

TERM Treatment Plan Documentation Resources

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Dear TERM Provider:

As a TERM provider, you play a valuable role in the team effort to reduce the risk of abuse and neglect in families involved with Child Welfare Services (CWS). In developing treatment plans for your CWS clients, please keep in mind that different standards of documentation apply due to the legal context and high risk nature of the clinical work.

Because of the potential impact on legal proceedings and family reunification, it is important that the plans accurately and clearly describe the treatment rendered, including the treatment goals and the client's progress towards reaching those goals. In addition, a standardized and behavioral reporting format is utilized in order to increase readability of clinical documentation by non-clinical professionals (e.g., attorneys, judges).

"TERM Treatment Plan Documentation Resources" were developed as a collection of resources aimed at assisting you with writing treatment plans in this forensic context. The documents contained in this resource are for informational purposes and do not constitute treatment advice. We hope that these resources will help you to work more efficiently to meet the needs of your clients. Ultimately, a well written treatment plan may also reduce requests for additional information concerning case status, or the need for you to be called to court to provide clarifying testimony.

Please feel free to contact us at 877-824-8376 (Option 4) for any questions about TERM guidelines or processes. We also appreciate any ideas you may have to help us serve you better. Thank you for partnering with Optum TERM in serving the clients of the County of San Diego.

Respectfully,

Optum TERM Team

Table of Contents

Treatment Plan Quality Assurance Checklist	1
CWS Treatment Plan Instructions and Samples.....	3
<i>CWS Treatment Plan Instructions - Parent.....</i>	<i>4</i>
<i>CWS Treatment Plan Instructions - Child</i>	<i>11</i>
<i>CWS Treatment Plan Sample - Parent</i>	<i>18</i>
<i>CWS Treatment Plan Sample - Child.....</i>	<i>25</i>
<i>CWS Treatment Plan Sample - Conjoint Therapy</i>	<i>32</i>
Clear vs. Vague Examples of Documentation of Progress.....	39
Behavior Change Examples.....	44
<i>Behavior Change Examples for Development of a Parent's Treatment Plan</i>	<i>45</i>
<i>Behavior Change Examples for Development of a Parent's Treatment Plan</i>	<i>51</i>
Clinical Risk Documentation and Safety Plan Guidelines	54
<i>Clinical Risk Documentation.....</i>	<i>55</i>
<i>Safety Plan Guidelines</i>	<i>56</i>
<i>Child Protection Safety Plan.....</i>	<i>58</i>

Treatment Plan Quality Assurance Checklist

- The Treatment Plan Quality Assurance checklist is a resource for providers to use to ensure that treatment plans follow TERM guidelines and contain all of the basic elements.

Treatment Plan Quality Assurance Checklist

- Treatment plan submitted regardless of funding source.
- Treatment plan submitted according to required timelines regardless of number of sessions.
- Treatment plan is signed by therapist (and by the supervisor for interns).
- Treatment plan is signed by adult clients (or an explanation is provided in situations where it was not possible to obtain a signature).
- Treatment plan is typed and no section is left blank.
- Safety threats, risk issues, clinical issues, and treatment goals listed on the Therapy Referral Form and case records are addressed in the treatment plan.
- Treatment goals and objectives are specific, “measurable”, and observable and tied to the identified safety/risk/clinical issues.
- Client progress is documented and related specifically to the identified goals. Supporting examples of client’s progress (or lack thereof) are provided.
- Treatment plan updates contain at least one current, unmet goal.
- Discharge summary reflects circumstances of discharge.
- Diagnostic impressions are supported by case documentation.
- Therapy methods are evidence-informed and appropriate to the client’s developmental level and cultural and treatment needs.
- Treatment plan is written in impartial and unbiased language.
- Any recommendations offered are within the scope of provider’s license and role as a TERM provider and the clinical rationale is clearly stated.

CWS Treatment Plan Instructions and Samples

- The CWS Treatment Plan Instructions provide specific details for completing each section of the treatment plan.
- Also included in this section are sample treatment plans for an adult, a child, and a conjoint therapy case. The treatment plan samples are a mixture of hypothetical examples and are not intended to be a template for treatment plans. While documentation of objective, descriptive behavioral indicators of progress is necessary in order to best inform CWS and the court, we are sensitive to your time and do not require long narratives. We encourage you to discuss and even make a draft of the content of the treatment plans with your client in session so that completing them takes minimal time on the computer.

Forms must be typed.
Please complete all highlighted sections.
Please do not modify the form in any other way.

Initial Treatment Plan/Treatment Plan Update: Child Welfare Services PARENT with Mental Health Concerns

Client Name: _____ Client DOB: _____ Report Date: _____

This report is a(n): Initial Treatment Plan Treatment Plan Update Discharge Summary

Instructions: Double-click to select appropriate box

If Initial Treatment Plan (ITP), due date to Optum TERM within 14 calendar days of the initial authorization start date.

For Medi-Cal funding: Authorization for continued services is dependent on Medical Necessity review of the ITP. Providers will be notified of determination within 4 business days of ITP submission.

Note: Treatment Plan Updates are due every 12 weeks after ITP due date.

Instructions: Provider must fill in the blanks below:

Provider:		Phone:	Fax#:
SW Name:		SW Phone:	SW Fax:

ATTENDANCE

Date of Initial Session:	Last Date Attended:	Number of Sessions Attended:
Date of Absences:	Reasons for Absences:	

Instructions: Check all that apply and elaborate where appropriate.

Parent has been referred for individual therapy because the client has a documented mental health history or concern that requires specific intervention, as indicated by (check as many as apply):

- A group treatment provider initial assessment dated _____
- Prior mental health records provided by CWS SW (e.g., psychiatrist's treatment summary, hospital D/C summary, therapist reports)

Instructions: Check all that apply. Please note that the treatment plan will not pass quality review if CWS records have not been received and reviewed prior to the intake assessment.

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

Forms must be typed.
Please complete all highlighted sections.
Please do not modify the form in any other way.

Initial Treatment Plan/Treatment Plan Update: Child Welfare Services PARENT with Mental Health Concerns

Client Name: _____ Client DOB: _____ Report Date: _____

Instructions: *Must be completed and updated for every treatment plan submission. If risk factors are identified, please include treatment goals that reflect how risk factors are being addressed in therapy.*

Risk Assessment	Suicidal - harming self	• N/A	• Ideation	• Plan	• Intent	• History of
Date:	Homicidal - harming others	• N/A	• Ideation	• Plan	• Intent	• History of
Date of Last Incident:						
Description of Last Incident:						

PROTECTIVE/TREATMENT ISSUES are directly related to the parent’s mental health concerns.

Treatment goals can include (but are not necessarily limited to):

- Continue to assess and monitor mental health symptomology, particularly related to danger to self, others, and functional ability to provide physically and emotionally safe parenting
- Relapse prevention planning (stress management, identification of triggers)
- Medication compliance (if applicable)
- Develop understanding of impact on child(ren) of untreated mental health issues and how those issues contributed to CWS involvement in this case

Treatment goals and interventions may change over time.

Add/delete rows as needed.

TREATMENT GOAL:

Instructions: *Goals should be specific to the case and based on presenting concerns documented on the CWS Therapy Referral Form and background records.*

Note: *When the client is a parent, the treatment plan should specifically include a goal on parenting skills, based on parental goals specified on page 4 of the CWS Therapy Referral Form.*

EVIDENCED BASED TREATMENT INTERVENTIONS UTILIZED: (eg. CBT, TF-CBT):

Instructions: *Please list specific interventions utilized to address treatment goals. Specific, evidence-informed psychological techniques related to client’s presenting problems should be utilized.*

Forms must be typed.
Please complete all highlighted sections.
Please do not modify the form in any other way.

Initial Treatment Plan/Treatment Plan Update: Child Welfare Services PARENT with Mental Health Concerns

Client Name: _____ Client DOB: _____ Report Date: _____

Progress since last treatment report and how assessed (i.e., changes in symptoms and biopsychosocial functioning) as reported by SW, client self-report, and behavioral observations of client in sessions.

ITP: *Instructions:* Please use this as a working document and add progress for the current reporting period in the applicable section:

Document progress on treatment goals toward resolving safety threats and risk factors, as well as any other indications of how client is (or is not) responding to interventions. Provide specific behavioral details and examples showing how the risk has been reduced and progress has been made. Evidence of progress should be based on what the therapist has observed, measured and/or obtained from a reliable collateral report.

Note: Generic statements, such as, “client has made excellent progress” will not pass quality review as sufficient documentation of treatment progress. While extensive documentation of progress is not expected for the Initial Treatment Plan, please include information pertaining to the client’s readiness for change, engagement in the treatment planning process, and any initial progress made on the identified measures.

