

Provider Name: Date: Click or tap to enter a date.

Provider Signature: ___________________

If the client is seen for treatment by telehealth, the provider's signature and date reviewed with parent are required.

DIAGNOSIS: List your diagnostic impressions of the parent. Record as many coexisting mental disorders, general medical conditions, and other factors as are relevant to the care and treatment of the individual. List Primary Diagnosis first.

ICD-10 Code	DSM-5-TR Diagnosis
ICD-10 Code is documented in this column	*The corresponding DSM-5-TR diagnosis name/description is documented in this column*

ICD-10 diagnoses should be clearly supported by therapist's documentation in the report. Use V codes as indicated to reflect pertinent protective issues in the case. The crosswalk to DSM-5-TR must be completed.

NOTE: Provider must document diagnostic criteria met for diagnosis, any diagnostic rule outs, reason for diagnostic changes, and any other significant information. All diagnoses identified on the referral should be included as endorsed, rule out, or criteria not met. If diagnosis was made by previous provider and is being maintained by history, state so.

Instructions: Include diagnostic criteria met for each diagnosis. ALL diagnoses identified on the CFWB referral form should be responded to by endorsing, ruling out, or indicating if criteria were not met. The absence of certain

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Please use a new template for each initial treatment plan and do not cut and paste information to ensure accurate client information is documented.

Child and Family Wellbeing
Initial Treatment Plan/Treatment Plan Update: PARENT

Client info must be re-entered in header on page 2 to populate on remaining pages.

Client Name: ____________________________ Client DOB:_______ Date: Click or tap to enter a date.

symptoms may also be noted (e.g., client with a history of psychosis but not displaying any active psychotic symptoms during the reporting period). This section may also include discussion of differential diagnosis and any noteworthy changes to client status not otherwise addressed in the goals section (e.g., change in medications).

Brief assessment of parent's functioning (Mental Status Assessment), parent's awareness of own mental health concerns and the impact or potential impact on children: ***Instructions: Document client's mental status to include the following: observations, mood, cognition, perception, thoughts, behavior, insight, and/or judgement. Mental Status Assessment is to be updated with any changes in presentation of the client. Consider using dates when updating for clarity purposes.***

Parent strengths regarding engaging in treatment:

Parent obstacles regarding engaging in treatment:

Additional Comments: ***Note: Please refrain from making recommendations regarding placement or visitation decisions or opining on the best interests of individuals not directly treated by the therapist. Extraneous information should not be included (i.e. regarding family members not being treated by the therapist, or extensive history not related to treatment involvement or progress).***

PROVIDER SIGNATURE:

Provider Printed Name:	License/Registration #:
Signature: *Please remember to sign the document*	Signature Date: Click or tap to enter a date.
Provider Phone Number:	Provider Fax Number:

Required for Interns Only

Supervisor Printed Name:	Supervisor Signature:
License type and #:	Date: Click or tap to ente

Reports completed by interns must be reviewed and signed by the supervisor.

Submit Initial Treatment Plan/Update as per the authorized reporting schedule to Optum TERM at Fax: 1(877) 624-8376. Optum TERM will conduct a quality review and will be responsible for forwarding approved Quarterly Progress Reports to the Protective Services Worker.

Date faxed to Optum TERM: Click or tap to enter a date.

Forms must be typed. Please do not modify the form in any way. Complete all highlighted sections.

Please use a new template for each initial treatment plan and do not cut and paste information to ensure accurate client information is documented.

Child and Family Well-Being
Initial Treatment Plan/Treatment Plan Update: CHILD/YOUTH

Client Name: ____________________________ Client DOB:_______ Date: Click or tap to enter a date.

Instructions: Double-click to select the appropriate box

This report is a(n):	☐ **Initial Treatment Plan**	☐ **Treatment Plan Update**	☐ **Discharge Summary**
Modality:	☐ **Individual**	☐ **Conjoint/Family**	

If this is an Initial Treatment Plan (ITP), the due date to Optum TERM is within 14 calendar days of the initial authorization start date.

For Medi-Cal funding: Authorization for continued services is dependent on Medical Necessity review of the ITP. Providers will be notified of determination within fourteen (14) business days of ITP submission.

NOTE: Treatment Plan Updates are due every 12 weeks after ITP due date.

Provider:		Phone:	Fax#:
SW Name:		SW Phone:	SW Fax:

ATTENDANCE

Date of Initial Session: Click or tap to enter a date.	Last Date Attended: Click or tap to enter a date.	Number of Sessions Attended:
Date of Absences:	Reasons for Absences:	
Service Delivery Type: Telehealth ☐ In-Person ☐	Service delivery type has been assessed and continues to be clinically appropriate: Yes ☐ No ☐	

The child or youth has been referred for individual or group treatment because formal mental health services have been recommended to address identified mental health concerns and functional impairment (behaviors).

I received and reviewed the following records provided by the PSW or Optum (required prior to the intake assessment): ***Instructions: Check all that apply. Please document any efforts to obtain records in the "Additional Comments" section below if they have not been received by intake assessment. PSW Locator Number is 858-514-6995.***

For cases involving Juvenile Court:

- ☐ Therapy Referral Form (04-176A)
- ☐ Case Plan
- ☐ Child and Adolescent Needs & Strengths (CANS)
- ☐ Court Reports (e.g., Detention Hearing Report, Jurisdiction/Disposition Report, etc.)
- ☐ Copies of additional significant court reports, if available
- ☐ Authorization to Use or Disclose Private Health Information (04-24A-P or 04-29) or Special Matter Order (SMO) - Release of Health Information Order

For Voluntary Services Cases:

Forms must be typed. Please do not modify the form in any way. Complete all highlighted sections.

Please use a new template for each initial treatment plan and do not cut and paste information to ensure accurate client information is documented.

Child and Family Well-Being
Initial Treatment Plan/Treatment Plan Update: CHILD/YOUTH

Client info must be re-entered in header on page 2 to populate on remaining pages.

Client Name: ______________________________ Client DOB:_______ Date: Click or tap to enter a date.

☐ Case Notes

Additional Items as applicable:

☐ Copies of all prior psychological evaluation(s) and treatment plan(s)
☐ All prior mental health and other pertinent records
☐ Copies of History & Physical and Discharge Summary written by psychiatrist
☐ Consent to Treat (04-24P or 04-24C)
☐ IEP (and Triennial evaluation)
☐ Other (please describe):

RISK ASSESSMENT:

(Risk factors must be addressed with treatment goals and plan below)

Instructions: Must be completed and updated for every treatment plan submission. If risk factors are identified, please include treatment goals that reflect how risk factors are being addressed in therapy.

Date(s) of Assessment: *Click or tap to enter a date.*	**Suicidal:**	☐ N/A ☐ Ideation ☐ Plan ☐ Intent ☐ Hopelessness ☐ Family History ☐ History of Self-Harm/Suicide Attempt ☐ History of hospitalizations
	Homicidal:	☐ N/A ☐ Ideation ☐ Plan ☐ Intent ☐ Current ☐ History of harm to others ☐ History of hospitalizations ☐ Family History
	Other Risk Considerations:	☐ Psychotic Symptoms ☐ Substance Abuse ☐ Recent Loss or Critical Event ☐ Refugee/Asylum ☐ CSEC/Human Trafficking ☐ Adaptive Living Skills (including medication compliance) ☐ Violent Behavior(s) ☐ Bullying (aggressor or victim) ☐ Lived Discrimination/Marginalization (e.g., racial, cultural, gender identity, sexual orientation) ☐ Disordered Eating ☐ Other e.g., prior child abuse history, trauma history, social isolation, lack of support system, medical co-morbidity, etc. (please describe):
Date of Last Hospitalization: Click or tap to enter a date. Description of Last Hospitalization: Date of Last Incident (self-harm, aggression, etc.): Click or tap to enter a date. Description of Last Incident:		

TREATMENT GOALS:

Forms must be typed. Please do not modify the form in any way. Complete all highlighted sections.

Please use a new template for each initial treatment plan and do not cut and paste information to ensure accurate client information is documented.

Child and Family Well-Being

Initial Treatment Plan/Treatment Plan Update: CHILD/YOUTH

Client info must be re-entered in header on page 2 to populate on remaining pages.

Client Name: ____________________________ Client DOB:_______ Date: Click or tap to enter a date.

Per the TERM Provider Handbook, treatment goals for youth should focus on ameliorating the effects of the abuse and neglect. Treatment issues are directly related to the child and youth's social, emotional, and/or behavioral symptoms and functioning.

NOTE: Treatment goals and interventions should be measurable and may change over time. For each update, please include new progress in applicable section and do not delete previous entries. Add/delete rows as needed.

TREATMENT GOAL:

***Instructions*: Goals should be specific to the case and based on presenting concerns documented on the CFWB Therapy Referral Form and background records. Goals should also address any risk factors noted in the Risk Assessment.**

Note: When the client is a child/youth, the treatment plan should specifically include a goal on assessing and building on child's emotional, behavioral, and psychological strengths and enhancing resilience.

EVIDENCE BASED TREATMENT INTERVENTIONS UTILIZED (e.g., CBT, TF-CBT):

***Instructions*: Please list specific interventions utilized to address treatment goals.**

Update progress in applicable section below (supported with behavioral examples). Include date of update(s) below.

ITP: ***Instructions*: Please consider the treatment plan a working document that should be updated throughout the course of therapy. Document progress on treatment goals toward resolving safety threats and risk factors, as well as any other indications of how client is (or is not) responding to interventions. Provide specific behavioral details and examples showing how the risk has been reduced and progress has been made. Evidence of progress should be based on what the therapist has observed, measured and/or obtained from a reliable collateral report. Progress update language should align with evidence-based treatment intervention identified in the above section.**

Note: Generic statements, such as, "client has made excellent progress" will result in a request to update the documentation to include behavioral examples that substantiate the progress. While extensive documentation of progress is not expected for the Initial Treatment Plan, please include information pertaining to the client's readiness for change, engagement in the treatment planning process, and any initial progress made on the identified measures.

First Update: *Date and document progress here*

Second Update: *Date and document progress here*

Third Update: *Date and document progress here*

Fourth Update: *Date and document progress here*

Forms must be typed. Please do not modify the form in any way. Complete all highlighted sections.

Please use a new template for each initial treatment plan and do not cut and paste information to ensure accurate client information is documented.

Client info must be re-entered in header on page 2 to populate on remaining pages.

Client Name: ___________________________ Client DOB:_______ Date: Click or tap to enter a date.

Add/delete goals as needed.

