

Dear TERM Domestic Violence Victim Group Provider:

In this Fall News Blast, please find important information to assist you with preparing for upcoming site monitoring visits. Also included is clarification of requirements for group intake assessments, as well as important considerations for risk assessment and safety planning:

- Optum has started the process of scheduling required annual site monitoring visits, and is contacting providers via email to set up a time to complete chart audits and observation of a group session as stipulated in the TERM Domestic Violence Victim Group Standards. Please ensure clients are informed that TERM Clinicians will be joining the session for group observation.
- Effective April 1st, 2015, TERM DV Victim Group Standards require providers to conduct an individualized intake assessment with all group clients, including administration of the Danger Assessment (DA), Drug Abuse Screening Test (DAST), and Michigan Alcohol Screening Test (MAST).
- The Danger Assessment (DA) (Campbell, 1988) is a questionnaire of structured guidelines for assessing the risk of lethal domestic violence. The DA was designed to diagnose risk of lethal violence and extreme dangerousness. Proper administration and scoring of the DA is key to the safety planning process. Online trainings to become a certified DA assessor are available at: <https://www.dangerassessment.org/TrainingOptions.aspx>.
- For your convenience, Scoring Sheets for mandatory screening tools are included in this news blast and can also be found on the Optum website under the TERM Group Standards tab.

Thank you for your continued partnership in delivering exceptional behavioral health services to the clients of San Diego County Child Welfare Services. For questions or feedback you can contact us at:

1-877-824-TERM (1-877-824-8376)

- Option 1: Clinical Support Team (authorizations, referrals, and work product tracking)
- Option 2: Claims Department (billing, claims questions)
- Option 3: Provider Services (contracting questions)
- Option 4: TERM Clinical Team (general clinical questions)
- Option 5: TERM DV Victim Standards Team:
 - x67184 - Blanca Lugo, MFT
 - x67083 - LeAnn Skimming, PhD

FAX # 1-877-624-8376

www.optumhealthsandiego.com

Other useful resources:

PSW Locator Number: 858-694-5191

San Diego Domestic Violence Council:

<http://www.sddvc.org/>

OCTOBER is Domestic Violence Awareness Month. The following events will be taking place around the county of San Diego to assist in raising awareness about domestic violence.

Never to be Forgotten Rally
Thursday, October 1
Civic Center Plaza
1200 3rd Avenue, San Diego

North County HOPE Rally
Saturday, October 17, 10am-1pm
Oceanside Civic Center
300 N Coast Hwy, Oceanside

City Heights Domestic Violence Rally
Friday, October 30, 3-5pm

South County MK 5K
Saturday, October 31, 9am-12pm
Salt Creek Golf Course
545 Hunte Parkway, Chula Vista, CA 91914



Safety Planning

There are multiple factors that have to be taken into account when treating a domestic violence victim. The first priority to consider in domestic violence treatment is Safety Planning. A client will be best clinically served if the basic need of physical and emotional safety is met first. Thus, it is important to start domestic violence treatment with a comprehensive risk assessment and development of a safety plan which will address potential concerns.

The risk assessment can ensure that all high risk factors (e.g., Restraining Orders, Court Orders, etc...) are taken into account when developing a safety plan. It is imperative to consider what a domestic violence safety plan should include prior to developing it. Every case is different, yet every safety plan is equally important for each of those clients well-being. No domestic violence incident should be minimized as it can be an open door for an escalation of violence. Even victims of solely emotional abuse would benefit from a safety plan which could provide a sense of preparedness in the event that such incident could reoccur or worsen. On many occasions, the safety plan that is developed at the start of treatment with their mental health provider is the first step towards realizing that their current situation is unsafe. Therefore, developing a safety plan during the first session of treatment will not only reduce vulnerability of high risk situations but also establish the path towards trauma processing and victim resiliency. Even if previous safety plans have been developed, the clinical impact of reviewing and reinforcing the importance of a safety plan is invaluable.

For CWS cases it is particularly important for every DV safety plan to take into account the therapy referral form. Since many domestic violence victims minimize their exposure to intimate partner violence, the therapy referral form and case records serve as a tool which review true findings that can help initiate appropriate safety planning. All in all, it is always better to be safe than sorry!

A sample personalized safety plan for domestic violence survivors can be found online at <http://www.ncbi.nlm.nih.gov/books/NBK25890/> (Accessed August 2014).

Domestic Violence Treatment Modalities and Best Practices

The treatment modality for domestic violence/intimate partner violence needs to be carefully considered with regard to safety. Conjoint therapy for couples who have experienced IPV may increase the risk for further and more severe violence for victims and their children. Even if the safety risks can be managed, therapists must consider to what extent either party can benefit from treatment if significant power imbalances may render the victim less likely to participate fully in therapy. According to Murray & Graves (2013), when the conjoint approach is considered beneficial “ethical issues may render it inadvisable due to safety concerns and difficulties in detecting the potential costs for all parties involved” (p. 125). In addition, according to San Diego County Domestic Violence Standards (2015), California State Law pursuant to PC1203.097(c) (1)(G) prohibits couple’s or family counseling within the 52 week program, and any referral for couple’s counseling should be exercised with caution. Couple’s or family treatment should only be recommended with extreme caution at such a time that the perpetrator has demonstrated successful completion of treatment including completion of a relapse prevention plan.

TERM DOMESTIC VIOLENCE VICTIM GROUP STANDARDS SCORING SHEET FOR SCREENS

Danger Assessment (20 items) Score = _____

Danger Assessment Scoring

Add total number of "yes" responses: 1 through 20 _____

Add 4 points for each "yes" to questions 2 and 3 _____

Add 3 points for a "yes" to question 4 _____

Add 2 points for a "yes" to questions 5,6, and 7 _____

Add 1 point for each "yes" to questions 8 and 9 _____

Subtract 3 points if 3a is checked _____

Total _____

Based on sum of weighted scoring place into 1 of the following categories:

Less than 8 "variable danger"- Be sure to tell women level can change quickly – watch for other signs of danger, believe in their gut.

8 to 13 "increased danger"- Advise women of risk, assertive safety planning; consult with judges, high level of supervision recommendations.

14 to 17 "severe danger"- Advise women of risk, assertive safety planning; consult with judges, high level of supervision recommendations.

18 or more "extreme danger"- Advise of serious danger – take assertive actions, call for criminal justice or other professional help, recommend highest bail, highest sentencing, highest probation supervision.

Michigan Alcohol Screening Test (22 items) Score = _____

Please score one point if you answered the following:

| Item | Response |
|--------|----------|
| 1 | No |
| 2 | Yes |
| 3 | Yes |
| 4 | No |
| 5 | Yes |
| 6 | Yes |
| 7 – 22 | Yes |

Add up the score and compare to the following score card:

| | |
|-----------|---------------------------------|
| 0 – 5 | No apparent problem |
| 6 – 11 | Early or middle problem drinker |
| 6 or more | Problem drinker |

Drug Abuse Screening Test (28 items) Score = _____

Please score one point if client answered the following:

| Item | Response |
|-------------|-----------------|
| 1 – 3 | Yes |
| 4 | No |
| 5 | No |
| 6 | Yes |
| 7 | No |
| 8 – 28 | Yes |

Add up the score and compare to the following score card:

| | |
|------------|----------------------------------|
| 0 – 5 | No apparent problem |
| 6 – 11 | Likely substance abuse problem |
| 12 or more | Definite substance abuse problem |