First Update: *Document Progress here*

Second Update: *Document Progress here*

Third Update: *Document Progress here*

Fourth Update: *Document Progress here*

Add/delete goals as needed.

TREATMENT GOAL:

EVIDENCED BASED TREATMENT INTERVENTIONS UTILIZED: (eg. CBT, TF-CBT):

Instructions: Please list specific interventions utilized to address treatment goals. Specific, evidence-informed psychological techniques related to client’s presenting problems should be utilized.

Progress since last treatment report and how assessed (i.e., changes in symptoms and biopsychosocial functioning) as reported by SW, client self-report, and behavioral observations of client in sessions.

First Update: *Document Progress here*

Second Update: *Document Progress here*

Third Update: *Document Progress here*

Fourth Update: *Document Progress here*

Forms must be typed.
Please complete all highlighted sections.
Please do not modify the form in any other way.

**Initial Treatment Plan/Treatment Plan Update: Child Welfare Services
PARENT with Mental Health Concerns**

Client Name: _____ Client DOB: _____ Report Date: _____

TREATMENT GOAL:

EVIDENCED BASED TREATMENT INTERVENTIONS UTILIZED: (eg. CBT, TF-CBT):

Instructions: Please list specific interventions utilized to address treatment goals. Specific, evidence-informed psychological techniques related to client's presenting problems should be utilized.

Progress since last treatment report and how assessed (i.e., changes in symptoms and biopsychosocial functioning) as reported by SW, client self-report, and behavioral observations of client in sessions.

- First Update: *Document Progress here*
- Second Update: *Document Progress here*
- Third Update: *Document Progress here*
- Fourth Update: *Document Progress here*

TREATMENT GOAL:

EVIDENCED BASED TREATMENT INTERVENTIONS UTILIZED: (eg. CBT, TF-CBT):

Instructions: Please list specific interventions utilized to address treatment goals. Specific, evidence-informed psychological techniques related to client's presenting problems should be utilized.

Progress since last treatment report and how assessed (i.e., changes in symptoms and biopsychosocial functioning) as reported by SW, client self-report, and behavioral observations of client in sessions.

- First Update: *Document Progress here*
- Second Update: *Document Progress here*
- Third Update: *Document Progress here*
- Fourth Update: *Document Progress here*

Forms must be typed.
Please complete all highlighted sections.
Please do not modify the form in any other way.

DISCHARGE SUMMARY: *Instructions: ALL SECTIONS MUST BE COMPLETED IF DISCHARGE. DO NOT LEAVE ANY BLANKS. Please document the reason for therapy termination.*

Date of Discharge:	Date SW Notified: <i>If SW was not reached, please specify attempts made to collaborate Discharge, per TERM requirements.</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): <i>Note: Discharge reports are required for all cases regardless of whether treatment ended prematurely or due to goals being met. Client's progress should be described with specific detail under each goal within the progress section.</i>	

Forms must be typed.
Please complete all highlighted sections.
Please do not modify the form in any other way.

**Initial Treatment Plan/Treatment Plan Update: Child Welfare Services
PARENT with Mental Health Concerns**

Client Name: _____ Client DOB: _____ Report Date: _____

CLIENT SIGNATURE

Instructions: *Complete for each treatment plan submission.*

I have discussed this Initial Treatment Plan Treatment Plan Update Discharge Summary
with my provider.

Please obtain the client’s signature to reflect their involvement in the treatment planning process. Transparency in this process is encouraged. **Any additional information not specifically related to the client’s progress towards measures can be documented under the comments section. If a signature is not obtained, an explanatory statement should be included in the treatment plan.**

Client Signature: *Instructions: If signature cannot be obtained at the time of treatment plan submission, please include reason for the extenuating circumstances.* **Date:** _____

Forms must be typed.
Please complete all highlighted sections.
Please do not modify the form in any other way.

Initial Treatment Plan/Treatment Plan Update: Child Welfare Services PARENT with Mental Health Concerns

Client Name: _____ Client DOB: _____ Report Date: _____

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	Corresponding DSM-IV-TR Diagnostic Description

ICD-10 diagnoses should be clearly supported by therapist's documentation in the report. Use V codes as indicated to reflect pertinent protective issues in the case.

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

Instructions: Document client's mental status, risk factors, and active signs/symptoms of the problem(s) you are treating as well as other issues reported by client, family, or PSW regarding current functional status (i.e. psychological, behavioral or adaptive functioning). The absence of certain symptoms may also be noted (e.g., client with a history of psychosis but not displaying any active psychotic symptoms during the reporting period). This section may also include discussion of differential diagnosis and any noteworthy changes to client status not otherwise addressed in the goals section (e.g., change in medications).

Note: Please refrain from making recommendations regarding placement or visitation, or opining on the best interests of individuals not directly treated by the therapist. Extraneous information should not be included (i.e. regarding family members not being treated by the therapist, or extensive history not related to treatment involvement or progress).

Brief assessment of client's functioning/awareness of own mental health concerns and impact on children:

Client strengths re: engaging in treatment:

Client obstacles re: engaging in treatment:

Additional Comments:

PROVIDER SIGNATURE:

Forms must be typed.
Please complete all highlighted sections.
Please do not modify the form in any other way.

**Initial Treatment Plan/Treatment Plan Update: Child Welfare Services
PARENT with Mental Health Concerns**

Client Name: _____ Client DOB: _____ Report Date: _____

Provider Printed Name:		License/Registration #:	
Signature:	Please remember to sign the document		Signature Date:
Provider Phone Number:		Provider Fax Number:	

Required for Interns Only

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

Reports completed by interns must be reviewed and signed by the supervisor.

Submit Initial Treatment Plan/Update as per the authorized reporting schedule 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 Protective Services Worker.

Date faxed to Optum TERM: _____

Forms must be typed.
Please complete all highlighted sections.
Please do not modify the form in any other way.

Treatment Plan/Progress Report: Child Welfare Services CHILD/YOUTH with Behavioral Health Concerns

Client Name: _____ Client DOB: _____ Report Date: _____

Instructions: *Check all that apply. Please note that the treatment plan will not pass quality review if CWS records have not been received and reviewed prior to the intake assessment.*

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
- Order Authorizing Health Assessments, Routine Health Care, And Release Of Information
- 04-24P or 04-24C as applicable
 - History of Child Placement report
- Current [HEP](#).
- IEP (and Triennial evaluation) if applicable

Instructions: *Must be completed and updated for every treatment plan submission. If risk factors are identified, please include treatment goals that reflect how risk factors are being addressed in therapy.*

Risk Assessment	Suicidal - harming self	• N/A	• Ideation	• Plan	• Intent	• History of
Date:	Homicidal - harming others	• N/A	• Ideation	• Plan	• Intent	• History of
Date of Last Incident:						
Description of Last Incident:						

TREATMENT ISSUES are directly related to the youth’s social, emotional, and/or behavioral symptoms and functioning that are noted above. Treatment goals and interventions may change over time.

Add/delete rows as needed.

Forms must be typed.
Please complete all highlighted sections.
Please do not modify the form in any other way.

**Treatment Plan/Progress Report: Child Welfare Services
CHILD/YOUTH with Behavioral Health Concerns**

Client Name: _____ Client DOB: _____ Report Date: _____

TREATMENT GOAL:

Instructions: Goals should be specific to the case and based on presenting concerns documented on the CWS Therapy Referral Form and background records.

Note: Please include the general goals listed for children on page 3 of the CWS Therapy Referral Form in addition to goals identified during the intake.

EVIDENCED BASED TREATMENT INTERVENTIONS UTILIZED: (eg. CBT, TF-CBT):

Instructions: Please list specific interventions utilized to address treatment goals. Specific, evidence-informed psychological techniques related to client’s presenting problems should be utilized.

Progress since last treatment report and how assessed (i.e., changes in symptoms and biopsychosocial functioning) as reported by youth, caregiver, and or SW:

ITP: Instructions: Please use this as a working document and add progress for the current reporting period in the applicable section:

Document progress on treatment goals toward resolving safety threats and risk factors, as well as any other indications of how client is (or is not) responding to interventions. Provide specific behavioral details and examples showing how the risk has been reduced and progress has been made. Evidence of progress should be based on what the therapist has observed, measured and/or obtained from a reliable collateral report.

Note: Generic statements, such as, “client has made excellent progress” will not pass quality review as sufficient documentation of treatment progress. While extensive documentation of progress is not expected for the Initial Treatment Plan, please include information pertaining to the client’s readiness for change, engagement in the treatment planning process, and any initial progress made on the identified measures.

- First Update:** *Document Progress here*
- Second Update:** *Document Progress here*
- Third Update:** *Document Progress here*
- Fourth Update:** *Document Progress here*

Please Add/delete rows as needed.

