

## Intimate Partner Violence Victim 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, PSW</i>	SW Phone: <i>xxx/xxx/xxxx</i>	SW Fax: <i>xxx/xxx/xxxx</i>

### ATTENDANCE

Date of Initial Group Session: <i>12/08/2022</i>	Last Date Attended: <i>02/23/2023</i>	Number of Sessions Attended: <i>11</i>
Date of Absences: <i>01/26/2023</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

**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>
4	If not completed, what were client's reported challenges: N/A

**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 IPV, 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</i></p>
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	<i>has identified additional warning signs of abusive behaviors in her past relationship, including the 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>
4	<p>B. Client is able to demonstrate understanding of the cycle of violence, types of abuse, role played in IPV dynamics.</p> <p>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 relationships was to try to placate her partner and walk on egg shells for fear of setting him off.</i></p>
4	<p>C. Client is able to demonstrate effects of IPV on child(ren)/parenting and identify effects on their children.</p> <p>Comments regarding progress: <i>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>
4	<p>D. Client is able to demonstrate the actions of protection over time in role as a parent.</p> <p>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>
N/A	<p>E. Client is able to demonstrate understanding of healthy/safe relationships and impact on child development.</p> <p>Comments regarding progress: <i>Treatment goal will be addressed in future sessions</i></p>

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

F. 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 use, and put them at increased risk for mental health issues or substance abuse.*

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

Comments Regarding Progress: *Client identified thought stopping technique and thought replacement interventions as coping skills that have assisted in decreasing feelings of sadness and grief*

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**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):

### DISCHARGE SUMMARY:

Date of Discharge:	Date SW Notified:
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.

#### Mental Status/Psychiatric Symptom Checklist:

The following *current* symptoms were reported and observed:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> Angry mood               | <input type="checkbox"/> Dissociative reactions                                      | <input type="checkbox"/> Fatigue                       | <input type="checkbox"/> Isolation                     |
| <input type="checkbox"/> Anhedonia                           | <input type="checkbox"/> Distorted blame   | <input type="checkbox"/> Flashbacks                    | <input type="checkbox"/> Memory challenges             |
| <input checked="" type="checkbox"/> Anxious mood             | <input type="checkbox"/> Distress and/or physiological reactions to trauma reminders | <input type="checkbox"/> Helplessness                  | <input type="checkbox"/> Psychomotor agitation         |
| <input type="checkbox"/> Appetite disturbance                | <input type="checkbox"/> Distressing dreams  | <input type="checkbox"/> Homicidality                  | <input type="checkbox"/> Sleep disturbance             |
| <input checked="" type="checkbox"/> Avoidance                | <input type="checkbox"/> Euphoric mood   | <input type="checkbox"/> Hopelessness                  | <input checked="" type="checkbox"/> Somatic complaints |
| <input checked="" type="checkbox"/> Concentration challenges | <input type="checkbox"/> Euthymic mood   | <input type="checkbox"/> Hypervigilance                | <input type="checkbox"/> Suicidality                   |
| <input type="checkbox"/> Depressive mood                     | <input type="checkbox"/> Exaggerated startle response                                | <input checked="" type="checkbox"/> Intrusive memories | <input type="checkbox"/> Other:                        |
| <input type="checkbox"/> Derealization                       | <input type="checkbox"/> Fatalistic cognitions                                       | <input type="checkbox"/> Irritable mood                |  |

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The Primary Diagnosis should be listed first.

ID (ICD-10)	Description	Corresponding DSM-5-TR Diagnostic Code or V Code	Corresponding DSM-5-TR Diagnostic Description or V Code Description
<i>F43.12</i>	<i>Posttraumatic Stress Disorder</i>	<i>309.81</i>	<i>Posttraumatic Stress Disorder</i>
<i>T74.11XD</i>	<i>Adult Physical Abuse, Confirmed, Subsequent Encounter</i>	<i>995.81</i>	<i>Spouse or Partner Violence, Physical, Confirmed, Subsequent Encounter</i>
<i>F10.10</i>	<i>Alcohol Use Disorder, Mild</i>	<i>305.00</i>	<i>Alcohol Use Disorder, Mild</i>

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

*Diagnosis of Major Depressive Disorder was ruled out as client reports a significant decrease in sadness, anhedonia, and also reports not experiencing suicidal ideation in over three years.*

### SIGNATURE:

Provider Printed Name: <i>Sample Provider Name</i>	License/Registration #: <i>XXXXxxxxx</i>
Signature: <i>Sample Provider Signature</i>	Signature Date: <i>xx-xx-xx</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 Quarterly Progress Reports to the CWS SW.

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

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