Note: Goals can be added by copying the previous treatment goal to the open space under the copied treatment goal.

TREATMENT GOAL:

EVIDENCE BASED TREATMENT INTERVENTIONS UTILIZED (e.g., CBT, TF-CBT):

***Instructions**: Please list specific interventions utilized to address treatment goals. Specific, evidence-informed psychological techniques related to the client's presenting problems should be utilized.*

Progress since last treatment report and how assessed (i.e., changes in symptoms and biopsychosocial functioning) as reported by child/youth, caregiver, and or SW. Include date of update(s) below.

ITP: *Date and document progress here*

First Update: *Date and document progress here*

Second Update: *Date and document progress here*

Third Update: *Date and document progress here*

Fourth Update: *Date and document progress here*

Forms must be typed. Please do not modify the form in any way. Complete all highlighted sections.

Please use a new template for each initial treatment plan and do not cut and paste information to ensure accurate client information is documented.

Client info must be re-entered in header on page 2 to populate on remaining pages.

Client Name: ____________________________ Client DOB:_______ Date: Click or tap to enter a date.

DISCHARGE SUMMARY:

Instructions: All sections of the Discharge Summery must be completed. DO NOT leave any blanks. Please document the reason for therapy termination.

Date of Discharge: Click or tap to enter a date.	Date SW Notified: Click or tap to enter a date.
Reason for Discharge: ☐ Successful completion/met goals* ☐ Poor attendance ☐ Office of Child Safety Case Closed ☐ Other (specify): *Document the reason for therapy termination.* *Note: Discharge reports are required for all cases regardless of whether treatment ended prematurely or due to goals being met. Client's progress should be described with specific detail under each goal within the progress section.*	

☐ **I have reviewed this plan with the youth in an age/developmentally appropriate manner. Date of review:**

DIAGNOSIS: List your diagnostic impressions of the child/youth. Record as many coexisting mental disorders, general medical conditions, and other factors as are relevant to the care and treatment of the individual.

The Primary Diagnosis should be listed first:

ICD-10 Code	DSM-5-TR Diagnosis
ICD-10 Code is documented in this column	*The corresponding DSM-5-TR diagnosis name/description is documented in this column*

ICD-10 diagnoses should be clearly supported by therapist's documentation in the report. Use V codes as indicated to reflect pertinent protective issues in the case. The crosswalk to DSM-5-TR must be completed.

NOTE: Provider must document diagnostic criteria met for diagnosis, any diagnostic rule outs, reason for diagnostic changes, and any other significant information. All diagnosis identified on the referral should be included as endorsed, rule out, or criteria not met. If diagnosis was made by previous provider and is being maintained by history, state so.

Instructions: Include diagnostic criteria met for each diagnosis. ALL diagnoses identified on the CFWB referral form should be responded to by endorsing, ruling out, or indicating if criteria were not met. The absence of certain symptoms may also be noted (e.g., client with a history of psychosis but not displaying any active psychotic symptoms during the reporting period). This section may also include discussion of differential diagnosis and any noteworthy changes to client status not otherwise addressed in the goals section (e.g., change in medications).

Forms must be typed. Please do not modify the form in any way. Complete all highlighted sections.

Please use a new template for each initial treatment plan and do not cut and paste information to ensure accurate client information is documented.

Child and Family Well-Being

Initial Treatment Plan/Treatment Plan Update: CHILD/YOUTH

Client info must be re-entered in header on page 2 to populate on remaining pages.

Client Name: ___________________________ Client DOB:_______ Date: Click or tap to enter a date.

Brief assessment of youth's psychosocial functioning (Mental Status Assessment): ***Instructions:* *Document client's mental status to include the following: observations, mood, cognition, perception, thoughts, behavior, insight, and/or judgement. Mental Status Assessment is to be updated with any changes in presentation of the client. Consider using dates when updating for clarity purposes. Please also include how the youth's psychosocial functioning is impacted by symptoms.***

Child/Youth's strengths regarding engaging in treatment:

Child/Youth's obstacles regarding engaging in treatment (including ability to engage in current service delivery type):

Additional Comments: ***Note: Please refrain from making recommendations regarding placement or visitation or opining on the best interests of individuals not directly treated by the therapist. Extraneous information should not be included (i.e., regarding family members not being treated by the therapist, or extensive history not related to treatment involvement or progress).***

Forms must be typed. Please do not modify the form in any way. Complete all highlighted sections.

Please use a new template for each initial treatment plan and do not cut and paste information to ensure accurate client information is documented.

Child and Family Well-Being

Initial Treatment Plan/Treatment Plan Update: CHILD/YOUTH

Client info must be re-entered in header on page 2 to populate on remaining pages.

Client Name: ___________________________ Client DOB:_______ Date: Click or tap to enter a date.

PROVIDER SIGNATURE:

Provider Printed Name:	License/Registration #:
Signature: ***Please remember to sign the document***	Signature Date: Click or tap to enter a date.
Provider Phone Number:	Provider Fax Number:

Required for Interns Only

Supervisor Printed Name:	Supervisor Signature:
License type and #:	Date: Click or tap to ente

Reports completed by interns must be reviewed and signed by the supervisor.

Submit Initial Treatment Plan/Update as per the authorized reporting schedule to Optum TERM at Fax: 1(877) 624-8376. Optum TERM will conduct a quality review and will be responsible for forwarding approved Quarterly Progress Reports to the Protective Services Worker.

Date faxed to Optum TERM: Click or tap to enter a date.

Child and Family Wellbeing
Initial Treatment Plan/Treatment Plan Update: PARENT

Client Name: Sample Parent Client DOB: XX/XX/XXXX Date: 1/30/2025

This report is a(n): ☒ **Initial Treatment Plan** ☐ **Treatment Plan Update** ☐ **Discharge Summary**

Modality: ☒ **Individual** ☐ **Parent-Conjoint (both parents/caregivers)**

If this is an Initial Treatment Plan (ITP), the due date to Optum TERM is within 14 calendar days of the initial authorization start date.

For Medi-Cal funding: Authorization for continued services is dependent on Medical Necessity review of the ITP. Providers will be notified of determination within fourteen (14) business days of ITP submission.

NOTE: Treatment Plan Updates are due every 12 weeks after ITP due date.

Provider:	XYZ Therapist	Phone: XXX-XXX-XXXX	Fax#: XXX-XXX-XXXX
SW Name:	ABC PSW	SW Phone: XXX-XXX-XXXX	SW Fax: XXX-XXX-XXXX

ATTENDANCE

Date of Initial Session: 1/23/2025	Last Date Attended: 1/23/2025	Number of Sessions Attended: 1
Date of Absences: 01/30/2025	Reasons for Absences: Client was sick. She cancelled her appointment in advance.	
Service Delivery Type: Telehealth ☒ In-Person ☐	Service delivery type has been assessed and continues to be clinically appropriate: Yes ☒ No ☐	

I received and reviewed the following records provided by the PSW or Optum (required prior to the intake assessment):

- ☒ Therapy Referral Form (04-176A)
- ☐ Case Plan
- ☐ Child and Adolescent Needs & Strengths (CANS)
- ☒ Court Reports (e.g., Detention Hearing Report**,** Jurisdiction/Disposition Report, etc.)
- ☐ Copies of additional significant additional court reports, if available

For Voluntary Services Cases:

- ☐ Case Notes

Additional Items as Applies:

- ☐ Copies of all prior psychological evaluations and treatment plans
- ☐ All prior mental health and other pertinent records
- ☐ Copies of History & Physical and Discharge Summary written by psychiatrist
- ☐ Other (please describe):

Child and Family Wellbeing
Initial Treatment Plan/Treatment Plan Update: PARENT

Client Name: Sample Parent Client DOB: XX/XX/XXXX Date: 1/30/2025

RISK ASSESSMENT:
(Risk factors must be addressed with treatment goals and plan below)

Date of Assessment: 1/23/2025 (this should be ongoing and include all risk factors documented on the 04-176A and known to the provider):		
	Suicidal:	☐ N/A ☒ Ideation ☐ Plan ☐ Intent ☐ Hopelessness ☐ Family History ☐ History of Self-Harm/Suicide Attempt ☐ History of hospitalizations
	Homicidal:	☒ N/A ☐ Ideation ☐ Plan ☐ Intent ☐ Current ☐ History of harm to others ☐ History of hospitalizations ☐ Family History
	Other Risk Considerations:	☐ Psychotic Symptoms ☐ Violent Behavior(s) ☐ Substance Abuse ☐ Refugee/Asylum ☐ Human Trafficking ☒ Recent Loss or Critical Event ☒ Other e.g., trauma history, social isolation, etc. Please describe: Client has experienced intimate partner violence, and her children have been removed from her care. **Risk factors must be addressed with treatment goals and plan below.**

Date of Last Hospitalization: N/A
Description of Last Hospitalization:
Date of Last Incident (self-harm, aggression, etc.): 2018
Description of Last Incident: **Client reported that in 2018 she experienced symptoms of depression due to relationship conflict and thought she would take a bottle of Tylenol. Client shared she took several pills and changed her mind. Client denies experiencing SI after that incident. Safety plan was developed, and client was provided with Access & Crisis Line number.**

TREATMENT GOALS:

Per the TERM Provider Handbook, treatment goals for parents focus on the protective issue. It is essential that therapists working with CFWB parents accept the true finding of the Juvenile Court as a fact of the case. If CFWB offers the family Voluntary Services instead of filing a petition with the Court to take jurisdiction, a true finding does not apply; however, the therapist is expected to accept the allegations of abuse as facts of the case.

NOTE: Treatment goals and interventions should be measurable and may change over time. For each update, please include new progress in applicable section and do not delete previous entries. Add/delete rows as needed.

TREATMENT GOAL: The client will develop an understanding of her children's developmental stages, and will have reasonable expectations for children's behaviors.

EVIDENCE BASED TREATMENT INTERVENTIONS UTILIZED (e.g., CBT, TF-CBT): Psychoeducation, identification of cognitive distortions, and dismantling cognitive distortions.

Progress since last treatment report and how assessed (i.e., changes in symptoms and biopsychosocial functioning) as reported by SW, parent self-report, and behavioral observations of parent in sessions. Include date of update(s) below.

Client Name: Sample Parent Client DOB: XX/XX/XXXX Date: 1/30/2025

ITP: 1/30/25 - Not yet addressed in treatment. Focus of initial therapy has been on safety and developing a trusting therapeutic relationship.

First Update:

Second Update:

Third Update:

Fourth Update:

TREATMENT GOAL: The client will develop an understanding of intimate partner violence dynamics and increase safety skills for herself and her children.