Forms must be typed.
Please complete all highlighted sections.
Please do not modify the form in any other way.

**Treatment Plan/Progress Report: Child Welfare Services
CHILD/YOUTH with Behavioral Health Concerns**

Client Name: _____ Client DOB: _____ Report Date: _____

TREATMENT GOAL:

EVIDENCED BASED TREATMENT INTERVENTIONS UTILIZED: (eg. CBT, TF-CBT):

Instructions: Please list specific interventions utilized to address treatment goals. Specific, evidence-informed psychological techniques related to client's presenting problems should be utilized.

Progress since last treatment report and how assessed (i.e., changes in symptoms and biopsychosocial functioning) as reported by youth, caregiver, and or SW:

- First Update: *Document Progress here*
- Second Update: *Document Progress here*
- Third Update: *Document Progress here*
- Fourth Update: *Document Progress here*

TREATMENT GOAL:

EVIDENCED BASED TREATMENT INTERVENTIONS UTILIZED: (eg. CBT, TF-CBT):

Instructions: Please list specific interventions utilized to address treatment goals. Specific, evidence-informed psychological techniques related to client's presenting problems should be utilized.

Progress since last treatment report and how assessed (i.e., changes in symptoms and biopsychosocial functioning) as reported by youth, caregiver, and or SW:

- First Update: *Document Progress here*
- Second Update: *Document Progress here*
- Third Update: *Document Progress here*
- Fourth Update: *Document Progress here*

TREATMENT GOAL:

EVIDENCED BASED TREATMENT INTERVENTIONS UTILIZED: (eg. CBT, TF-CBT):

Instructions: Please list specific interventions utilized to address treatment goals. Specific, evidence-informed psychological techniques related to client's presenting problems should be utilized.

Progress since last treatment report and how assessed (i.e., changes in symptoms and biopsychosocial functioning) as reported by youth, caregiver, and or SW:

- First Update: *Document Progress here*
- Second Update: *Document Progress here*
- Third Update: *Document Progress here*
- Fourth Update: *Document Progress here*

Forms must be typed.
Please complete all highlighted sections.
Please do not modify the form in any other way.

**Treatment Plan/Progress Report: Child Welfare Services
CHILD/YOUTH with Behavioral Health Concerns**

Client Name: _____ Client DOB: _____ Report Date: _____

DISCHARGE SUMMARY:

Date of Discharge:	Date SW Notified: <i>If SW was not reached, please specify attempts made to collaborate Discharge, per TERM requirements.</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): <i>Please document the reason for therapy termination.</i>	
<i>Note: Discharge reports are required for all cases regardless of whether treatment ended prematurely or due to goals being met. Client's progress should be described with specific detail under each goal within the progress section.</i>	

Instructions: *Complete for each treatment plan submission.* I have reviewed this plan with the youth in an age/developmentally appropriate manner. **Date of review:**

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	Corresponding DSM-IV-TR Diagnostic Description

ICD-10 diagnoses should be clearly supported by therapist's documentation in the report. Use V codes as indicated to reflect pertinent protective issues in the case.

Forms must be typed.
Please complete all highlighted sections.
Please do not modify the form in any other way.

Treatment Plan/Progress Report: Child Welfare Services CHILD/YOUTH with Behavioral Health Concerns

Client Name: _____ Client DOB: _____ Report Date: _____

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

***Instructions:** Document client’s mental status, risk factors, and active signs/symptoms of the problem(s) you are treating as well as other issues reported by client, family, or PSW regarding current functional status (i.e. psychological, behavioral or adaptive functioning). The absence of certain symptoms may also be noted (e.g., client with a history of psychosis but not displaying any active psychotic symptoms during the reporting period). This section may also include discussion of differential diagnosis and any noteworthy changes to client status not otherwise addressed in the goals section (e.g., change in medications).*

***Note:** Please refrain from making recommendations regarding placement or visitation, or opining on the best interests of individuals not directly treated by the therapist. Extraneous information should not be included (i.e. regarding family members not being treated by the therapist, or extensive history not related to treatment involvement or progress).*

Youth’s strengths re: engaging in treatment:

Youth’s obstacles re: engaging in treatment:

Additional Comments:

PROVIDER SIGNATURE:

Provider Printed Name:	License/Registration #:
Signature: Please remember to sign the document.	Signature Date:
Provider Phone Number:	Provider Fax Number:

Required for Interns Only

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

Reports completed by interns must be reviewed and signed by the supervisor.

Forms must be typed.
Please complete all highlighted sections.
Please do not modify the form in any other way.

**Treatment Plan/Progress Report: Child
Welfare Services CHILD/YOUTH with
Behavioral Health Concerns**

Client Name: _____ Client DOB: _____ Report Date: _____

Submit Initial Treatment Plan/Update as per the authorized reporting schedule 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 Protective Services Worker.

Date faxed to Optum TERM: _____

**Initial Treatment Plan/Treatment Plan Update: Child Welfare Services
PARENT with Mental Health Concerns**

Client Name: Parent Sample Client DOB: 01/01/1980 Report Date: 09/09/2016

This report is a(n): Initial Treatment Plan Treatment Plan Update Discharge Summary

If Initial Treatment Plan (ITP), due date to Optum TERM within 14 calendar days of the initial authorization start date.

For Medi-Cal funding: Authorization for continued services is dependent on Medical Necessity review of the ITP. Providers will be notified of determination within 4 business days of ITP submission.

Note: Treatment Plan Updates are due every 12 weeks after ITP due date.

Provider:	XYZ Therapist	Phone: 619-000-0000	Fax#: 619-111-1111
SW Name:	ABC PSW	SW Phone: 858-222-2222	SW Fax: 858-333-3333

ATTENDANCE

Date of Initial Session: 09/01/2016	Last Date Attended: 09/09/2016	Number of Sessions Attended: 1
Date of Absences: 1	Reasons for Absences: Client was sick. She canceled her appointment in advance.	

Parent has been referred for individual therapy because the client has a documented mental health history or concern that requires specific intervention, as indicated by (check as many as apply):

- A group treatment provider initial assessment dated
- Prior mental health records provided by CWS SW (e.g., psychiatrist's treatment summary, hospital D/C summary, therapist reports)

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

Risk Assessment Date: 09/01/2016	Suicidal - <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Ideation <input type="checkbox"/> Plan <input type="checkbox"/> Intent <input type="checkbox"/> History of harming self
	Homicidal - <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Ideation <input type="checkbox"/> Plan <input type="checkbox"/> Intent <input type="checkbox"/> History of harming others

Date of Last Incident: **2010**

Description of Last Incident: **Client reported that in 2010 she experienced symptoms of depression due to relationship conflict and thought she would take a bottle of Tylenol. Client shared she took several pills**

**Initial Treatment Plan/Treatment Plan Update: Child Welfare Services
PARENT with Mental Health Concerns**

Client Name: Parent Sample Client DOB: 01/01/1980 Report Date: 09/09/2016

and changed her mind. Client denies experiencing SI after that incident. Safety plan was developed and client was provided with Access & Crisis Line number.

PROTECTIVE/TREATMENT ISSUES are directly related to the parent's mental health concerns.

Treatment goals can include (but are not necessarily limited to):

- **Continue to assess and monitor mental health symptomology, particularly related to danger to self, others, and functional ability to provide physically and emotionally safe parenting**
- **Relapse prevention planning (stress management, identification of triggers)**
- **Medication compliance (if applicable)**
- **Develop understanding of impact on child(ren) of untreated mental health issues and how those issues contributed to CWS involvement in this case**

Treatment goals and interventions may change over time.

Add/delete rows as needed.

TREATMENT GOAL: The client will develop an understanding of her children's developmental stages, and will have reasonable expectations for children's behaviors.

**EVIDENCED BASED TREATMENT INTERVENTIONS UTILIZED (eg. CBT, TF-CBT):
Psychoeducation, identification of cognitive distortions, and dismantling cognitive distortions.**

Progress since last treatment report and how assessed (i.e., changes in symptoms and biopsychosocial functioning) as reported by SW, client self-report, and behavioral observations of client in sessions.

ITP: Not yet addressed in treatment. Focus of initial therapy has been on safety and developing a trusting therapeutic relationship.

First Update:

Second Update:

Third Update:

Fourth Update:

TREATMENT GOAL: The client will develop an understanding of domestic violence dynamics and increase safety skills for herself and her children

**EVIDENCED BASED TREATMENT INTERVENTIONS UTILIZED (eg. CBT, TF-CBT):
Psychoeducation on Cycle of Violence and Power and Control Wheel, Safety Plan Development, Amends Letter Development.**

**Initial Treatment Plan/Treatment Plan Update: Child Welfare Services
PARENT with Mental Health Concerns**

Client Name: Parent Sample Client DOB: 01/01/1980 Report Date: 09/09/2016

Progress since last treatment report and how assessed (i.e., changes in symptoms and biopsychosocial functioning) as reported by SW, client self-report, and behavioral observations of client in sessions.

