**Check one:** ☐ **Update** ☐ **Discharge Summary**

|  |  |  |  |
| --- | --- | --- | --- |
| Facilitator: |       | Phone:       | Agency:       |
| SW Name: |       | SW Phone:       | SW Fax:       |

 **ATTENDANCE**

|  |  |  |
| --- | --- | --- |
| Date of Initial Group Session:       | Last Date Attended:       | 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 [ ]   |

**Rating Scale for Documenting Participation, Homework, and Treatment Progress**:

**0** = N/A: not addressed yet or not applicable to parent's case

**1** = Rarely **2** = Not often **3** = Sometimes **4** = Often **5** = Very often; routinely

**PARTICIPATION -** *Ratings based on progress-to-date and are reflective of changes in the client’s attitudes, beliefs, and behaviors as expressed in group and in homework assignments:*

|  |  |
| --- | --- |
|  | **Engagement:** Actively engages in discussion and group activities |
|  | **Communication:** Accepts feedback from peers without argument  |
|  | **Communication:** Maintains respectful and considerate interactive style with peers |
|  | **Communication:** Provides appropriate, constructive feedback to peers |

**HOMEWORK -** *During this reporting period, client has completed homework*:

|  |  |
| --- | --- |
|  | On time, as assigned |
|  | Completed thoroughly |
|  | Applied homework topic to own case, as appropriate. Examples:       |

**TREATMENT GOALS-** *During this reporting period, parent has been able to:*

|  |  |
| --- | --- |
|  | Understand definitions of Child Abuse |
|  | Understand known child abuse risk and protective factors AND apply them to own case. Examples:      |
|  | Understand defense Mechanisms (Minimize, Deny and Blame) |
|  | Understand myths and beliefs regarding provocation by the child |
|  | Accept responsibility for the abuse occurring while child was under the client’s care, as evidenced by:       |
|  | Describe and discuss above factors in relation to parent’s case in the following ways:       |
|  | Describe strategies the parent has used for expressing or managing frustration or anger in appropriate, adaptive ways. Examples:        |
|  | Discuss own denial in group, reasons for the denial, and triggers for denial. Describe:       |
|  | Spontaneously place responsibility for the abuse on the offender |
|  | Spontaneously express empathy in group for the child and what the child has experienced, as evidenced by the following statements and/or behaviors in group:       |
|  | Share in group the specific statements and behaviors parent has provided to the child that reflect support, acceptance, and validation. Examples:        |
|  | Identify the emotional and/or behavioral effects of child physical abuse and how to effectively and appropriately help the child manage these trauma symptoms if they appear. Describe:       |
|  | If applicable, acknowledge own physical abuse as a child and how that abuse affected client’s ability to parent own child:       |
|  | If client is offending parent, is able to describe relapse prevention strategies and behaviors parent will use to prevent future abuse of child. [ ]  Relapse Prevention Plan developed; copy provided to CFWB SW on this date: Click or tap to enter a date. |
|  | If client is non-protecting parent, client is able to describe offender’s relapse prevention plan and how client will support partner’s relapse prevention plan, as evidenced by:       |
|  | Can describe components of safety planning: prevention and intervention |
|  | Can describe own prevention and intervention plans that parent will use to keep child safe:        |

|  |
| --- |
| **ADDITIONAL TREATMENT GOALS (If indicated for this client):** |
| 1. Other:

Comments Regarding Progress as evidenced by client’s statements and/or behaviors in group:      1. Other:      Comments Regarding Progress as evidenced by client’s statements and/or behaviors in group:
 |

|  |
| --- |
| **Additional Information** (include any relevant information pertaining to readiness to change, curricula topics that have been covered, current risk factors/how risk has been reduced, updated treatment outcome measure scores, strengths, any barriers to change, and other services that would be recommended):       |

**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 ☐ CFWB Case Closed  ☐ Other (specify):      \*Successful completion of treatment means that the client has achieved ratings of 4 or 5 for all components listed under Participation, Homework, and Treatment Goals |

**DIAGNOSIS**

List the appropriate diagnoses. 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**  |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |

**SIGNATURE**

|  |  |
| --- | --- |
| Provider Signature:  | License/Registration #:        |
| Print Name:       | Signature Date: Click or tap to enter a date. |
| Provider Phone Number:       | Provider Fax Number:       |
| ***Required for Interns Only*** |
| Supervisor Printed Name:       | License type and #:       |
| Supervisor Signature: | Date: Click or tap to enter a date. |

Date faxed to CFWB SW: Click or tap to enter a date.