EVIDENCE BASED TREATMENT INTERVENTIONS UTILIZED (e.g., CBT, TF-CBT): Psychoeducation on Cycle of Violence and Power and Control Wheel, Safety Plan Development.

Progress since last treatment report and how assessed (i.e., changes in symptoms and biopsychosocial functioning) as reported by SW, parent self-report, and behavioral observations of parent in sessions. Please include date of update(s) below.

ITP: 1/30/25 - The client is able to verbalize some understanding of the stages of cycle of violence. She reports recognizing that during the tension building phase, the family dynamics in the home were that she and the children would go into separate rooms from her partner, for fear of saying or doing something that might trigger him. During the explosion phase, she reported that it would begin with name calling and verbal threats, and then would escalate to physical abuse, which reportedly has included the following: pinching, pushing, kicking, hitting, and choking. During the honeymoon phase, she reports that he appears very remorseful and apologizes for his behavior. She recognizes that the cycle then continues, as he reportedly starts blaming his feelings and behaviors on her. By utilizing the "Power and Control Wheel", the client has been able to identify the following "red flags" of intimate partner violence present in her current relationship: jealousy, controlling who she talks to and what she wears, isolation from her friends and family, name-calling, keeping her from gaining employment, sending the children to give her messages, threatening to take the children away from her, using male privilege, and destroying property.
Client is working on completing a safety plan for herself and her children. She also has been provided various community resources by this therapist. She will continue to work on this measure and expand her safety plan, and work towards increasing her support system to include 5 safe contacts.

First Update:

Second Update:

Third Update:

Fourth Update:

Child and Family Wellbeing
Initial Treatment Plan/Treatment Plan Update: PARENT

Client Name: Sample Parent Client DOB: XX/XX/XXXX Date: 1/30/2025

TREATMENT GOAL: Client will decrease depressive symptoms.

EVIDENCE BASED TREATMENT INTERVENTIONS UTILIZED (e.g., CBT, TF-CBT): CBT, Client will complete daily mood log, Develop a depression relapse prevention plan, Develop coping skills for decreasing depressive symptoms, and maintain compliance with psychiatric recommendations.

Progress since last treatment report and how assessed (i.e., changes in symptoms and biopsychosocial functioning) as reported by SW, parent self-report, and behavioral observations of parent in sessions. Please include date of update(s) below.

ITP: 1/30/25 - Client reports meeting regularly with her psychiatrist and states she is taking her medication as prescribed. Client verbalized some insight into situations which trigger her depressive symptoms. She was unable to identify a coping skill that she can access when her symptoms arise.

First Update:

Second Update:

Third Update:

Fourth Update:

TREATMENT GOAL: The client will increase understanding of the potential effects intimate partner violence can have on children.

EVIDENCE BASED TREATMENT INTERVENTIONS UTILIZED (e.g., CBT, TF-CBT): Psychoeducation, CBT, Identification of cognitive distortions, and dismantling of cognitive distortions.

Progress since last treatment report and how assessed (i.e., changes in symptoms and biopsychosocial functioning) as reported by SW, parent self-report, and behavioral observations of parent in sessions. Please include date of update(s) below.

ITP: 1/30/25 - The client has been given bibliotherapy on the effects of intimate partner violence on children. She reports continuing to read these materials and writing notes regarding how she feels her own children might have been affected (both short-term and potential long-term effects). This will be discussed in future therapy sessions.

First Update:

Second Update:

Third Update:

Fourth Update:

Child and Family Wellbeing
Initial Treatment Plan/Treatment Plan Update: PARENT

Client Name: Sample Parent Client DOB: XX/XX/XXXX Date: 1/30/2025

TREATMENT GOAL: The client will explore family-of-origin dynamics.

EVIDENCE BASED TREATMENT INTERVENTIONS UTILIZED (e.g., CBT, TF-CBT): Develop Genogram and identify intergenerational patterns of intimate partner violence, process possible client exposure to intimate partner violence as a child, and identify cultural belief systems regarding intimate partner violence.

Progress since last treatment report and how assessed (i.e., changes in symptoms and biopsychosocial functioning) as reported by SW, parent self-report, and behavioral observations of parent in sessions. Please include date of update(s) below.

ITP: 4/15/24 - Not yet addressed in treatment.
First Update:
Second Update:
Third Update:

DISCHARGE SUMMARY:

Date of Discharge: Click or tap to enter a date.	Date SW Notified: Click or tap to enter a date.
Reason for Discharge: ☐ Successful completion/met goals* ☐ Poor attendance ☐ Office of Child Safety Case Closed ☐ Other (specify):	

PARENT SIGNATURE

I have discussed this ☐ Initial Treatment Plan ☐ Treatment Plan Update ☐ Discharge Summary with my provider.

Parent Signature: N/A **Date:** __________

If the client is receiving telehealth treatment, the treatment plan shall be reviewed with the client and the review must be documented below.

Select One was reviewed with parent by the provider on this date: 1/23/2025

Provider Name: XYZ Therapist Date: 1/30/2025

Provider Signature: XYZ Therapist

DIAGNOSIS: List your diagnostic impressions of the parent. Record as many coexisting mental disorders, general medical conditions, and other factors as are relevant to the care and treatment of the individual. List Primary Diagnosis first.

ICD-10 Code	DSM-5-TR Diagnosis
F33.1	Major Depressive Disorder, Recurrent Moderate, without Psychotic Features
T74.11XD	Spouse or Partner Violence, Physical, Confirmed, Subsequent Encounter
Z63.0	Relationship Distress with Spouse or Intimate Partner

Child and Family Wellbeing
Initial Treatment Plan/Treatment Plan Update: PARENT

Client Name: Sample Parent Client DOB: XX/XX/XXXX Date: 1/30/2025

NOTE: Provider must document diagnostic criteria met for diagnosis, any diagnostic rule outs, reason for diagnostic changes, and any other significant information. All diagnoses identified on the referral should be included as endorsed, rule out, or criteria not met. If diagnosis was made by previous provider and is being maintained by history, state so.

R/O F43.10 Post-Traumatic Stress Disorder, Unspecified: The client reports symptoms such as but not limited to difficulty concentrating, and intrusive thoughts of past traumatic memories of intimate partner violence. The client appears to have insight that some of her depressive symptoms are directly correlated to the past trauma of intimate partner violence. Client meets criteria for Major Depressive Disorder, Recurrent, Moderate by the symptoms of anhedonia almost every day, feelings of worthlessness, hypersomnia every day, hopelessness almost every day and constant fatigue.

Risk assessment was completed. Client has denied any suicidal ideation, homicidal ideation and auditory or visual hallucinations. No significant decompensation regarding her mental status has been noted since the start of treatment. Due to client's previous history of suicidal ideation, ongoing risk assessments will be completed as well as close collaboration with the client's psychiatrist. This therapist has collaborated with the CFWB PSW regarding this matter.

Appropriate Release of Information has been received for this therapist to collaborate with the client's psychiatrist, parenting class facilitator, and domestic violence group facilitator.

Brief assessment of parent's functioning (Mental Status Assessment), parent's awareness of own mental health concerns and the impact or potential impact on children: Client presents with flat affect and depressed mood, tangential thoughts, slow speech, and reported experiencing difficulty sleeping. Client reported believing symptoms are related to children's removal. Client is at the beginning stages of understanding the impact of intimate partner violence and home removal on the children. Assessment of symptoms will continue throughout the course of treatment.

Parent strengths regarding engaging in treatment: Client reports high motivation to follow up with CFWB case plan and reunify with her children.

Parent obstacles regarding engaging in treatment: Client does not have access to a vehicle and has to utilize public transportation, therefore sessions will be conducted via telehealth to support accessibility. Client also reported experiencing financial distress as she is now a single income family.

Additional Comments: This provider intends to continually monitor and assess the client's response to telehealth service delivery, as well as access to secure and confidential technology and environments for telehealth sessions, and will collaborate with the client and PSW as needed if alternative forms of treatment delivery appear to be most clinically appropriate at this time.

Child and Family Wellbeing
Initial Treatment Plan/Treatment Plan Update: PARENT

Client Name: Sample Parent Client DOB: XX/XX/XXXX Date: 1/30/2025

PROVIDER SIGNATURE:

Provider Printed Name: XYZ Therapist	License/Registration #: LCSW #12345
Signature: *XYZ Therapist*	Signature Date: 1/30/2025
Provider Phone Number: XXX-XXX-XXXX	Provider Fax Number: XXX-XXX-XXXX

Required for Interns Only

Supervisor Printed Name:	Supervisor Signature:
License type and #:	Date: Click or tap to enter a date.

Submit Initial Treatment Plan/Update as per the authorized reporting schedule to Optum TERM at Fax: 1(877) 624-8376. Optum TERM will conduct a quality review and will be responsible for forwarding approved Quarterly Progress Reports to the Protective Services Worker.

Date faxed to Optum TERM: 1/30/2025

Child and Family Well-Being
Initial Treatment Plan/Treatment Plan Update: CHILD/YOUTH

Client Name: Sample Child Client DOB: xx/xx/xxxx Date: 12/30/2023

This report is a(n): ☐ **Initial Treatment Plan** ☒ **Treatment Plan Update** ☐ **Discharge Summary**

Modality: ☒ **Individual** ☐ **Conjoint/Family**

If this is an Initial Treatment Plan (ITP), the due date to Optum TERM is within 14 calendar days of the initial authorization start date.

For Medi-Cal funding: Authorization for continued services is dependent on Medical Necessity review of the ITP. Providers will be notified of determination within fourteen (14) business days of ITP submission.

NOTE: Treatment Plan Updates are due every 12 weeks after ITP due date.

Provider:	XYZ Therapist	Phone: XXX-XXX-XXXX	Fax#: XXX-XXX-XXXX
SW Name:	ABC PSW	SW Phone: XXX-XXX-XXXX	SW Fax: XXX-XXX-XXXX

ATTENDANCE

Date of Initial Session: 9/1/2023	Last Date Attended: 12/22/2023	Number of Sessions Attended: 16
Date of Absences: 10/13/2023, 11/17/2023	Reasons for Absences: Client sick, Therapist vacation	
Service Delivery Type: Telehealth ☐ In-Person ☒	Service delivery type has been assessed and continues to be clinically appropriate: Yes ☒ No ☐	

The child or youth has been referred for individual or group treatment because formal mental health services have been recommended to address identified mental health concerns and functional impairment (behaviors).