ITP: The client has learned about each stage of cycle of violence. She reports now recognizing that during the tension building phase, the family dynamics in the home were that she and the children would go into separate rooms from her partner, for fear of saying or doing something that might trigger him. During the explosion phase, she reported that it would begin with name calling and verbal threats, and then would escalate to physical abuse, which reportedly has included the following: pinching, pushing, kicking, hitting, and choking. During the honeymoon phase, she reports that he appears very remorseful and apologizes for his behavior. She recognizes that the cycle then continues, as he reportedly starts blaming his feelings and behaviors on her. By utilizing the “Power and Control Wheel”, the client has been able to identify the following “red flags” of domestic violence present in her current relationship: jealousy, controlling who she talks to and what she wears, isolation from her friends and family, name-calling, keeping her from gaining employment, sending the children to give her messages, threatening to take the children away from her, using male privilege, and destroying property.

Client is working on completing a safety plan for herself and her children. Client states that she will Contact 911 if her partner comes by the home. Client also identified a safe exit from the home and plans to have her phone close to her at all times. Client will identify a safe word she will share with her children once they reunify. She also has been provided various community resources by this therapist. She will continue to work on this measure and expand her safety plan.

First Update:

Second Update:

Third Update:

Fourth Update:

TREATMENT GOAL: Client will decrease depressive symptoms

EVIDENCED BASED TREATMENT INTERVENTIONS UTILIZED (eg. CBT, TF-CBT): Complete daily mood log, Develop a depression relapse prevention plan, Develop coping skills for decreasing depressive symptoms, and maintain compliance with psychiatric recommendations.

Progress since last treatment report and how assessed (i.e., changes in symptoms and biopsychosocial functioning) as reported by SW, client self-report, and behavioral observations of client in sessions.

ITP: Client reports meeting regularly with her psychiatrist and states she is taking her medication as prescribed.

First Update:

Second Update:

**Initial Treatment Plan/Treatment Plan Update: Child Welfare Services
PARENT with Mental Health Concerns**

Client Name: Parent Sample Client DOB: 01/01/1980 Report Date: 09/09/2016

Third Update:

Fourth Update:

TREATMENT GOAL: The client will increase understanding of the potential effects domestic violence can have on children.

EVIDENCED BASED TREATMENT INTERVENTIONS UTILIZED (eg. CBT, TF-CBT): Psychoeducation, Identification of cognitive distortions, and dismantling of cognitive distortions.

Progress since last treatment report and how assessed (i.e., changes in symptoms and biopsychosocial functioning) as reported by SW, client self-report, and behavioral observations of client in sessions.

ITP: The client has been given bibliotherapy on the effects of domestic violence on children. She reports continuing to read these materials and writing notes regarding how she feels her own children might have been affected (both short-term and potential long-term effects). This will be discussed in future therapy sessions.

First Update:

Second Update:

Third Update:

Fourth Update:

TREATMENT GOAL: The client will explore family-of-origin dynamics

EVIDENCED BASED TREATMENT INTERVENTIONS UTILIZED (eg. CBT, TF-CBT): Develop Genogram and identified intergenerational patterns of domestic violence, process possible client exposure to domestic violence as a child, and identify cultural belief systems regarding domestic violence.

Progress since last treatment report and how assessed (i.e., changes in symptoms and biopsychosocial functioning) as reported by SW, client self-report, and behavioral observations of client in sessions.

ITP: Not yet addressed in treatment.

First Update:

Second Update:

Third Update:

Fourth Update:

**Initial Treatment Plan/Treatment Plan Update: Child Welfare Services
PARENT with Mental Health Concerns**

Client Name: Parent Sample Client DOB: 01/01/1980 Report Date: 09/09/2016

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):	

CLIENT SIGNATURE

I have discussed this Initial Treatment Plan Treatment Plan Update Discharge Summary
with my provider.

Client Signature: Client's Signature **Date:** 09/09/2016

**Initial Treatment Plan/Treatment Plan Update: Child Welfare Services
PARENT with Mental Health Concerns**

Client Name: Parent Sample Client DOB: 01/01/1980 Report Date: 09/09/2016

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	Corresponding DSM-IV-TR Diagnostic Description
F33.1	Major Depressive Disorder, Recurrent, Moderate, without Psychotic Features	296.32	Major Depressive Disorder, Recurrent, Moderate, without Psychotic Features
T74.11XD	Spouse or Partner Violence, Physical, Confirmed	995.81	Physical Abuse of Adult
Z63.0	Relationship Distress with Spouse or Intimate Partner	V61.10	Partner Relational Problem

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

R/O F43.10 Post-Traumatic Stress Disorder, Unspecified: The client reports symptoms such as but not limited to difficulty concentrating, and intrusive thoughts of past traumatic memories of domestic violence. The client appears to have insight that some of her depressive symptoms are directly correlated to the past trauma of domestic violence. Client meets criteria for Major Depressive Disorder, Recurrent, Moderate by the symptoms of anhedonia almost every day, feelings of worthlessness, hypersomnia every day, hopelessness almost every day and constant fatigue.

Risk assessment was completed. Client has denied any suicidal ideation, homicidal ideation and auditory or visual hallucinations. No significant decompensation regarding her mental status has been noted since the start of treatment. Due to client's previous history of suicidal ideation, ongoing risk assessments will be completed as well as close collaboration with the client's psychiatrist. This therapist has collaborated with the CWS PSW regarding this matter.

Appropriate Release of Information has been received for this therapist to collaborate with the client's psychiatrist, parenting class facilitator, and domestic violence group facilitator.

Brief assessment of client's functioning/awareness of own mental health concerns and impact on children: Client presents with flat affect and depressed mood, tangential thoughts, slow speech, and reported experiencing difficulty sleeping. Client reported believing symptoms are related to children's removal. Client is at the beginning stages of understanding the impact of domestic violence and home removal on the children. Assessment of symptoms will continue throughout the course of treatment.

Client strengths re: engaging in treatment: Client reports high motivation to follow up with CWS case plan and reunify with her children.

**Initial Treatment Plan/Treatment Plan Update: Child Welfare Services
PARENT with Mental Health Concerns**

Client Name: Parent Sample Client DOB: 01/01/1980 Report Date: 09/09/2016

Client obstacles re: engaging in treatment: Client does not have access to a vehicle and has to utilize public transportation. Client also reported experiencing financial distress as she is now a single income family.

Additional Comments:

PROVIDER SIGNATURE:

Provider Printed Name: XYZ Therapist	License/Registration #: #123456
Signature: <i>Therapist's Signature</i>	Signature Date: 09/09/2016
Provider Phone Number: 619-00-0000	Provider Fax Number: 619-111-1111

Required for Interns Only

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

Submit Initial Treatment Plan/Update as per the authorized reporting schedule 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 Protective Services Worker.

Date faxed to Optum TERM: _____

**Treatment Plan/Progress Report: Child Welfare Services
CHILD/YOUTH with Behavioral Health Concerns**

Client Name: Child Sample Client DOB: 05/05/2004 Report Date: 12/23/2016

This report is a(n): Initial Treatment Plan Treatment Plan Update Discharge Summary

If Initial Treatment Plan (ITP), due date to Optum TERM within 14 calendar days of the initial authorization start date.

For Medi-Cal funding: Authorization for continued services is dependent on Medical Necessity review of the ITP. Providers will be notified of determination within 4 business days of ITP submission.

Note: Treatment Plan Updates are due every 12 weeks after ITP due date.

Provider:	XYZ Therapist	Phone: 619-000-0000	Fax#: 619-111-1111
SW Name:	ABC PSW	SW Phone: 858-222-2222	SW Fax: 858-333-3333

ATTENDANCE

Date of Initial Session: 09/01/2016	Last Date Attended: 12/22/2016	Number of Sessions Attended: 16
Date of Absences: 10/13/16, 11/17/16	Reasons for Absences: Client sick; Therapist rescheduled	

The child or youth has been referred for individual or group treatment because formal mental health services have been recommended to address identified mental health concerns and functional impairment (behaviors). Based on my initial assessment, the following concerns have been identified and are the target of treatment (provider to complete after the Initial Assessment and with updates for each Treatment Plan Update):

- Symptoms associated with depression, anxiety, and/or identified stressors
- Behavioral dysregulation or lack of resiliency (e.g., self-harming behaviors, tantrums, impulsivity, emotional lability)
- Sexual behavior problems
- Thought disorder and/or other psychotic symptoms

AND

The above concerns have negatively impacted the youth's psychosocial functioning in the following ways: Client's grades began to decline, client reported difficulty sleeping, and client was reported to experience increase in fears.

