

## Domestic Violence Victim Group Treatment Quarterly Progress Report

Client Name: *Sample Client*

Client DOB: *xx/xx/xx*

Date of Report: *xx/xx/xx*

(Due to Optum TERM within 12 weeks from Intake Assessment and every 12 weeks until discharge)

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

Facilitator:	<i>Sample Provider</i>	Phone: <i>xxx-xxx-xxxx</i>	Agency: <i>Sample Agency</i>
SW Name:	<i>Sample SW</i>	SW Phone: <i>xxx-xxx-xxxx</i>	SW Fax: <i>xxx-xxx-xxxx</i>

### ATTENDANCE

Date of Initial Group Session: <i>09/07/15</i>	Last Date Attended: <i>11/30/15</i>	Number of Sessions Attended: <i>12</i>
Date of Absences: <i>10/12/15</i>	Reasons for Absences: <i>Lack of transportation</i>	

### Rating Scale For Documenting Group 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:

3	<b>Engagement:</b> Participates constructively and actively, motivated, initiates dialogue, incorporates feedback from others
3	<b>Awareness of Protective Issues:</b> Demonstrates awareness of protective issues, no minimizing and no denial
4	<b>Communication:</b> Maintains respectful and considerate interactive style with peers when receiving feedback
4	<b>Communication:</b> Maintains respectful and considerate interactive style with peers when providing constructive feedback

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

5	On time, as assigned
5	Completely and thoroughly
4	Applied homework topic to own case, as appropriate Examples: <i>The client has begun to identify warning signs of abusive behaviors that were present in her relationship with her former partner, including her partner getting jealous and accusing her of cheating.</i>

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

4	<p>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.</p> <p>Comments regarding progress: <i>She has developed a safety plan, including members of her safety network. She has described instances of checking in with her safety network when needed. She has described specific safety planning strategies, including people and resources that she can contact in case of an emergency as well as what steps she and her children would take. The client has identified additional warning signs of abusive behaviors in her past relationship, including the</i></p>
---	--

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

## Domestic Violence Victim Group Treatment Quarterly Progress Report

Client Name: *Sample Client*

Client DOB: *xx/xx/xx*

Date of Report: *xx/xx/xx*

	<p><i>client trying to do everything perfect around the house in order not to upset her former partner, and substance abuse on both of their parts. She will continue to work on this item. Safety plan will be reviewed in future group sessions.</i></p>
<p>4</p>	<p>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.            Comments regarding progress: <i>The client is demonstrating an increased understanding of the cycle of violence and has described how each stage manifested in her relationship. She is able to describe the multiple types of abuse. She described how her role in the relationship was to try to placate her partner and walk on egg shells for fear of setting him off. She has begun to address the effects of DV on her children/parenting, including that they have experienced trauma, that they had to go to live in a shelter which was disruptive to them, and that they are at increased risk for short term and long term emotional and behavioral problems.</i></p>
<p>4</p>	<p>C. Client is able to demonstrate the ability to act in a protective role as a parent.            Comments regarding progress: <i>The client expresses an understanding of the developmental needs of each of her children. She has identified that it is her role as a parent to put their safety and wellbeing first. She is working on how to empathically respond to her children.</i></p>

**ADDITIONAL TREATMENT GOALS (If indicated for this client):**

Other: *The client is able to understand the impact of substance abuse on her children and develop a relapse prevention plan.*

Comments Regarding Progress: *Per this therapist's consultation with the client's substance use counselor on xx/xx/xx, the client continues to attend support groups on a regular basis and has people to reach out to when needed. We will continue to work on her relapse prevention plan. The client learned that even though she tried not to smoke marijuana around her kids, it impacted her ability to keep them safe, may have made the home feel unsafe or unpredictable to them, might have blamed themselves for their parents' substance abuse, and put them at increased risk for mental health issues or substance abuse.*

Other: *N/A*

Comments Regarding Progress: *N/A*

**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, strengths, any barriers to change, and other services that would be recommended):

*The client has been engaged in treatment and appears motivated to change. She is able to identify her role in the violence and the importance of putting her children's safety and wellbeing first. She has reported an improvement in her mood and a reduction in her anxiety. She reported that she is continuing to follow her restraining order with her former partner. She says she has been clean from marijuana for several months.*

## Domestic Violence Victim Group Treatment Quarterly Progress Report

Client Name: *Sample Client*

Client DOB: *xx/xx/xx*

Date of Report: *xx/xx/xx*

### DISCHARGE SUMMARY:

Date of Discharge: <i>N/A</i>	Date SW Notified: <i>N/A</i>
Reason for Discharge: <input type="checkbox"/> Successful completion/met goals* <input type="checkbox"/> Poor attendance <input type="checkbox"/> CWS Case Closed <input type="checkbox"/> 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.

ID (ICD-10)	Description	Corresponding DSM-IV-TR Diagnostic Code or V Code	Corresponding DSM-IV-TR Diagnostic Description or V Code Description
<i>F43.12</i>	<i>Posttraumatic Stress Disorder</i>	<i>309.81</i>	<i>Posttraumatic Stress Disorder, Chronic</i>
<i>F12.10</i>	<i>Cannabis Abuse, Continuous</i>	<i>305.20</i>	<i>Cannabis Abuse, Uncomplicated</i>
<i>T74.11XD</i>	<i>Adult Physical Abuse, Confirmed, Subsequent Encounter</i>	<i>995.81</i>	<i>Physical Abuse of Adult, Focus On Victim</i>

**Comments** (Include Rule Outs, reasons for diagnostic changes, and any other significant information):

<i>N/A</i>
------------

### SIGNATURE:

Provider Printed Name: <i>Sample Provider Name</i>	License/Registration #: <i>xxxxx</i>
Signature: <i>Sample Provider Signature</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: <i>N/A</i>	License type and #: <i>PSYxxxxx</i>
Supervisor Signature: <i>N/A</i>	Date: <i>N/A</i>

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 Quarterly Progress Reports to the CWS SW.

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

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