I received and reviewed the following records provided by the PSW or Optum (required prior to the intake assessment):

For cases involving Juvenile Court:

- ☒ Therapy Referral Form (04-176A)
- ☐ Case Plan
- ☒ Child and Adolescent Needs & Strengths (CANS)
- ☒ Court Reports (e.g., Detention Hearing Report, Jurisdiction/Disposition Report, etc.)
- ☐ Copies of additional significant court reports, if available
- ☒ Authorization to Use or Disclose Private Health Information (04-24A-P or 04-29) or Special Matter Order (SMO) - Release of Health Information Order

For Voluntary Services Cases:

- ☐ Case Notes

Additional Items as applicable:

- ☐ Copies of all prior psychological evaluation(s) and treatment plan(s)
- ☐ All prior mental health and other pertinent records
- ☐ Copies of History & Physical and Discharge Summary written by psychiatrist
- ☒ Consent to Treat (04-24P or 04-24C)
- ☐ IEP (and Triennial evaluation)
- ☐ Other (please describe):

Child and Family Well-Being
Initial Treatment Plan/Treatment Plan Update: CHILD/YOUTH

Client Name: Sample Child Client DOB: xx/xx/xxxx Date: 12/30/2023

RISK ASSESSMENT:

(Risk factors must be addressed with treatment goals and plan below)

Date(s) of Assessment: 9/1/2023 12/30/2023	**Suicidal:**	☒ N/A ☐ Ideation ☐ Plan ☐ Intent ☐ Hopelessness ☐ Family History ☐ History of Self-Harm/Suicide Attempt ☐ History of hospitalizations
	Homicidal:	☒ N/A ☐ Ideation ☐ Plan ☐ Intent ☐ Current ☐ History of harm to others ☐ History of hospitalizations ☐ Family History
	Other Risk Considerations:	☐ Psychotic Symptoms ☐ Substance Abuse ☐ Recent Loss or Critical Event ☐ Refugee/Asylum ☐ CSEC/Human Trafficking ☐ Adaptive Living Skills (including medication compliance) ☐ Violent Behavior(s) ☐ Bullying (aggressor or victim) ☐ Lived Discrimination/Marginalization (e.g., racial, cultural, gender identity, sexual orientation) ☐ Disordered Eating ☒ Other e.g., prior child abuse history, trauma history, social isolation, lack of support system, medical co-morbidity, etc. (please describe): Client was exposed to domestic violence

Date of Last Hospitalization: N/A
Description of Last Hospitalization: N/A
Date of Last Incident (self-harm, aggression, etc.): N/A
Description of Last Incident: N/A

TREATMENT GOALS:

Per the TERM Provider Handbook, treatment goals for youth should focus on ameliorating the effects of the abuse and neglect. Treatment issues are directly related to the child and youth's social, emotional, and/or behavioral symptoms and functioning.

NOTE: Treatment goals and interventions should be measurable and may change over time. For each update, please include new progress in applicable section and do not delete previous entries. Add/delete rows as needed.

TREATMENT GOAL: The client will increase coping skills for symptoms related to trauma and increase internal regulation of emotions.

EVIDENCE BASED TREATMENT INTERVENTIONS UTILIZED (e.g., CBT, TF-CBT): TF-CBT, Play Therapy

Update progress in applicable section below (supported with behavioral examples). Include date of update(s) below.

Client Name: Sample Child Client DOB: xx/xx/xxxx Date: 12/30/2023

ITP: 9/1/2023 Art therapy was introduced as a way for client to express feelings. The client drew a picture of various personal strengths (i.e. likes to draw, likes to read, has numerous friends, helps care for her siblings, outgoing). The client appeared easily able to identify some personal strengths that she reports being proud of and it appears such strengths assist with increasing her resiliency at this time. The client has begun exploring coping skills for her reported feelings of anxiety. Her current anxiety is correlated to being separated from her siblings (client appears to have been placed in a parentified role with her siblings).

TF-CBT workbook exercises have been introduced, and the client has identified deep breathing exercises as beneficial with decreasing her anxiety symptoms and is continuing to explore potential other coping skills. This therapist has worked with the client on role-modeling Progressive Muscle Relaxation and Deep Breathing techniques. The client appeared to easily grasp these coping skills and has been role-playing them in her therapy sessions. She reports that such techniques have decreased her anxiety symptoms. Incorporating role-play of coping skills will continue with the client in therapy sessions to increase her ability to identify times when she is anxious, utilize coping skills during such times, and increase internal regulation of her emotions.

First Update: 12/30/2023 Client has been able to identify various symptoms she experiences when she is anxious (upset stomach, difficulty concentrating, nightmares, and intrusive thoughts of past trauma memories). Normalization of such symptoms has been discussed with the client due to the reported trauma she has experienced, as well as exploration of internal cues client might have to start increasing her awareness of physiological responses. The client has been able to verbally link her symptoms to thoughts of past trauma with her family.

This therapist has obtained appropriate Release of Information to collaborate with client's caregivers. The client has shared with them the coping skills she has been learning in therapy, and this therapist has worked with the caregivers on appropriate implementation of such coping skills outside of therapeutic setting. The caregivers report that they have been successfully re-directing the client to utilize coping skills, and the client and the caregivers state that this has been beneficial with decreasing her anxiety symptoms.

Second Update:

Third Update:

Fourth Update:

TREATMENT GOAL: The client will increase safety skills and develop an individualized safety plan.

EVIDENCE BASED TREATMENT INTERVENTIONS UTILIZED (e.g., CBT, TF-CBT): Safety planning, Psychoeducation related domestic violence dynamics

Progress since last treatment report and how assessed (i.e., changes in symptoms and biopsychosocial functioning) as reported by child/youth, caregiver, and or SW. Include date of update(s) below.

ITP: 9/1/2023 Age-appropriate safety plan worksheet has been introduced with client in therapy sessions, and the client is in the beginning stages of working on this. She has currently identified 2 safe adults in her life that she can turn to in the event she feels unsafe. She is working on different "safe words" she can use with various people in her life. The client can identify 9-1-1 as a safe number to call and is currently memorizing personalized safe phone numbers.

Client Name: Sample Child Client DOB: xx/xx/xxxx Date: 12/30/2023

First Update: 12/30/2023 Generalized safety has been introduced to the client in therapy sessions. She has utilized the “red flag/green flag” props to identify various unsafe situations. The dollhouse has also been used by the client, where she appears to re-enact witnessing domestic violence scenarios. The client is attempting to work through the trauma of domestic violence she has witnessed through her play therapy, as well as identifying safety skills during such play. This therapist has utilized age-appropriate books with client that discuss various abuse situations to increase client’s general/and personal knowledge of abuse situations and domestic violence dynamics. To date, the client has been able to identify screaming and hitting as part of domestic violence dynamics she witnessed.

Second Update:

Third Update:

Fourth Update:

TREATMENT GOAL: The client will increase identification of cognitions and feelings related to trauma and process trauma experienced.

EVIDENCE BASED TREATMENT INTERVENTIONS UTILIZED (e.g., CBT, TF-CBT): TF-CBT

Progress since last treatment report and how assessed (i.e., changes in symptoms and biopsychosocial functioning) as reported by child/youth, caregiver, and or SW. Include date of update(s) below.

ITP: 9/1/2023 Goal established, not yet addressed.

First Update: 12/30/2022 The client is in the beginning stages of participating in appropriate TF-CBT worksheets to identify generalized thoughts and feelings. She has also utilized feelings face charts to identify feelings she has had in various situations. “Stop, Think, and Relax” therapeutic board game has been introduced and appears to assist client with increasing her ability to recognize the concept of cognitions. The client is in the beginning stages of differentiating between cognitions and feelings. The client has identified the following feelings: sadness and anxiety when she thinks of being separated from her siblings, anger toward father for the domestic violence toward her mother, and confusion regarding lack of protection from her mother. The client has various cognitive distortion of the domestic violence between parents being her fault. Age-appropriate worksheets have been introduced with the client for increasing recognition of when distorted cognitions take place, thought stopping, and replacing with more balanced thoughts. This measure is in the very initial phase and will continue to be addressed in therapy. The client has been able to identify getting an upset stomach when discussing memories of domestic violence witnessed. She has been able to utilize deep breathing techniques she has learned in therapy if she starts experiencing any uncomfortable symptoms. Coping skills are still the priority at this time prior to any in-depth exploration of past trauma for the client to have the appropriate tools to deal with any symptoms that might surface for her.

Second Update:

Third Update:

Fourth Update:

Client Name: Sample Child Client DOB: xx/xx/xxxx Date: 12/30/2023

TREATMENT GOAL: The client will increase appropriate interpersonal boundaries.

EVIDENCE BASED TREATMENT INTERVENTIONS UTILIZED (e.g., CBT, TF-CBT): Role modeling, Play Therapy

Progress since last treatment report and how assessed (i.e., changes in symptoms and biopsychosocial functioning) as reported by child/youth, caregiver, and or SW. Include date of update(s) below.

ITP: 9/1/2023 Goal established, not yet addressed

First Update: 12/30/2023 This therapist has role-modeled appropriate interpersonal boundaries with the client using various scenarios (verbally requesting for side-hugs before giving, verbally asking for personal space, and using words to express when/if uncomfortable with touch). The client has utilized the hula-hoop prop in therapy room to continue exploring personal and interpersonal space. The client has continued to present with disinhibited attachment, and caregivers report that the client continues to talk to strangers and give strangers hugs. She needs re-directing and verbal prompts from this therapist re: physical touch and interpersonal boundaries.

Second Update:

Third Update:

Fourth Update:

TREATMENT GOAL: Assessing and building on child's emotional, behavioral, and psychological strengths and enhancing resilience.

EVIDENCE BASED TREATMENT INTERVENTIONS UTILIZED (e.g., CBT, TF-CBT): TF-CBT

Progress since last treatment report and how assessed (i.e., changes in symptoms and biopsychosocial functioning) as reported by child/youth, caregiver, and or SW. Include date of update(s) below.

ITP: 9/1/2023 Client identifies as smart, funny, and a good friend.

First Update: 12/30/2023 Client completed a vision board to support her good decision-making. Her goal for the next year is to join a sport, baseball likely, and to earn better grades by studying and surrounding herself with positive influences.