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

Treatment Plan/Progress Report: Child Welfare Services CHILD/YOUTH with Behavioral Health Concerns

Client Name: Child Sample Client DOB: 05/05/2004 Report Date: 12/23/2016

- For Voluntary Services cases: Summary of case information and protective issues
- Order Authorizing Health Assessments, Routine Health Care, And Release Of Information
- 04-24P or 04-24C as applicable
 - History of Child Placement report
- Current [HEP](#).
- IEP (and Triennial evaluation) if applicable

Risk Assessment Date: 09/01/2016	Suicidal - <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Ideation <input type="checkbox"/> Plan <input type="checkbox"/> Intent <input type="checkbox"/> History of harming self
	Homicidal - <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Ideation <input type="checkbox"/> Plan <input type="checkbox"/> Intent <input type="checkbox"/> History of harming others
Date of Last Incident: N/A	
Description of Last Incident: N/A	

TREATMENT ISSUES are directly related to the youth's social, emotional, and/or behavioral symptoms and functioning that are noted above. Treatment goals and interventions may change over time.

Add/delete rows as needed.

TREATMENT GOAL: The client will increase coping skills for symptoms related to trauma, and increase internal regulation of emotions.

EVIDENCED BASED TREATMENT INTERVENTIONS UTILIZED (eg. CBT, TF-CBT: Identification and role play of coping skills, Identification of strengths, and Identification of physiological cues when anxious

Progress since last treatment report and how assessed (i.e., changes in symptoms and biopsychosocial functioning) as reported by youth, caregiver, and or SW:

ITP: Art therapy was introduced as a way for client to express feelings. The client drew a picture of various personal strengths (i.e. likes to draw, likes to read, has numerous friends, helps care for her siblings, outgoing). The client appeared easily able to identify some personal strengths that she reports being proud of and it appears such strengths assist with increasing her resiliency at this time. The client has begun exploring coping skills for her reported feelings of anxiety. Her current anxiety is correlated to being separated from her siblings (client appears to have been placed in a parentified role with her siblings).

TF-CBT workbook exercises have been introduced, and the client has identified deep breathing exercises as beneficial with decreasing her anxiety symptoms, and is continuing to explore potential other coping skills. This therapist has worked with the client on role-modeling Progressive Muscle Relaxation and Deep Breathing techniques. The client appeared to easily grasp these coping skills and has been role-playing them in her therapy sessions. She reports that such techniques have decreased her anxiety symptoms. Incorporating role-play of coping skills will continue with the client in therapy sessions in order to increase her ability to identify times when she is anxious, utilize coping skills during such times, and increase internal regulation of her emotions.

**Treatment Plan/Progress Report: Child Welfare Services
CHILD/YOUTH with Behavioral Health Concerns**

Client Name: Child Sample Client DOB: 05/05/2004 Report Date: 12/23/2016

First Update: Client has been able to identify various symptoms she experiences when she is anxious (upset stomach, difficulty concentrating, nightmares, and intrusive thoughts of past trauma memories). Normalization of such symptoms has been discussed with the client due to the reported trauma she has experienced, as well as exploration of internal cues client might have in order to start increasing her awareness of physiological responses. The client has been able to verbally link her symptoms to thoughts of past trauma with her family.

This therapist has obtained appropriate Release of Information to collaborate with client's caregivers. The client has shared with them the coping skills she has been learning in therapy, and this therapist has worked with the caregivers on appropriate implementation of such coping skills outside of therapeutic setting. The caregivers report that they have been successfully re-directing the client to utilize coping skills, and the client and the caregivers state that this has been beneficial with decreasing her anxiety symptoms.

Second Update:

Third Update:

Fourth Update:

TREATMENT GOAL: The client will increase safety skills and develop an individualized safety plan

EVIDENCED BASED TREATMENT INTERVENTIONS UTILIZED (eg. CBT, TF-CBT: Safety Plan Development and Age appropriate psychoeducation on domestic violence dynamics

Progress since last treatment report and how assessed (i.e., changes in symptoms and biopsychosocial functioning) as reported by youth, caregiver, and or SW:

ITP: Age appropriate safety plan worksheet has been introduced with client in therapy sessions, and the client is in the beginning stages of working on this. She has currently identified 2 safe adults in her life that she can turn to in the event she feels unsafe. She is working on different "safe words" she can use with various people in her life. The client is able to identify 9-1-1 as a safe number to call, and is currently memorizing personalized safe phone numbers.

First Update: Generalized safety has been introduced to the client in therapy sessions. She has utilized the "red flag/green flag" props to identify various unsafe situations. The dollhouse has also been used by the client, where she appears to re-enact witnessing domestic violence scenarios. The client is attempting to work through the trauma of domestic violence she has witnessed through her play therapy, as well as identifying safety skills during such play. This therapist has utilized age appropriate books with client that discuss various abuse situations to increase client's general/and personal knowledge of abuse situations and domestic violence dynamics. To date, the client has been able to identify screaming and hitting as part of domestic violence dynamics she witnessed.

Second Update:

**Treatment Plan/Progress Report: Child Welfare Services
CHILD/YOUTH with Behavioral Health Concerns**

Client Name: Child Sample Client DOB: 05/05/2004 Report Date: 12/23/2016

Third Update:

Fourth Update:

TREATMENT GOAL: The client will increase identification of cognitions and feelings related to trauma and process trauma experienced.

EVIDENCED BASED TREATMENT INTERVENTIONS UTILIZED (eg. CBT, TF-CBT: Feeling identification, Coping skills identification, and Trauma Narrative Development.

Progress since last treatment report and how assessed (i.e., changes in symptoms and biopsychosocial functioning) as reported by youth, caregiver, and or SW:

ITP: Goal established, not yet addressed.

First Update: The client is in the beginning stages of participating in appropriate TF-CBT worksheets to identify generalized thoughts and feelings. She has also utilized feelings face charts to identify feelings she has had in various situations. "Stop, Think, and Relax" therapeutic board game has been introduced and appears to assist client with increasing her ability to recognize the concept of cognitions. The client is in the beginning stages of differentiating between cognitions and feelings.

The client has identified the following feelings: sadness and anxiety when she thinks of being separated from her siblings, anger toward father for the domestic violence toward her mother, and confusion regarding lack of protection from her mother. The client has various cognitive distortion of the domestic violence between parents being her fault. Age appropriate worksheets have been introduced with the client for increasing recognition of when distorted cognitions take place, thought stopping, and replacing with more balanced thoughts. This measure is in the very initial phase, and will continue to be addressed in therapy.

The client has been able to identify getting an upset stomach when discussing memories of domestic violence witnessed. She has been able to utilize deep breathing techniques she has learned in therapy if she starts experiencing any uncomfortable symptoms. Coping skills are still the priority at this time prior to any in-depth exploration of past trauma in order for the client to have the appropriate tools to deal with any symptoms that might surface for her.

Second Update:

Third Update:

Fourth Update:

**Treatment Plan/Progress Report: Child Welfare Services
CHILD/YOUTH with Behavioral Health Concerns**

Client Name: Child Sample Client DOB: 05/05/2004 Report Date: 12/23/2016

TREATMENT GOAL: The client will increase appropriate interpersonal boundaries

EVIDENCED BASED TREATMENT INTERVENTIONS UTILIZED (eg. CBT, TF-CBT: Role modeling of appropriate boundaries and Play Therapy interventions to address personal space and comfort

Progress since last treatment report and how assessed (i.e., changes in symptoms and biopsychosocial functioning) as reported by youth, caregiver, and or SW:

ITP: Goal established, not yet addressed.

First Update: This therapist has role-modeled appropriate interpersonal boundaries with the client using various scenarios (verbally requesting for side-hugs before giving, verbally asking for personal space, and using words to express when/if uncomfortable with touch). The client has utilized the hula-hoop prop in therapy room to continue exploring personal and interpersonal space.

The client has continued to present with disinhibited attachment, and caregivers report that the client continues to talk to strangers and give strangers hugs. She needs re-directing and verbal prompts from this therapist re: physical touch and interpersonal boundaries

Second Update:

Third Update:

Fourth Update:

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):	

I have reviewed this plan with the youth in an age/developmentally appropriate manner. Date of review: 12/22/16

**Treatment Plan/Progress Report: Child Welfare Services
CHILD/YOUTH with Behavioral Health Concerns**

Client Name: Child Sample Client DOB: 05/05/2004 Report Date: 12/23/2016

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	Corresponding DSM-IV-TR Diagnostic Description
F43.22	Adjustment Disorder with Anxiety	309.24	Adjustment Disorder with Anxiety
T76.02XD	Child neglect, Confirmed, Subsequent Encounter	995.52	Neglect of Child

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

R/O F43.10 Post-Traumatic Stress Disorder, Unspecified: The client reports symptoms of upset stomach, difficulty concentrating, nightmares, and intrusive thoughts of past trauma memories of domestic violence. The client appears to have insight that some of these symptoms are directly correlated to the past trauma of domestic violence she has experienced.

