Intimate Partner Violence Victim Treatment
Intake Assessment

Client Name: Sample Client Client DOB: xx/xx/xx Date of Report: xx/xx/xx

(Due to Optum TERM within 14 calendar days of the initial authorization start date)

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

- ☒ Detention Hearing Report
- ☒ Jurisdiction/Disposition Report
- ☐ Copies of significant additional court reports
- ☒ Copies of all prior psychological evaluations and Treatment Plans for the client
- ☒ All prior mental health and other pertinent records
- ☐ Copies of History & Physical and Discharge Summary written by psychiatrist
- ☐ For Voluntary Services cases: Summary of case information and protective issues

Facilitator:	*Sample Provider*	Phone: *xxx-xxx-xxxx*	Agency: *Sample Agency*
SW Name:	*Sample PSW*	SW Phone: *xxx-xxx-xxxx*	SW Fax: *xxx-xxx-xxxx*
Date of Intake:	Click or tap to enter a date.		
Service Delivery Type: Telehealth ☒ In-Person ☐		Service delivery type has been assessed: Yes ☒ No ☐	

DEMOGRAPHIC INFORMATION

The client is African American 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 of CFWB involvement and reason for referral to IPV services]: *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 Post-Jurisdiction.

Client and/or family have immigrated to the United States to escape war, persecution, 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 CFWB: *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.*

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Mental Status/Psychiatric Symptom Checklist:

The following *current* symptoms were reported and observed:

☒ Angry mood	☒ Dissociative reactions	☐ Fatigue	☐ Isolation
☒ Anhedonia	☐ Distorted blame	☒ Flashbacks	☐ Memory challenges
☒ Anxious mood	☐ Distress and/or physiological reactions to trauma reminders	☐ Helplessness	☐ Psychomotor agitatic
☐ Appetite disturbance	☐ Distressing dreams	☐ Homicidality	☒ Sleep disturbance
☐ Avoidance	☐ Euphoric mood	☒ Hopelessness	☒ Somatic complaints
☐ Concentration challenges	☐ Euthymic mood	☐ Hypervigilance	☒ Suicidality
☒ Depressive mood	☐ Exaggerated startle response	☒ Intrusive memories	☒ Other: *Recurrent thoughts of death*
☐ Derealization	☐ Fatalistic cognitions	☐ Irritable mood	

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

Michigan Alcohol Screening Test (MAST) (*Required*)	Score: 7	Rating: Problem Drinker
Drug Abuse Screening Test (DAST) (*Required*)	Score: 4	Rating: No Apparent Problem
Danger Assessment Tool (*Campbell, 2019*) (*Required)*	Score: 20	Rating: Extreme Danger
Other Screening Tool Administered: *Beck Depression Inventory*	Results: *25*	*Rating: Moderate Depression*
Other Screening Tool Administered: *ACE*	Results: *3*	

Strengths and Barriers (indicate client's readiness to change, barriers to engage in 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 with CWS opened.*

Level of commitment to attend, participate and change through the treatment program: *Client appears to be engaged in treatment and willing to change. Client actively participated in group session. Client expresses willingness to make her and her children's lives better.*

☒ Client is appropriate for Domestic Violence Victim group treatment

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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 IP Victim 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 abusing drugs & alcohol; chemical dependency treatment is to precede treatment for child abuse
b. ☐ Serious emotional disturbance, requires appropriate psychiatric and medical care to be addressed prior to group involvement
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:

Date SW Notified: *xx/xx/xxxx*

DIAGNOSIS:

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. List Primary Diagnosis first.

ICD-10 Code	DSM-5-TR Diagnosis
F43.10	*Posttraumatic Stress Disorder*
F10.10	*Alcohol Use Disorder, Mild*
T74.11XA	*Spouse or Partner Violence, Physical, Confirmed, Initial encounter*
R/O F32.1	*Rule Out Major Depressive Disorder, Single Episode, Moderate*

Comments (Document criteria met for diagnosis, any diagnostic rule outs, reason for diagnostic changes and any other significant information):

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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 IPV, 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 rooms, key work 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 IPV dynamics.

C. Client is able to demonstrate effects of IPV on child(ren)/parenting and identify effects on their children.

D. Client is able to demonstrate the actions of protection over time in role as a parent.

E. Client is able to demonstrate understanding of healthy/safe relationships and impact on child development

Additional Treatment Goals (if indicated for this client):

F. 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.*

G. Other: *Client is able to identify coping skills to decrease depressive symptoms*

PROVIDER INFORMATION

Provider Signature: ***Sample Provider Signature***	License/Registration #: *XXXXxxxxx*
Print Name: *Sample Provider Name*	Signature Date: *xx/xx/xxxx*
Provider Phone Number: *xxx-xxx-xxxx*	Provider Fax Number: *xxx-xxx-xxxx*

Required for Interns Only

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

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

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