Second Update:

Third Update:

Fourth Update

Child and Family Well-Being
Initial Treatment Plan/Treatment Plan Update: CHILD/YOUTH

Client Name: Sample Child Client DOB: xx/xx/xxxx Date: 12/30/2023

DISCHARGE SUMMARY:

Date of Discharge: Click or tap to enter a date.	Date SW Notified: Click or tap to enter a date.
Reason for Discharge: ☐ Successful completion/met goals* ☐ Poor attendance ☐ Office of Child Safety Case Closed ☐ Other (specify):	

☒ **I have reviewed this plan with the youth in an age/developmentally appropriate manner. Date of review:** 12/22/2023

DIAGNOSIS: List your diagnostic impressions of the child/youth. Record as many coexisting mental disorders, general medical conditions, and other factors as are relevant to the care and treatment of the individual.

The Primary Diagnosis should be listed first:

ICD-10 Code	DSM-5-TR Diagnosis
F43.22	Adjustment Disorder with Anxiety
T76.02XD	Child Neglect, Confirmed

<u>NOTE</u>: Provider must document diagnostic criteria met for diagnosis, any diagnostic rule outs, reason for diagnostic changes, and any other significant information. All diagnosis identified on the referral should be included as endorsed, rule out, or criteria not met. If diagnosis was made by previous provider and is being maintained by history, state so.

R/O F43.10 Post-Traumatic Stress Disorder, Unspecified: The client reports symptoms of upset stomach, difficulty concentrating, nightmares, and intrusive thoughts of past trauma memories of domestic violence. The client appears to have insight that some of these symptoms are directly correlated to the past trauma of domestic violence she has experienced.

Client meets criteria for F43.22 Adjustment Disorder with Anxiety due to the expected challenges of adjusting to CFWB involvement, nervousness, difficulty concentrating, and feeling overwhelmed. Client is also having difficulty being separated from siblings.

Brief assessment of youth's psychosocial functioning (Mental Status Assessment): Client is a 12-year-old, Mexican American female who presents in appropriate dress and without prominent physical abnormalities. Her speech is of adequate volume but guarded around statements related to trauma. She denies SI/HI. Client reported feeling "fine." Affect is limited which is likely due to her perceived discomfort around therapeutic setting. Client understands the reason for CFWB involvement.

12/30/2023: Client presents with good hygiene and oriented to place and time. Her speech has become louder in volume (appropriate) and seems to be less guarded around trauma experience. She continues to deny SI/HI. Client can now use feelings vocabulary to report feeling "tired" or "calm." Today, her reported feeling "neutral." Affect is full range.

Child/Youth's strengths regarding engaging in treatment: Client is actively participating in therapeutic interventions.

Child/Youth's obstacles regarding engaging in treatment (including ability to engage in current service delivery type): Caregivers requested telehealth. The client would rely on a computer in a shared, common space for telehealth sessions. Coordinating computer use may pose a barrier. Please see Additional Comments.

Additional Comments: Appropriate Release of Information to collaborate with client's caregivers was obtained. Given the client's age and developmental stage, in-person continues to be the most appropriate service delivery type. Caregivers recently requested telehealth due to scheduling challenges. This provider intends to continually monitor and assess the client's readiness and appropriateness for the requested service delivery type.

Client Name: Sample Child Client DOB: xx/xx/xxxx Date: 12/30/2023

PROVIDER SIGNATURE:

Provider Printed Name: XYZ Therapist	License/Registration #: 77777
Signature: *XYZ Therapist*	Signature Date: 12/30/2023
Provider Phone Number: XXX-XXX-XXXX	Provider Fax Number: XXX-XXX-XXXX

Required for Interns Only

Supervisor Printed Name:	Supervisor Signature:
License type and #:	Date: Click or tap to enter a date.

Submit Initial Treatment Plan/Update as per the authorized reporting schedule to Optum TERM at Fax: 1(877) 624-8376. Optum TERM will conduct a quality review and will be responsible for forwarding approved Quarterly Progress Reports to the Protective Services Worker.

Date faxed to Optum TERM: Click or tap to enter a date.

Child and Family Well-Being
Initial Treatment Plan/Treatment Plan Update: CHILD/YOUTH

Client Name: Conjoint Sample-Child's Name Client DOB: XX/XX/XXXX Date: 3/15/2024

This report is a(n): ☐ **Initial Treatment Plan** ☐ **Treatment Plan Update** ☒ **Discharge Summary**

Modality: ☐ **Individual** ☒ **Conjoint/Family**

If this is an Initial Treatment Plan (ITP), the due date to Optum TERM is within 14 calendar days of the initial authorization start date.

For Medi-Cal funding: Authorization for continued services is dependent on Medical Necessity review of the ITP. Providers will be notified of determination within fourteen (14) business days of ITP submission.

NOTE: Treatment Plan Updates are due every 12 weeks after ITP due date.

Provider:	XYZ Therapist	Phone: XXX-XXX-XXXX	Fax#: XXX-XXX-XXXX
SW Name:	ABC PSW	SW Phone: XXX-XXX-XXXX	SW Fax: XXX-XXX-XXXX

ATTENDANCE

Date of Initial Session: 9/29/2023	Last Date Attended: 3/15/2024	Number of Sessions Attended: 17
Date of Absences: 10/13/2023, 01/19/2024	Reasons for Absences: Client Sick, Family Emergency	
Service Delivery Type: Telehealth ☐ In-Person ☒	Service delivery type has been assessed and continues to be clinically appropriate: Yes ☒ No ☐	

The child or youth has been referred for individual or group treatment because formal mental health services have been recommended to address identified mental health concerns and functional impairment (behaviors).

I received and reviewed the following records provided by the PSW or Optum (required prior to the intake assessment):

For cases involving Juvenile Court:

- ☒ Therapy Referral Form (04-176A)
- ☐ Case Plan
- ☒ Child and Adolescent Needs & Strengths (CANS)
- ☒ Court Reports (e.g., Detention Hearing Report, Jurisdiction/Disposition Report, etc.)
- ☐ Copies of additional significant court reports, if available
- ☒ Authorization to Use or Disclose Private Health Information (04-24A-P or 04-29) or Special Matter Order (SMO) - Release of Health Information Order

For Voluntary Services Cases:

- ☐ Case Notes

Additional Items as applicable:

- ☐ Copies of all prior psychological evaluation(s) and treatment plan(s)
- ☒ All prior mental health and other pertinent records
- ☐ Copies of History & Physical and Discharge Summary written by psychiatrist
- ☒ Consent to Treat (04-24P or 04-24C)
- ☐ IEP (and Triennial evaluation)
- ☐ Other (please describe):

Child and Family Well-Being
Initial Treatment Plan/Treatment Plan Update: CHILD/YOUTH

Client Name: Conjoint Sample-Child's Name Client DOB: XX/XX/XXXX Date: 3/15/2024

RISK ASSESSMENT:

(Risk factors must be addressed with treatment goals and plan below)

Date(s) of Assessment:		
9/29/2023 10/6/2023 10/20/2023 10/27/2023 11/3/2023 11/10/2023 11/17/2023 12/1/2023 12/8/2023 12/15/2023 12/22/2023 1/12/2024 1/26/2024 2/9/2024 2/23/2024 3/8/2024 3/15/2024	**Suicidal:**	☒ N/A ☐ Ideation ☐ Plan ☐ Intent ☐ Hopelessness ☐ Family History ☐ History of Self-Harm/Suicide Attempt ☐ History of hospitalizations
	Homicidal:	☒ N/A ☐ Ideation ☐ Plan ☐ Intent ☐ Current ☐ History of harm to others ☐ History of hospitalizations ☐ Family History
	Other Risk Considerations:	☐ Psychotic Symptoms ☐ Substance Abuse ☐ Recent Loss or Critical Event ☐ Refugee/Asylum ☐ CSEC/Human Trafficking ☐ Adaptive Living Skills (including medication compliance) ☐ Violent Behavior(s) ☐ Bullying (aggressor or victim) ☐ Lived Discrimination/Marginalization (e.g., racial, cultural, gender identity, sexual orientation) ☐ Disordered Eating ☒ Other e.g., prior child abuse history, trauma history, social isolation, lack of support system, medical co-morbidity, etc. (please describe): History of intimate partner violence in the home. Father's history of one DUI.

Date of Last Hospitalization: Click or tap to enter a date.
Description of Last Hospitalization:
Date of Last Incident (self-harm, aggression, etc.): 8/5/2023
Description of Last Incident: Parents became involved with CFWB after an IPV incident, child was exposed to the event

TREATMENT GOALS:

Per the TERM Provider Handbook, treatment goals for youth should focus on ameliorating the effects of the abuse and neglect. Treatment issues are directly related to the child and youth's social, emotional, and/or behavioral symptoms and functioning.

NOTE: Treatment goals and interventions should be measurable and may change over time. For each update, please include new progress in applicable section and do not delete previous entries. Add/delete rows as needed.

TREATMENT GOAL: Family will develop more effective patterns of interaction and decrease maladaptive interactions (i.e., yelling, tantrums, arguing). Parents will demonstrate their knowledge of child development and use appropriate and effective parenting techniques.

EVIDENCE BASED TREATMENT INTERVENTIONS UTILIZED (e.g., CBT, TF-CBT): Modified PCIT with focus on the PRIDE skills - Psychoeducation on parenting and child developmental stages, attunement, and behavioral interventions for discipline without corporal punishment or escalation into emotionally reactive engagement.

Client Name: Conjoint Sample-Child's Name Client DOB: XX/XX/XXXX Date: 3/15/2024

Update progress in applicable section below (supported with behavioral examples). Include date of update(s) below.

ITP: 9/29/2023 Not yet addressed in treatment. Focus of initial therapy has been on safety and developing a trusting therapeutic relationship.

First Update: 12/15/2023: The parents both were able to share what they learned about the developmental needs of their child, including that he will need structured activities and supervision, routines to encourage positive behavior, 1:1 time with parents to enhance the attachment and provide him with a sense of safety, as well as giving him age appropriate chores (such as, taking his dishes to the sink once he is done eating). The child was able to identify favorite activities he enjoys with each parent and identified feelings of sadness when arguments occur with his parents.

Second Update: 3/15/2024: The family reunified during this quarter. Multiple sessions leading up to reunification focused on developing routines and predictable structure in preparation for reunification.

The parents described many activities they implement with their child, such as reading together in the evenings before bed, playing board games, going for family walks, going to church together, and going to child's swimming lessons. Clinician and clients have noted an increased sense of bonding and attachment with all these positive activities. Clients have shared how they have been empathic to the child about the abuse, including listening supportively to his experiences with being in a foster home and now returning home, as well as dealing with day-today stressors. Each parent has verbalized how listening to the child with their full attention has been effective.