Risk assessment was completed. Client has denied any SI/HI. In the client's most recent therapy session, she reported that her father would drink a lot. She reported that this was to the point of intoxication, and that it resulted in symptoms of fear for her. A therapeutic goal has been added to work with the client on age appropriate psychological-education regarding substance abuse, as well as safety skills related to such. This therapist has collaborated with the CWS PSW regarding this matter.

Youth's strengths re: engaging in treatment: Client is actively participating in therapeutic interventions and

Youth's obstacles re: engaging in treatment: None have been identified.

Additional Comments: N/A

PROVIDER SIGNATURE:

Provider Printed Name: XYZ Therapist	License/Registration #: DDD12345
Signature: <i>Therapist's Signature</i>	Signature Date: 12/23/2016
Provider Phone Number: 619-000-0000	Provider Fax Number: 619-111-1111

Required for Interns Only

Supervisor Printed Name: STU Therapist	Supervisor Signature: <i>Supervisor's Signature</i>
License type and #: LDDD678910	Date: 12/23/2016

**Treatment Plan/Progress Report: Child Welfare Services
CHILD/YOUTH with Behavioral Health Concerns**

Client Name: Child Sample Client DOB: 05/05/2004 Report Date: 12/23/2016

Submit Initial Treatment Plan/Update as per the authorized reporting schedule 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 Protective Services Worker.

Date faxed to Optum TERM: _____

**Initial Treatment Plan/Treatment Plan Update: Child Welfare Services
CONJOINT with Mental Health Concerns**

Client Name: Name of client on authorization Client DOB: 01/01/1980 Report Date: 12/01/2016

This report is a(n): Initial Treatment Plan Treatment Plan Update Discharge Summary

If Initial Treatment Plan (ITP), due date to Optum TERM within 14 calendar days of the initial authorization start date.

For Medi-Cal funding: Authorization for continued services is dependent on Medical Necessity review of the ITP. Providers will be notified of determination within 4 business days of ITP submission.

Note: Treatment Plan Updates are due every 12 weeks after ITP due date.

Provider:	XYZ Therapist	Phone: 619-000-0000	Fax#: 619-111-1111
SW Name:	ABC PSW	SW Phone: 858-222-2222	SW Fax: 858-333-3333

ATTENDANCE

Date of Initial Session: 09/29/2016	Last Date Attended: 12/01/2016	Number of Sessions Attended: 20
Date of Absences: 4	Reasons for Absences: Client was sick, work schedule conflict, work schedule conflict, and client was sick	

Parent has been referred for individual therapy because the client has a documented mental health history or concern that requires specific intervention, as indicated by (check as many as apply):

- A group treatment provider initial assessment dated
- Prior mental health records provided by CWS SW (e.g., psychiatrist's treatment summary, hospital D/C summary, therapist reports)

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

Risk Assessment Date: 09/01/2016	Suicidal - <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Ideation <input type="checkbox"/> Plan <input type="checkbox"/> Intent <input type="checkbox"/> History of harming self
	Homicidal - <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Ideation <input type="checkbox"/> Plan <input type="checkbox"/> Intent <input type="checkbox"/> History of harming others
Date of Last Incident: N/A	
Description of Last Incident: N/A	
The client will develop an understanding of her children's developmental stages, and have reasonable	

**Initial Treatment Plan/Treatment Plan Update: Child Welfare Services
CONJOINT with Mental Health Concerns**

Client Name: Name of client on authorization Client DOB: 01/01/1980 Report Date: 12/01/2016

expectations for children's behavior.

PROTECTIVE/TREATMENT ISSUES are directly related to the parent's mental health concerns.

Treatment goals can include (but are not necessarily limited to):

- **Continue to assess and monitor mental health symptomology, particularly related to danger to self, others, and functional ability to provide physically and emotionally safe parenting**
- **Relapse prevention planning (stress management, identification of triggers)**
- **Medication compliance (if applicable)**
- **Develop understanding of impact on child(ren) of untreated mental health issues and how those issues contributed to CWS involvement in this case**

Treatment goals and interventions may change over time.

Add/delete rows as needed.

TREATMENT GOAL: Clients will demonstrate their knowledge of child development and use appropriate and effective parenting techniques.

**EVIDENCED BASED TREATMENT INTERVENTIONS UTILIZED (eg. CBT, TF-CBT):
Psychoeducation on parenting and child developmental stages, behavioral interventions for discipline without corporal punishment, and attunement.**

Progress since last treatment report and how assessed (i.e., changes in symptoms and biopsychosocial functioning) as reported by SW, client self-report, and behavioral observations of client in sessions.

ITP: Not yet addressed in treatment. Focus of initial therapy has been on safety and developing a trusting therapeutic relationship.

First Update: The clients both were able to share what they learned about the developmental needs of their child, including that he will need structured activities and supervision, routines to encourage positive behavior, 1:1 time with parents to enhance the attachment and provide him with a sense of safety, as well as giving him age-appropriate chores (such as, taking his dishes to the sink once he is done eating).

Second Update: Clients described many activities they implement with their child, such as reading together in the evenings before bed, playing board games, going for family walks, going to church together, and going to child's swimming lessons. Clinician and clients have noted an increased sense of bonding and attachment with all of these positive activities. Clients have shared how they have been empathic to child about the abuse, including listening supportively to her experiences with being in a foster home and now returning home, as well as dealing with day-to-day stressors. Each parent has verbalized how listening to the child with their full

**Initial Treatment Plan/Treatment Plan Update: Child Welfare Services
CONJOINT with Mental Health Concerns**

Client Name: Name of client on authorization Client DOB: 01/01/1980 Report Date: 12/01/2016

attention has been effective.

Therapy has addressed some of their differences in their beliefs about discipline and how they have been able to work together and provide consistency. They both can describe ways they have implemented the technique of disciplining with empathy, healthy time outs, and checking in with each other about their approach to disciplining.

TREATMENT GOAL: Clients will demonstrate an understanding of domestic violence dynamics and increase safety skills for themselves and their child

EVIDENCED BASED TREATMENT INTERVENTIONS UTILIZED (eg. CBT, TF-CBT): Safety Planning and Psychoeducation on Cycle of Violence.

Progress since last treatment report and how assessed (i.e., changes in symptoms and biopsychosocial functioning) as reported by SW, client self-report, and behavioral observations of client in sessions.

ITP: Clients completed a safety plan for themselves and their child. When they notice some of the red flags identified above, they will take time outs and they will agree not to communicate until both feel calm and able to use their assertiveness skills. They agreed that they will not argue or fight in front of their child in any circumstances and will leave their child with a safe caregiver if needed.

First Update: Therapist and clients reviewed what they learned in their individual and group therapy about the cycle of violence. Both were able to describe dynamics, including how the tension building, abuse phase, and honeymoon affected their relationship and ability to parent safely. They described how they would often feel tense around each other and then he would yell, threaten, and throw things when he was upset. She described how she would

Second Update: Triggering situations for domestic violence in their relationship include: Jealousy and the fear each other is cheating, parenting disagreements, concerns over sex and money. Red flags include the feeling of tension in the home, irritability, snapping at each other, or avoiding each other.

**Initial Treatment Plan/Treatment Plan Update: Child Welfare Services
CONJOINT with Mental Health Concerns**

Client Name: Name of client on authorization Client DOB: 01/01/1980 Report Date: 12/01/2016

TREATMENT GOAL: Clients will improve communication skills.

EVIDENCED BASED TREATMENT INTERVENTIONS UTILIZED (eg. CBT, TF-CBT):
Psychoeducation on communication styles and cycle of violence, role play of communication styles, introduction and role play of “I” Statements.

Progress since last treatment report and how assessed (i.e., changes in symptoms and biopsychosocial functioning) as reported by SW, client self-report, and behavioral observations of client in sessions.

ITP: Not yet addressed.

First Update: Clients have verbalized a commitment to remain non-violent. They agreed to remind each other they are on the same parenting team, to utilize healthy communication skills when they start to feel upset, and to take time outs when needed. Therapy reviewed at length the three different communication styles and they were able to give examples of each. In the past, he was more aggressive and she tended to use passive communication skills.

