

## Domestic Violence Victim Group Treatment Intake Assessment

Client Name: *Sample Client*

Client DOB: *xx/xx/xx*

Date of Report: *xx/xx/xx*

(Due to Optum TERM within 30 days of authorization)

(If client is inappropriate for group check this box:  **Discharge**)

Facilitator:	<i>Sample Provider</i>	Phone: <i>xxx-xxx-xxxx</i>	Agency: <i>Sample Agency</i>
SW Name:	<i>Sample PSW</i>	SW Phone: <i>xxx-xxx-xxxx</i>	SW Fax: <i>xxx-xxx-xxxx</i>
Date of Intake:	<i>12/01/15</i>		

### DEMOGRAPHIC INFORMATION

The client is *African American/Latina* and self-identifies as *Female*. The client's preferred language is *English*.

Client states that the reason for referral to treatment is [brief description reflecting client's understanding for referral]: *Children were in the home when partner punched client on the face and threatened her with a knife to her throat.*

This case is currently *Voluntary Services*.

Client and/or client's family have immigrated to the United States to escape war, persecution, and/or poverty  
Yes  No

If "Yes", describe how immigration history and/or cultural/identity factors may have influenced client's understanding of the protective issues or willingness to collaborate with CWS

*Client reported her family of origin to be practicing Baptists who have a firm belief in maintaining the nuclear family together for the best interest of the children. Client stated to have been encouraged by family members to practice forgiveness and seek help for partner's anger outbursts.*

### MENTAL STATUS EXAM & ASSESSMENT RESULTS

#### Mental Status/Psychiatric Symptom Checklist:

The following *current* symptoms were rated as MODERATE: *sleep disturbance, recurrent thoughts of death, increased sadness, flat affect, flashbacks, crying spells, somatic complaints, decreased hope, halting speech, circumstantial thought process, and suicide ideation (client reported history of SI. No current SI was reported).*

The following *current* symptoms were rated as SEVERE: *Anhedonia, nightmares, exaggerated startle response, increased anxiety around being alone, increased conflict with other adults, hypervigilance, and irritability.*

#### Screening Tool Results (indicate name and results of all tests administered):

Substance Abuse Screening Tool Administered ( <i>Required</i> ): <i>DAST &amp; MAST</i>	Results: <i>DAST – 4 No Apparent Problem</i> <i>MAST – 7 Problem Drinker</i>
Danger Assessment Tool ( <i>Campbell, 2003</i> ) ( <i>Required</i> ):	Results: <i>20 – Extreme Danger</i>
Other Screening Tool Administered: <i>Beck Depression Inventory</i>	Results: <i>25 – Moderate Depression</i>

Treatment Plan Samples Are Purely Fictional Examples and Do Not Represent an Actual Client

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**Strengths and Barriers** (indicate client's readiness to change, barriers to treatment, and strengths): *Barriers include that she has limited financial means to support herself and her family. Strengths include that she has family support. She acknowledges that her relationship was unhealthy. She reported that she has not engaged in drinking since her case started.*

**Level of commitment** to attend, participate and change through the treatment program. This commitment may vary from none to a moderate level of commitment at the time of intake: *Client appears to be engaged in treatment and willing to change. Client is attending sessions consistently and actively participating in group sessions. Client expresses willingness to make her and her children's lives better.*

Client is appropriate for Domestic Violence Victim group treatment

Additional suggestions to SW for adjunctive treatment while client is in Domestic Violence Victim group treatment (if applicable): *Client will benefit from medication evaluation for depressive symptoms and reported past suicide ideation. Client may also benefit from additional services to address substance abuse (beyond what is covered in the groups).*

Client is **not** appropriate for Domestic Violence Victim group treatment (client to be discharged)

Reason/s client is not appropriate for group at this time:

- a.  Actively alcoholic or drug addicted; chemical dependency treatment is to precede treatment for child abuse
- b.  Seriously emotionally disturbed, appropriate psychiatric and medical care is to be addressed first
- c.  Unable to tolerate involvement in a group (e.g., due to personality characteristics)
- d.  Other (describe):

Recommended alternative treatment:

Additional information referring party should know, including additional clinical concerns that require adjunctive treatment: *N/A*

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### 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.

ID (ICD-10)	Description	Corresponding DSM-IV-TR Diagnostic Code or V Code	Corresponding DSM-IV-TR Diagnostic Description or V Code Description
<i>F43.10</i>	<i>Posttraumatic Stress Disorder</i>	<i>309.81</i>	<i>Posttraumatic Stress Disorder, Chronic</i>
<i>F32.1</i>	<i>Major Depressive Disorder, Single episode, Moderate</i>	<i>296.22</i>	<i>Major Depressive Disorder, Single episode, Moderate</i>
<i>F10.10</i>	<i>Alcohol Use Disorder, Mild</i>	<i>305.00</i>	<i>Alcohol Abuse</i>
<i>T74.11XA</i>	<i>Spouse or partner violence, Physical, Confirmed, Initial Encounter</i>	<i>995.81</i>	<i>Physical Abuse of Adult, focus of clinical attention is on the victim</i>

### Comments (Include Rule Outs, reason for diagnosis, and any other significant information):

*Client reported a history of suicide ideation. Further suicidality assessment took place and client denied current SI. Safety plan for SI was developed to include support network, coping skills, Access & Crisis Line, and contacting 911.*

### GOALS TO ADDRESS IN TREATMENT

- A. Client is able to develop a written safety plan to protect self and child(ren) from DV, including warning signs of abusive behaviors, identification of safety network, and action steps to implement safety planning strategies.
- *Client developed a written safety plan during intake appointment to include emergency bag at a safe place, identified escape routes, safe room, key word for children, safe places, and emergency contact numbers. Safety plan will be reviewed in future group sessions.*
- B. Client is able to demonstrate understanding of the cycle of violence, types of abuse, role played in DV dynamics, and effects of DV on child(ren)/parenting.
- *Not yet addressed.*
- C. Client is able to demonstrate the ability to act in a protective role as a parent.
- *Not yet addressed.*

### Additional Treatment Goals (if indicated for this client):

- D. Other: *Client is able to identify coping skills to decrease depressive symptoms.*
- *Not yet addressed.*

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E. Other: *Client is able to understand the impact of substance abuse on her mental health and on her children. Client is able to develop a relapse prevention plan.*

- *Not yet addressed.*

Check here if client is inappropriate for DV Victim group, as per 2015 TERM Domestic Violence Victim Group Standards (Client to be discharged).

Reason why client is inappropriate for group treatment:

Recommended alternative treatment:

Date SW Notified:

**SIGNATURE**

Provider Signature: <i>Sample Provider Signature</i>	License/Registration #: <i>xxxxx</i>
Print Name: <i>Sample Provider Name</i>	Signature Date: <i>xx/xx/xxxx</i>
Provider Phone Number: <i>xxx-xxx-xxxx</i>	Provider Fax Number: <i>xxx-xxx-xxxx</i>

**Required for Interns Only**

Supervisor Printed Name:	License type and #:
Supervisor Signature:	Date:

Submit Group Progress Report Forms quarterly to Optum TERM at Fax: 1(877) 624-8376. Optum TERM will conduct a quality review and will be responsible for forwarding approved Intake Assessment to the CWS SW.

Date faxed to **Optum TERM at: 1-877-624-8376:**