The child reports enjoying the activities described above and stated that he feels excited to be back with his parents but misses his previous caregiver (resource parent). Therapist facilitated family discussion regarding maintaining connection with this supportive adult given family valuing this and previous caregiver indicating an openness to this as well.

Third Update:

Fourth Update:

TREATMENT GOAL: Clients will improve communication skills. The parents will correctly identify triggers to the child's emotional reactions, respond in a regulated and empathic way to these reactions, and aid with co-regulation when the child accepts this.

EVIDENCE BASED TREATMENT INTERVENTIONS UTILIZED (e.g., CBT, TF-CBT): Attachment-focused family therapy, structural family therapy - Psychoeducation on communication styles, developmentally appropriate role plays of communication styles, and use of co-regulation to mitigate negative impacts of reactivity.

Progress since last treatment report and how assessed (i.e., changes in symptoms and biopsychosocial functioning) as reported by child/youth, caregiver, and or SW. Include date of update(s) below.

ITP: 9/29/2023: Goal established, not yet addressed.

First Update: 12/15/2023: Parents have verbalized a commitment to remain non-violent toward one another and to improve their communication as a whole family. The parents agreed to remind each other they are on the same parenting team, to utilize healthy communication skills when they start to feel upset, and to take time outs when needed. Therapy reviewed at length the three different communication styles and they were able to give examples of each.

Client Name: Conjoint Sample-Child's Name Client DOB: XX/XX/XXXX Date: 3/15/2024

The parents reviewed their own internal bodily cues related to emotional dysregulation and share in an age and developmentally appropriate way with the child to model parental leadership in the family system and to normalize discussion of emotional content.

The child identified feelings of sadness when either parent raises their voice toward him or one another. The child acknowledged raising his voice when feeling angry and shared that he feels sad about this as well. The child shared that he has discussed these interactions and the history of violence in the home with his individual therapist. This writer will continue to coordinate care with child's individual therapist (ROI on file) to incorporate effective coping strategies the child can utilize instead of raising his voice when emotionally dysregulated (feeling sad/angry).

Second Update: 3/15/2024: The family reunified during this quarter. Therapy sessions leading up to reunification focused on review and rehearsal of effective communication skills and emotion regulation tools learned previously.

Sessions reviewed adaptive communication tools (active listening, use of 'I statements,' self and co-regulation techniques). Both parents have demonstrated how they have used these skills effectively and have described effective use at home as well. The parents have described appropriate changes in their lifestyle choices to reach a non-violent lifestyle, including avoiding drugs and alcohol, using their safety plan, using their coping skills, not allowing negative or unsafe people into their lives, and using their support system.

The child reports feeling proud of himself as he has been able to utilize some of the emotion regulation tools developed in individual therapy (i.e., deep breathing, progressive muscle relaxation, calming imagery). The parents shared that they have noticed a decrease in arguments and provided descriptive praise to the child for the child's use of regulation skills.

Third Update:

Fourth Update:

TREATMENT GOAL: The parents will demonstrate an understanding of the impact of trauma on their child and how this has impacted the family. The parents will increase safety skills for themselves and their child.

EVIDENCE BASED TREATMENT INTERVENTIONS UTILIZED (e.g., CBT, TF-CBT): CPP, Safety Planning and Psychoeducation on trauma and potential impacts on attachment and child development.

Progress since last treatment report and how assessed (i.e., changes in symptoms and biopsychosocial functioning) as reported by child/youth, caregiver, and or SW. Include date of update(s) below.

ITP: 9/29/2023: The parents completed a safety plan for themselves and their child. When they notice red flags identified in the safety plan, they will take time outs and they will agree not to communicate until both feel calm and able to use their assertiveness skills. They agreed that they will not argue or fight in front of their child in any circumstances and will leave their child with a safe caregiver if needed.

The child shared that he feels safe in his current placement and identified his current resource parent, his elementary school teacher, and his individual therapist as adults that he knows he can share any safety concerns with.

The parents acknowledged learning about potential impacts of IPV on child development and how trauma can impact a child's perception of themselves and others. The therapist provided age-appropriate psychoeducation on trauma, its impact on the brain, and the importance of safety in healing from traumatic events. In response, the parents and child identified external triggers that contribute to becoming emotionally dysregulated and identified bodily cues related to emotional dysregulation.

First Update: 12/15/2023: Therapist coordinated with the parent's group and individual therapists in between sessions (ROIs on file). Therapist continued to coordinate with the child's individual therapist (ROI on file) related to

the child's progression in treatment and to ascertain the child's therapist's assessment of the child's readiness to engage in family processing of trauma and the events that led to CFWB involvement.

Therapist and clients reviewed what they learned in their individual and group therapy. Therapist facilitated the parents' sharing of understanding and concern for the impact previous IPV has had on the child. The parents were able to express an apology to their child and communicated they did not expect the child to manage the safety of the home. The parents shared that they have learned new skills in their own therapies that they will be using to help keep the family safe.

The child shared that he felt happy to know that his parents are learning ways to keep him and one another safe. The child shared that he has discussed the events that led to CFWB involvement with his individual therapist and knows that he can feel sadness about these experiences. The child also shared that he has discussed that it is his parents' responsibility to keep him safe. The parents reinforced the child's statements with specific praise and expressed gratitude for the child sharing about his feelings.

The therapist assisted the family with holding appreciation and understanding of the shared traumatic experiences for the family as a whole and as individuals, employing the 'double scoop' CPP intervention.

Second Update: 3/15/2024: The family reunified during this quarter. Sessions leading up to reunification focused on reviewing and reinforcing steps the parents have taken to ensure safety upon reunification. The parents report that they have taken steps to assure physical safety in the home (bought new locks to replace the previous ones that were broken during IPV events, covered electrical outlets that were previously exposed, removed all alcohol from the home). The parents also reviewed steps taken to enhance psychological safety (painting the home with more soothing colors, brainstorming potential family routines to prioritize, enrolling the child in karate lessons given the child voicing this interest and stating it would make him feel safe). Discussions of safety measures taken were shared with the child in an age and developmentally appropriate manner.

During the final session, the family reviewed the previous safety plan, updated it to reflect the current living situation, and discussed how each family member contributes to the overall sense of safety. Parents reinforced that it is their responsibility to maintain the child's safety and shared that they will be continuing individual therapy after their CFWB case closes to ensure they have access to support and resources to continue the progress made while the Agency has been involved and to continue ongoing trauma processing. The parents shared that they will also be participating in the child's outpatient therapy as the child begins to engage in TF-CBT for trauma processing.

Third Update:

Fourth Update:

TREATMENT GOAL:

EVIDENCE BASED TREATMENT INTERVENTIONS UTILIZED (e.g., CBT, TF-CBT):

Progress since last treatment report and how assessed (i.e., changes in symptoms and biopsychosocial functioning) as reported by child/youth, caregiver, and or SW. Include date of update(s) below.

ITP:

First Update:

Second Update:

Third Update:

Fourth Update:

Child and Family Well-Being
Initial Treatment Plan/Treatment Plan Update: CHILD/YOUTH

Client Name: Conjoint Sample-Child's Name Client DOB: XX/XX/XXXX Date: 3/15/2024

DISCHARGE SUMMARY:

Date of Discharge: 3/15/2024	Date SW Notified: 3/15/2024
Reason for Discharge: Clients successfully met treatment goals and have reunified as of 3/8/2024. X Successful completion/met goals* ☐ Poor attendance ☐ Office of Child Safety Case Closed ☐ Other (specify):	

☒ **I have reviewed this plan with the youth in an age/developmentally appropriate manner. Date of review:** 3/15/2024

DIAGNOSIS: List your diagnostic impressions of the child/youth. Record as many coexisting mental disorders, general medical conditions, and other factors as are relevant to the care and treatment of the individual.

The Primary Diagnosis should be listed first:

ICD-10 Code	DSM-5-TR Diagnosis
Z69.011	Other circumstances related to child neglect, encounter for mental health services for perpetrator of parental child neglect
Z63.0	Relationship distress with spouse or intimate partner
Z65.3	Problems related to other legal circumstances

NOTE: Provider must document diagnostic criteria met for diagnosis, any diagnostic rule outs, reason for diagnostic changes, and any other significant information. All diagnosis identified on the referral should be included as endorsed, rule out, or criteria not met. If diagnosis was made by previous provider and is being maintained by history, state so.

Clients became involved with CFWB because of child exposure to intimate partner violence. The father has a DUI on record, creating issues with gainful employment. Coordination of care with PSW and other providers revealed that clients both developed their individual safety plans and demonstrated an understanding of the cycle of violence and a commitment to remain non-violent. Provider completed safety/IPV risk assessment of both parents separate from session with child. During intake, it was confirmed that group therapy had been successfully completed prior to conjoint therapy. All clients denied any SI/HI and substance abuse. Therapist secured ROIs to support coordination of care with the parents' group and individual therapists and the child's individual TERM therapist.

Brief assessment of youth's psychosocial functioning (Mental Status Assessment): 9/29/2023: All clients presented as oriented x4. During the initial intake appointment, the parents presented as open, engaged, and verbalized to this writer feelings of remorse regarding events that led to Agency involvement and the child's out of home placement.

The father was observed to present as somewhat anxious as evidenced by pressured speech and labored efforts to communicate about progress made in treatment and efforts to return contact to PSW promptly when calls were missed. The mother presented as somewhat more withdrawn but engaged appropriately and volunteered verbal responses when

prompted by this writer. The child was observed to move between both parents, seeking physical affection, and sat directly between the parents during the intake session. The child was talkative and presented with bright affect throughout, though was observed to become slightly less talkative and would avert eye contact when discussing the events that led to out of home placement.

All clients demonstrated linear thought processes and denied any current SI/HI/AH/VH/substance abuse.

12/15/2023: All clients presented as oriented x4 and continued to deny any current SI/HI/AH/VH/substance abuse. The father presented as less anxious than previous MSE documentation reflected. The father presented as euthymic and often encouraged the mother and child to share their thoughts and input rather than immediately sharing his own perspectives.

The mother presented as engaged, euthymic, and less reserved. The mother volunteered input without prompting and would share perspectives when encouraged by the father and without any noticeable reluctance.

The child continued to demonstrate a very similar presentation to what was previously captured on 9/29/2023. The child did however demonstrate more eye contact when discussing traumatic events, including demonstrating eye contact with parents when sharing.

03/15/2024: All clients presented as oriented x4 and continued to deny any current SI/HI/AH/VH/substance abuse.

Both parents demonstrated insight regarding how their own upbringings impacted their ability to parent safely.