Second Update: We reviewed the speaker-listener technique as well as I statements. Both clients have demonstrated how they have used these skills effectively and have described effective use at home as well. Clients have described appropriate changes in their lifestyle choices to reach a non-violent lifestyle, including avoiding drugs and alcohol, using their safety plan, using their coping skills, not allowing negative or unsafe people into their lives, and using their support system.

TREATMENT GOAL: Clients will engage in safe co-parenting

EVIDENCED BASED TREATMENT INTERVENTIONS UTILIZED (eg. CBT, TF-CBT):
Psychoeducation, Identification of cognitive distortions, and dismantling of cognitive distortions.

Progress since last treatment report and how assessed (i.e., changes in symptoms and biopsychosocial functioning) as reported by SW, client self-report, and behavioral observations of client in sessions.

ITP: Their safe co-parenting plan includes: realizing they are on the same parenting team and they need to work together to be consistent; using positive discipline skills; using assertive communication skills; having a safety network; and having a weekly meeting at home to discuss their parenting approaches. Both clients agree that consistency, positive discipline, providing a safe environment, and promoting healthy attachment and bonding are keys to how they will put their child’s needs first.

First Update: Past barriers included disagreements on discipline, struggles with consistency, her fear of provoking anger in him so she would avoid the issue, struggles with healthy communication. The safe co-

**Initial Treatment Plan/Treatment Plan Update: Child Welfare Services
CONJOINT with Mental Health Concerns**

Client Name: Name of client on authorization Client DOB: 01/01/1980 Report Date: 12/01/2016

parenting plan above is how they will overcome these barriers.

Second Update: Safe co-parenting plan was reviewed and clients demonstrated an understanding of their safe co-parenting plan by identifying their safety network and positive discipline skills they will use such as time-outs and reward system.

DISCHARGE SUMMARY:

Date of Discharge: 12/01/2016	Date SW Notified: 11/23/2016
Reason for Discharge:	
<input checked="" type="checkbox"/> Successful completion/met goals*	<input type="checkbox"/> Poor attendance
<input type="checkbox"/> Other (specify):	<input type="checkbox"/> CWS Case Closed

CLIENT SIGNATURE

I have discussed this Initial Treatment Plan Treatment Plan Update Discharge Summary with my provider.

Client Signature: Client's Signature **Date:** 12/01/2016

**Initial Treatment Plan/Treatment Plan Update: Child Welfare Services
CONJOINT with Mental Health Concerns**

Client Name: Name of client on authorization Client DOB: 01/01/1980 Report Date: 12/01/2016

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	Corresponding DSM-IV-TR Diagnostic Description
Z69.11	Other circumstances related to child neglect, Encounter for mental health services for perpetrator of parental child neglect	V61.21	Neglect of Child
Z63.0	Relationship Distress with Spouse or Intimate Partner	V61.10	Partner Relational Problem
Z65.3	Problems Related to Other Legal Circumstances	V62.5	Problems related to Other Legal Circumstances

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

Coordination of care with PSW and other providers revealed that clients had both developed their individual safety plans and demonstrated an understanding of the cycle of violence and a commitment to remain non-violent. Provider completed safety/DV risk assessment of both clients. During intake, it was confirmed that group therapy had been successfully completed prior to conjoint therapy. Both clients denied any SI/HI and substance abuse.

Brief assessment of client’s functioning/awareness of own mental health concerns and impact on children: Clients presented with X3 Orientation, euthymic mood and congruent affect. Clients’ thought processes were coherent, and no SI or HI was reported throughout treatment.

Client strengths re: engaging in treatment: Clients had completed their group psychotherapy treatment before conjoint treatment approach, and expressed high motivation to continue working on their reunification plan.

Client obstacles re: engaging in treatment: Clients’ work schedules appeared to be an obstacle for weekly sessions at the beginning of treatment, but issue was resolved as treatment progressed.

Additional Comments:

PROVIDER SIGNATURE:

**Initial Treatment Plan/Treatment Plan Update: Child Welfare Services
CONJOINT with Mental Health Concerns**

Client Name: Name of client on authorization Client DOB: 01/01/1980 Report Date: 12/01/2016

Provider Printed Name: XYZ Therapist	License/Registration #: #123456
Signature: <i>Therapist's Signature</i>	Signature Date: 09/09/2016
Provider Phone Number: 619-00-0000	Provider Fax Number: 619-111-1111

Required for Interns Only

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

Submit Initial Treatment Plan/Update as per the authorized reporting schedule 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 Protective Services Worker.

Date faxed to Optum TERM: 12/02/2016

Clear vs. Vague Examples of Documentation of Progress

- CWS treatment plan documentation should include clear statements of client progress and how interventions have been utilized to reach each goal. Examples of statements that are clear versus vague are provided for your reference to assist you with the level of behavioral detail that will best inform CWS and the court.

Examples of Clear vs. Vague Documentation in Treatment Progress

Goal: Client will increase anger management skills

Measures	Vague Progress	Clear Progress
<ol style="list-style-type: none"> 1. Client will identify 3-5 triggers to anger. 2. Client will be able to articulate 2-3 physiological signals that he is becoming angry. 3. Client will identify and role-play 3-5 coping skills. 4. Client will report implementing anger management skills outside of therapeutic environment. 	<p>Client has made progress towards learning anger management skills.</p>	<ol style="list-style-type: none"> 1. Triggers include: Criticism by others, feeling that he is being disrespected, and being questioned about finances. 2. Physiological signals include: Increased heart rate, feeling face redden, and increased sweating. 3. Coping skills identified are: Deep breathing, counting backwards, listening to music, and progressive muscle relaxation. The client has been role-playing such coping skills in therapeutic sessions. 4. The client reports he has been utilizing identified coping skills outside of therapy, and that such implementation has significantly decreased his anger and stress response.

Goal: Client will identify triggers for substance abuse and develop new coping strategies and support for relapse prevention

Measures	Vague Progress	Clear Progress
<ol style="list-style-type: none"> 1. Client will identify 3-5 triggers for substance use. 2. Client will identify 3-5 coping strategies. 3. Client will identify 5 positive support systems. 	<p>Client is no longer using drugs.</p>	<ol style="list-style-type: none"> 1. Client reports she has been clean and sober for 3 months. Triggers for substance use include: Increased stress at work, being around old acquaintances, thinking about her abusive childhood, and having conflict with others. 2. Four coping strategies for times when she feels triggers are increased are: to call her sponsor, go to an NA meeting, go to the gym, and use deep breathing. 3. Five positive support systems include her sponsor, mother, cousin, Pastor, and NA Meetings.

Goal: Increase understanding of effect of domestic violence on children

Measures	Vague Progress	Clear Progress
<ol style="list-style-type: none"> 1. Client will be able to identify 3-5 effects of exposure to domestic violence on children. 2. Client will write a letter to her children apologizing for her non-protective parenting role. 3. Client will identify 3-5 potential feelings her children may have experienced due to the domestic violence in the home. 	<p>Client has been increasing her understanding of the effects of domestic violence on children. She can now list the effects of DV on children, has written a letter to her children and is aware of how her children must have felt.</p>	<ol style="list-style-type: none"> 1. Client stated that in the past, she was not aware of how the domestic violence affected her children. She reports since utilizing the bibliotherapy provided to her, she is now aware of all the potential effects domestic violence can have on children. She was able to personalize the following effects of exposure to DV on her children: anxiety, depression, low self-esteem, anger, and behavioral problems. 2. Client has written a letter to her children expressing remorse and taking responsibility for her actions. In the letter she expressed empathy towards her children about how the DV must have affected them and what she has learned in therapy and her classes that are assisting her to be a protective parent. She encouraged the children to disclose to a trusted adult if DV were to ever occur in the future. 3. Client verbalizes that her children must have been feeling scared, confused, anxious, helpless, and worried that maybe they were to blame.

Goal: Improve parenting skills

Measures	Vague Progress	Clear Progress
<ol style="list-style-type: none"> 1. Client will demonstrate parental role: understands role regarding protecting child and keeping child safe. 2. Client will demonstrate knowledge of child's developmental level and age appropriate behaviors. 3. Client will demonstrate ability to recognize and respond appropriately to child's verbal/non-verbal signals. 4. Client will put child's needs ahead of her own. 5. Client will show empathy to child. 	<p>Parent verbalizes the importance of keeping her child safe and knows it's her responsibility to ensure her child never gets harmed again.</p>	<ol style="list-style-type: none"> 1. Client verbalizes the importance of keeping her child safe and knows it's her responsibility to ensure her child is never harmed again. She demonstrates her parental role as evidenced by her reporting that she no longer leaves her child unattended, can identify safe/unsafe situations, and has a personalized safety plan on steps she will take if abuse dynamics were to occur in the future. 2. Client has demonstrated knowledge of child's development as evidenced by her reporting that she has implemented 4 minute time-outs as an appropriate disciplinary measure for her 4-year-old. 3. Client lists the following non-verbal signals her child makes: child tugs ear when tired and needs a nap, child hides when scared, and child throws things when frustrated. Client is learning to respond appropriately to these signals. 4. Client is putting her child's needs ahead of her own as evidenced by decreased personal time away from her child. 5. Client has shown empathy towards her child by writing an appropriate responsibility letter to her child.