MSE documentation captured from 12/15/2023 continues to capture how each family member presented over this quarter. The family's interactions and communication with one another has been observed to flow more organically this quarter, requiring less direct prompting and parental coaching from this writer.

Child/Youth's strengths regarding engaging in treatment: Clients completed their group psychotherapy treatment before conjoint treatment, remain involved in their own individual therapies, and expressed high motivation to continue working on their reunification plan. Both parents can identify strengths of their child and activities he enjoys participating in.

The child is engaged in individual therapy and reports feeling safe in current placement. The child can identify multiple adults that he feels safe with. The child reports he has a strong bond with each parent and can identify activities he enjoys participating in with both parents. The child is reportedly performing well academically and has strong peer relationships.

Child/Youth's obstacles regarding engaging in treatment (including ability to engage in current service delivery type): Clients' work schedules (parents) appeared to be an obstacle for weekly sessions at the beginning of treatment, but the issue was resolved as treatment progressed.

Additional Comments:

Client Name: Conjoint Sample-Child's Name Client DOB: XX/XX/XXXX Date: 3/15/2024

PROVIDER SIGNATURE:

Provider Printed Name: XYZ Therapist	License/Registration #: LPCC, 77777
Signature: *XYZ Therapist*	Signature Date: 3/15/2024
Provider Phone Number: XXX-XXX-XXXX	Provider Fax Number: XXX-XXX-XXXX

Required for Interns Only

Supervisor Printed Name:	Supervisor Signature:
License type and #:	Date: Click or tap to enter a date.

Submit Initial Treatment Plan/Update as per the authorized reporting schedule to Optum TERM at Fax: 1(877) 624-8376. Optum TERM will conduct a quality review and will be responsible for forwarding approved Quarterly Progress Reports to the Protective Services Worker.

Date faxed to Optum TERM: Click or tap to enter a date.

Clear vs. Vague Examples of Documentation of Progress

- CFWB treatment plan documentation should include clear statements of client progress and how interventions have been utilized to reach each goal. Examples of statements that are clear versus vague are provided for your reference to assist you with the level of behavioral detail that will best inform CFWB and the court.

Examples of Clear vs. Vague Documentation in Treatment Progress

Goal: Client will increase anger management skills

Vague Progress	Clear Progress
Client has made progress towards learning anger management skills.	1. Triggers include: Criticism by others, feeling that he is being disrespected, and being questioned about finances. 2. Physiological signals include: Increased heart rate, feeling face redden, and increased sweating. 3. Coping skills identified are: Deep breathing, counting backwards, listening to music, and progressive muscle relaxation. The client has been role-playing such coping skills in therapeutic sessions. 4. The client reports he has been utilizing identified coping skills outside of therapy, and that such implementation has significantly decreased his anger and stress response.

Goal: Client will identify triggers for substance abuse and develop new coping strategies and support for relapse prevention

Vague Progress	Clear Progress
Client is no longer using drugs.	1. Client reports she has been clean and sober for 3 months. Triggers for substance use include: Increased stress at work, being around old acquaintances, thinking about her abusive childhood, and having conflict with others. 2. Four coping strategies for times when she feels triggers are increased are: to call her sponsor, go to an NA meeting, go to the gym, and use deep breathing. 3. Five positive support systems include her sponsor, mother, cousin, Pastor, and NA Meetings.

Goal: Increase understanding of effect of domestic violence on children

Vague Progress	Clear Progress
Client has been increasing her understanding of the effects of domestic violence on children. She can now list the effects of DV on children, has written a letter to her children and is aware of how her children must have felt.	1. Client stated that in the past, she was not aware of how the domestic violence affected her children. She reports since utilizing the bibliotherapy provided to her, she is now aware of all the potential effects domestic violence can have on children. She was able to personalize the following effects of exposure to DV on her children: anxiety, depression, low self- esteem, anger, and behavioral problems. 2. Client has expressed remorse and verbally takes responsibility for her actions. She has identified ways to verbalize empathy towards her children about how the DV must have affected them and what she has learned in therapy and her classes that is assisting her to be a protective parent. She has expressed that she will encourage the children to disclose to a trusted adult if DV were to ever occur in the future. 3. Client verbalizes that her children must have been feeling scared, confused, anxious, helpless, and worried that maybe they were to blame.

Goal: Client will process and understand the traumatic events that have taken place in his life.

Vague Progress	Clear Progress
Client talked about what happened and his feelings about the abuse.	1. Client is beginning to take ownership of strengths of being creative, imaginative, artistic, and kind. Client is also developing self-regulation skills such as deep breathing, self-time- outs, and thought stopping. 2. Client has increasingly disclosed his feelings about the abuse. He reports feeling hurt, betrayed, and grief and loss. He is beginning to see the correlation between his thoughts/feelings/behaviors. 3. Client is decreasing self-blame statements regarding the abuse he experienced.

Goal: Improve parenting skills

Vague Progress	Clear Progress
Parent verbalizes the importance of keeping her child safe and knows it's her responsibility to ensure her child never gets harmed again.	1. Client verbalizes the importance of keeping her child safe and knows it's her responsibility to ensure her child is never harmed again. She demonstrates her parental role as evidenced by her reporting that she no longer leaves her child unattended, can identify safe/unsafe situations, and has a personalized safety plan on steps she will take if abuse dynamics were to occur in the future. 2. Client has demonstrated knowledge of child's development as evidenced by her reporting that she has implemented 4 minute time-outs as an appropriate disciplinary measure for her 4-year-old. 3. Client lists the following non-verbal signals her child makes: child tugs ear when tired and needs a nap, child hides when scared, and child throws things when frustrated. Client is learning to respond appropriately to these signals. 4. Client is putting her child's needs ahead of her own as evidenced by decreased personal time away from her child. 5. Client has shown empathy towards her child by writing an appropriate responsibility letter to her child.

Goal Examples for Development of Treatment Plans

- The following document includes examples of goals that you can use when writing a treatment plan. There are examples of goals for children's and parent's plans and for additional issues that affect treatment (such as for clients with depression, anxiety, schizophrenia, etc).

Treatment Plan Goal Bank- Parent

**These are examples of goals and should not be taken as all inclusive. Treatment plan goals should be individualized to the Client's unique clinical presentation and referral needs.*

Anger Management

- **Development of anger management skills**
- **Identify situations, thoughts, feelings that trigger angry verbal and/or behavioral actions.**
- **Identify ways that key life figures have expressed angry feelings and how these experiences have positively or negatively influenced the way he/she handles anger.**
- **Verbalize feelings of anger in a controlled, assertive way.**
- **Identify the advantages and disadvantages of holding on to anger.**

Co-Dependency

- **Identify and engage in healthier relationships.**
- **Increase the direct expression of identified needs within relationship dynamic.**
- **Identify your own role in the co-dependent cycle.**
- **Describe messages received as a child that impact your adult behavior in relationships.**
- **Describe healthy boundaries to set for a healthier relationship.**

Domestic Violence/IPV- Offender

- **Provide a safe and secure environment for the child.**
- **Describe your role in the domestic violence.**
- **Identify ways you can resolve an argument with your partner that does not involve yelling or physical fighting.**
- **Complete a written domestic violence prevention plan.**
- **Identify necessary choices to reach a non-violent lifestyle.**

Domestic Violence/IPV-Victim

- **Provide a safe and secure environment for the child.**
- **Identify a support network of people and resources.**
- **Complete a written domestic violence prevention plan.**
- **Describe the cycle of violence, red flags that someone may engage in violent behavior, and the power and control dynamics associated with domestic violence.**

Grief and Loss

- **Development of appropriate means for processing grief and loss.**
- **Identify what stages of grief have been experienced in the continuum of the grieving process.**
- **Identify how past losses in your life may impact your ability to parent.**
- **Describe the thoughts and feelings associated with your children being placed elsewhere.**
- **Identify coping skills for feelings of grief and loss.**

Mental Health

- **Stabilize symptoms of depression or anxiety (or other mental health issue).**
- **Identify situations that trigger anxious or depressed feelings.**
- **Develop a safety plan to address suicidal ideation and/or self-injurious behavior.**
- **Stabilize symptoms of bipolar disorder and develop a mental health relapse prevention plan.**
- **Stabilize psychotic symptoms and develop mental health relapse prevention plan.**

Parenting

- **Demonstrates parental role.**
- **Demonstrates knowledge of child's development.**
- **Demonstrates ability to respond appropriately to child's verbal/nonverbal signals.**
- **Put child's needs ahead of your own.**
- **Identify how your own family of origin has impacted your parenting.**

Sexual Abuse Non-Protecting Parent

- **Provide a safe and secure environment for the child.**
- **Describe the five types of denial of sexual abuse.**
- **Process feelings related to finding out about the sexual abuse.**
- **Describe ways in which sexual abuse affects children.**
- **Describe offender patterns of grooming, triggers, and/or opportunities/high risk situations.**

Substance Abuse

- **Client will attain (or maintain) abstinence from using substances.**
- **Identify the negative consequences of substance abuse.**
- **Learn and implement coping strategies to manage urges to lapse back into substance abuse.**
- **Describe how your child was impacted by your substance abuse.**
- **Identify some benefits of a drug-free lifestyle.**

Treatment Plan Goal Bank- Child/Youth

**These are examples of goals and should not be taken as all inclusive. Treatment plan goals should be individualized to the Client's unique clinical presentation and referral needs*

Adoption or Out-of-Home Placement

- **Develop a nurturing relationship with adoptive parents.**
- **Process feelings related to adoption or out-of-home placement.**
- **When appropriate, write letters to the people in your life you have lost.**
- **Create a life book that chronicles his/her/their life to preserve his/her/their own identity and history.**
- **Process feelings related to removal from home.**

Academic Underachievement

- **Implement effective study skills to increase the frequency of completion of school assignments.**
- **Use self-monitoring checklists, planners, or calendars to remain organized and help complete school assignments.**
- **Caregivers increase the time spent being involved with the client's homework.**
- **Establish a regular routine that allows time to engage in play, quality time with family, and time to complete homework assignments.**
- **Identify and resolve all emotional blocks or learning inhibitions that are with the client and/or family system.**

Attachment (Conjoint Therapy)

- **Caregivers respond calmly but firmly to the child's detachment behavior.**
- **Family engages in "Cohesive Share Experiences."**
- **Caregivers engage in daily one-on-one active play with the child.**
- **Demonstrate an understanding of the impact of trauma on attachment.**
- **Regular use of respite care to protect selves from burnout.**

Enhancing Caregiver Awareness of Child's Emotional Cues (Conjoint Therapy)

- **Caregiver will recognize triggers to the child's emotional reactions.**
- **Describe behaviors that are considered "bad" but are better interpreted through a trauma lens.**
- **Caregiver can correctly identify and respond to the child's biological cues.**
- **Caregiver will demonstrate appropriate and empathic responses to the child's display of emotion.**
- **The child references the caregiver as a secure base for exploration.**

Gender Identity

- **Identify and replace negative, distorted cognitive messages regarding gender identity.**
- **Express comfort with or even pride in sexual identity.**
- **Engage caregivers in exploring subtle and direct messages that may add to the child's confusion.**
- **Confront and reframe the client's self-disparaging comments about gender identity and sexual anatomy.**
- **Reinforce the client's positive self-descriptive statements.**

Grief and Loss

- **Identify feelings connected with the loss.**
- **Implement coping skills for feelings of grief and loss.**
- **Describe the stages of grieving process (when age appropriate).**
- **Validate and reassure your children as they develop and understand their experience with CFWB differently.**
- **Write letters to people you have lost (when age appropriate).**

Safety

- **List age-appropriate expectations for parental care.**
- **Identify at least 2 safe people and/or places to go to when help is needed.**
- **Demonstrate knowledge of safe vs. unsafe touch and an overall understanding of psychological and physical boundaries.**
- **Recognize warning signs of unsafe behavior.**
- **Increase sense of physical and psychological safety.**

Self-Regulation

- **Utilize age-appropriate assertive communication skills.**
- **Demonstrate knowledge of situations that trigger anxious or depressed feelings and access healthy coping.**
- **Identify coping skills to use when feeling angry, anxious, scared, and/or depressed.**
- **Develop a safety plan for when suicidal ideation or self-injurious thoughts come up.**
- **Responds favorably when a developmentally appropriate directive is given.**

Strengths and Resilience

- **Develop a list of at least 2 personal goals for the next year.**
- **Identify a positive role model and list 2 qualities that you can aspire to.**
- **List as many personal strengths as you can.**
- **Describe a time when you faced your fears.**
- **Describe a time when you effectively used a coping skill to get through a challenging time.**

Clinical Risk Documentation and Safety Plan Guidelines

- Risk assessments play a vital role in the treatment of all clients and allow you to intervene and address any issues which could lead to decompensation or harm. The following section outlines guidelines for completion of clinical risk assessment and safety plan documentation.

Clinical Risk Documentation

General Considerations for Clinical Risk Documentation
• Providers should be familiar with the current empirical literature on risk factors that best predict the abuse and re-abuse of children when conducting clinical risk assessments and developing treatment plans for children and their families.
• Treatment plan documentation should reflect comprehensive clinical assessment and reassessment of special status situations, including but not limited to risk of harm and abuse, suicidal or homicidal ideation, self-injurious behaviors, and substance use. It is also important to document the absence of such conditions.
• A thorough risk assessment also reviews any risky behaviors (e.g., non-compliance with medications, presence of psychosis), any plans related to suicidal or homicidal ideation, lethality of the plans and availability of means to execute the plans, and consideration of current psychosocial stressors that may have an impact on the overall risk assessment.
• The risk assessment should include a balanced assessment of client strengths and protective factors.
• Risk assessments should be conducted at the initiation of treatment, throughout the treatment process, and prior to discharge.
• Clients should be involved in the process of addressing risk issues, including the development of crisis and safety plans, removal of means to harm, and other safety measures appropriate to the individual and the situation.
• Although identified risk factors may not necessarily constitute a primary protective issue, good clinical care indicates that all providers assess, intervene, and clearly document client risk factors. It is crucial that your ongoing risk assessments are documented in the client's medical record and treatment plans.
• Treatment plan updates should reflect documentation of any changes in the identified risk factors during the reporting period.
Documentation of Risk Factor
• Documentation regarding the risk factor should be included in the following areas of the treatment plan: A. A formal treatment goal should be included in the treatment plan for all active risk factors along with documentation of provider efforts to reduce the risk. B. In the progress section, describe how client is responding to the interventions and any changes in the degree of risk. C. In the Mental Status Assessment section, provide a description of clinical risk assessment and continue to document any changes in the identified risk factor(s) in each treatment plan update.

Safety Plan Guidelines

General considerations for the development of a safety plan
▪ The safety plan is a written document created by the client with the assistance of the therapist. ▪ The safety plan documents how threats to safety of the child(ren) and/or non-protecting parent will be managed. ▪ Safety planning should be individualized for each client with the goal of reducing immediate and long-term risks. ▪ The safety plan must specify, in behavioral terms, how the case-specific risk factors will be addressed. ▪ Safety plans developed for clients receiving therapy via telehealth should include emergency contacts and review of crisis response and other relevant resources nearby the client's geographic location. ▪ The safety plan should be regularly reviewed and refined over the course of therapy as new risks, safety goals, or risk management strategies are identified.
Child Protection Safety Plan
A. The safety plan must address what needs to happen so that the child(ren) will be safe in their family or home environment, including emotional as well as physical safety and well-being. It must address specific behaviors and steps the parent/caregiver will take to prevent future abuse or neglect. These action steps must be very specific and incorporate the case-specific risks identified in the Therapy Referral Form. **B.** This includes specific external or internal triggers or conditions under which the child may be put at risk (e.g., poor attachment to child because child is not biologically related; low frustration tolerance; work-related stressors; emotional changes; fatigue; negative self-talk; red flag words or behaviors used by self or others; high risk situations; thoughts of violent or abusive acts; physical changes signaling increased stress). **C.** The plan should identify what the parent/caregiver will do if the identified triggers or "red flags" occur and should consider and address specific steps to prevent abuse, such as: **a.** Time out steps to control violent or abusive acts **b.** Steps to ensure the child(ren)'s safety **c.** Positive activities for stress management **d.** Commitment to remain non-violent and non-abusive **e.** Rehearsal of safety plan steps when appropriate **D.** The plan should include development of an extensive safety network of support adults. **For client protection, please do not release information pertaining to the client's safety plan (i.e., emergency contacts, shelters, etc.).** **E.** A sample Child Protection Safety Plan template is available as a resource to assist with safety planning, but use of the template is *not* required. The template is a therapeutic tool which contains suggestions for the therapist to review with the client when they discuss prevention; however, is not intended as treatment advice or a boiler plate plan for what the client will do.

Intimate Partner Violence Safety Plan

A. The following guidelines are intended to provide assistance with safety planning in Child and Family Wellbeing (CFWB) cases involving intimate partner violence.

B. Submission of written intimate partner violence safety plans to CFWB is not required. For client protection, please do not release this information.

C. The intimate partner violence safety plan is intended to facilitate empowerment of the victim/ survivor by providing concrete steps for preventing exposure to future acts of physical or emotional abuse through proactive behaviors.

D. The intimate partner violence safety plan should address the emotional as well as physical and technological safety and well-being of the child(ren) and identified victim(s). The identified action steps and behaviors must be very specific and must incorporate the case-specific risks identified in the Therapy Referral Form that the client and therapist are addressing.

E. Protective actions include identification of specific triggers or conditions under which the adult victims and child(ren) may be put at risk. These triggers may be external or internal to the adult victim AND /OR to the offending parent that signal danger. These are best organized on a continuum from earliest warning signs to signs of imminent danger.

F. The safety plan should identify what the victim parent will do if the identified triggers or "red flags" occur.

G. The plan should consider and address client logistics, support system, and access to specific resources such as:

- **a.** Emergency phone numbers (police, crisis lines, battered women's hotlines, safe individuals in their support system)
- **b.** List of available resources (legal guidance, medical, advocacy)
- **c.** List of phone numbers to shelters, safe houses, or other safe places where the client can go
- **d.** Temporary Restraining Order information
- **e.** Concrete behavioral steps to take in an emergency
- **f.** Rehearsal of safety plan steps when appropriate
- **g.** Consideration of safety in the workplace
- **h.** Consideration of technological safety

H. A sample personalized safety plan for domestic violence survivors can be found online at https://www.ncbi.nlm.nih.gov/books/NBK64443/ (Accessed May 2024)

Child Protection Safety Plan

It is necessary to learn new ways to prevent risk of harm to your child. With the assistance of your therapist, you will develop a safety plan that includes the development of a safety network and specifically addresses every 'red flag' or warning sign for harm that you have identified in therapy so that you can provide safety to your child.

Internal Red Flags	
Physical Signs	**What I Will Do In Response To Each Red Flag**
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
Emotional Signs/Self Talk	**What I Will Do In Response To Each Red Flag**
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
External Red Flags	
Environmental Stress	**What I Will Do In Response To Each Red Flag**
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

External Red Flags (Continued)	
Partner/Caregiver/Childs Words or Actions	**What I Will Do In Response To Each Red Flag**
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
Physical Signs/Signs Pointed Out By Others	**What I Will Do In Response To Each Red Flag**
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
High Risk Situations	**What I Will Do To Avoid or Prevent These Situations**
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Time-Out Steps
1. Be aware of your level of stress.
2. Take a cool-down right away. Let partner know that you need to take a time-out or cool-down to prevent increased feelings of frustration, anger, or possible harm to your child.
3. Take a time-out or cool-down every time you think your anger is starting to climb by recognizing your physical and emotional cues and leave the situation (place or person). Identify primary feelings and interrupt negative self-talk.
4. Do not swear, raise your voice, threaten, or use any intimidating behavior.
5. Go somewhere and try to relax and think positively about yourself. It may help to walk, jog, or do deep breathing to get some tension out. **Do not drive, drink alcohol, or take drugs.**
6. Do not use "time out" as a punishment for your partner or to avoid responsibilities when you can appropriately handle them.
My personal time out strategy is:

Be Proactive

It is important to take positive steps to reduce stress such as exercise programs, 12 step programs, or other positive activities. Some proactive things I can do to reduce stress are:

Activity	Who To Contact/What To Do
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

For client confidentiality, please DO NOT RELEASE this information

Safety Network/Emergency Contact(s)

Contact	Phone Number
In case of an Emergency	9-1-1
Access and Crisis Line	1-888-724-7240
Child and Family Wellbeing Hotline	1-800-344-6000
Friend ________________________	________________________
Friend ________________________	________________________
Family Member ________________________	________________________
Family Member ________________________	________________________
Clergy ________________________	________________________
Sponsor ________________________	________________________
Case Worker ________________________	________________________
Probation Officer ________________________	________________________
Legal ________________________	________________________
Medical ________________________	________________________
Other ________________________	________________________
Other ________________________	________________________