Goal: Client will process and understand the traumatic events that have taken place in his life

Measures	Vague Progress	Clear Progress
<ol style="list-style-type: none"> 1. Assess and build on child's emotional, behavioral and psychological strengths. 2. Development of improved emotional and cognitive self-regulation. 3. Development of developmentally appropriate means for processing traumatic material. 	<p>Client talked about what happened and his feelings about the abuse.</p>	<ol style="list-style-type: none"> 1. Client is beginning to take ownership of strengths of being creative, imaginative, artistic, and kind. Client is also developing self-regulation skills such as deep breathing, self-time-outs, and thought stopping. 2. Client has increasingly disclosed his feelings about the abuse. He reports feeling hurt, betrayed, and grief and loss. He is beginning to see the correlation between his thoughts/feelings/behaviors. 3. Client is decreasing self-blame statements regarding the abuse he experienced.

Behavior Change Examples for Development of Parent and Child Treatment Plans

- The behavior change examples include examples of goals and measures that you can use when writing a treatment plan. There are examples of goals for parents' plans (developed by CWS), children's plans and for additional issues that affect treatment (such as for clients with depression, anxiety, schizophrenia, etc).

“Behavioral Change” Examples for Development of a Parent’s Treatment Plan

Anger Management

Treatment Goal: Development of anger management skills

- Example Measures:
 - Identify 5 things that trigger your anger or frustration
 - List 4 coping skills to use when feeling upset
 - Describe the stages of anger
 - Learn and utilize 3 assertive communication skills
 - Describe 3-5 benefits of managing anger
 - Identify 3 anger related cognitions and replace with more balanced thoughts
 - Identify 2-3 body signals that let you know you are becoming angry
 - Identify 5 lifestyle choices to reach a non-violent lifestyle
 - Describe and implement 3-5 anger relapse prevention strategies
 - Identify at least 5 conflict resolution skills

Co-Dependency

Treatment Goal: Identify and engage in healthier relationships

- Example Measures:
 - Identify your role in the relationship dynamics
 - Describe 5 healthy boundaries you set
 - Describe 5 cognitions related to co-dependent relationships
 - Describe messages you received as a child that impact your adult behavior in relationships

Domestic Violence Offender

Treatment Goal: Provide safe and secure environment to child

- Example Measures:
 - Identify 5 ways domestic violence impacts the development of children
 - Describe your role in the domestic violence
 - Complete a written domestic violence prevention plan that describes how you will prevent domestic violence from occurring in your home and keep your child safe (i.e., identification of stress cues, time out steps, written statement of commitment to remain non-violent, positive activities to manage stress, describe ways the relapse prevention plan is being utilized)
 - Identify 5 triggers to domestic violence
 - Identify the cycle of violence
 - List 5 alternatives to domestic violence you can use
 - Describe 5 ways your child felt when they were exposed to domestic violence
 - Write a letter of apology to your child
 - Identify necessary lifestyle choices to reach a non-violent lifestyle
 - Describe and implement 3-5 domestic violence prevention strategies
 - Identify at least 5 conflict resolution skills
 - List 5 ways you can resolve an argument with your partner that does not involve yelling or physical fighting, so that your children are not frightened
 - List 5 ways you can avoid an argument or physical fight with your partner so that your children are not frightened

Domestic Violence Victim

Treatment Goal: Provide a safe and secure environment to child

- Example Measures:
 - Develop a written safety plan to prevent further violence from occurring and to ensure child is safe
 - Identify 5 ways domestic violence impacts the development of children
 - Describe your role in the domestic violence
 - Identify 5 members of your support system
 - Describe the cycle of violence
 - Identify 5 warning signs that domestic violence may occur
 - Identify 5 red flags that someone may engage in battering
 - List 5 ways you can resolve an argument with your partner that does not involve yelling or physical fighting, so that your children are not frightened
 - List 5 ways you can avoid an argument or physical fight with your partner so that your children are not frightened

Grief and Loss

Treatment Goal: Development of appropriate means for processing grief and loss

- Example Measures:
 - Identify 3 feelings related to your child/children being in placement elsewhere
 - Identify 5 thoughts related to your child/children being in placement elsewhere
 - Verbalize 3-5 feelings related to grief and loss
 - Identify 5 coping skills for feelings of grief and loss
 - Describe the stages of the grieving process
 - Write letters to people in your life you have lost
 - Identify how past losses in your life may impact your ability to parent

Mental Health

Treatment Goal: Stabilize symptoms of depression or anxiety (or other mental health issue)

- Example Measures:
 - (For clients who are not on medications and a medication evaluation may be beneficial) Consult with a psychiatrist or explore in therapy any barriers to doing so
 - (For clients who are already on psychiatric medications) Keep your Clinician informed about any changes to your medications or symptoms/barriers to taking their medications.
 - Identify 5 situations that trigger anxious or depressed feelings
 - Identify 3 anxiety or depression-related thoughts and replace them with more balanced alternative thoughts.
 - Identify 3 signs or symptoms that you are feeling depressed/anxious
 - If you have thoughts of self-harm or suicide, develop a safety plan for what to do when you feel unsafe
 - Identify 5 coping skills to use when feeling anxious or depressed
 - Complete a daily mood log and report back in therapy

Treatment Goal: Stabilize psychotic symptoms and develop mental health relapse prevention plan

- Example Measures:
 - (For clients who are not on medications and a medication evaluation may be beneficial) Consult with a psychiatrist or explore in therapy any barriers to doing so
 - (For clients who are already on psychiatric medications) Keep your Clinician informed about any changes to your medications or symptoms/barriers to taking their medications

- Identify 5 warning signs that your symptoms are becoming worse or problematic
- Be able to describe the following circumstances: 1. How do I know when I am doing well (what behaviors do I display)?; and 2. How do I know when I need to ask for help (what behaviors do I display)?
- Develop a mental health relapse prevention plan, including 4 coping skills to use when feeling symptomatic or stressed
- Identify 5 stressors/triggers of potential relapse of mental health symptoms

Treatment Goal: Stabilize symptoms of bipolar disorder and develop mental health relapse prevention plan

- Example Measures:
 - Identify your mood patterns
 - Identify 5 warning signs that symptoms are becoming worse or problematic
 - Be able to describe the following circumstances: 1. How do I know when I am doing well (what behaviors do I display)?; and 2. How do I know when I need to ask for help (what behaviors do I display)?
 - Develop a mental health relapse prevention plan including 4 coping skills to use when feeling symptomatic or stressed
 - Identify 5 stressors/triggers of potential mental health symptom relapse

Parenting

Treatment Goal: Demonstrates Parental Role

- Example Measures:
 - Demonstrate that you can set limits with your child and teach manners in a way that is non-physical
 - List 5 positive discipline strategies
 - Name 5 ways to prevent a temper tantrum
 - Name 5 ways to respond to a temper tantrum without using physical discipline
 - Describe specific strategies you are employing in order to ensure your child's food, clothing, shelter, educational, medical, etc. needs are met
 - Describe 5 positive characteristics of your child
 - For parents of children with special needs (i.e., mental health diagnoses, developmental delays, or medical issues), describe in detail what the special needs are and a specific plan for how you will ensure the special needs are met
 - Determine 3 things you can do to help your child "master" the trauma experience
 - Demonstrate 5 ways you put your child's needs first during visits
 - Describe the importance of family routines and boundaries in providing a safe and stable environment for children

Treatment Goal: Demonstrates knowledge of child's development

- Example Measures:
 - Describe 5 things an average child does at your child's age
 - Demonstrate 3 things you can do during visits with your child that are in the range of your child's developmental abilities
 - Describe 3 ways trauma has impacted your child, based on his/her developmental level
 - Describe activities you have planned for visits that are age-appropriate

Treatment Goal: Demonstrates ability to respond appropriately to child's verbal/nonverbal signals

- Example Measures:
 - List at least 5 behaviors and expressions your child makes that indicates how they are feeling
 - List 3-5 ways your child expresses that they are scared

- List 5 ways you can respond to your child in an empathic, empowering way when they tell you about their feelings or about the abuse/neglect they experienced
- Demonstrate 3 things you can do during visits with your child that are in the range of your child's developmental abilities
- Describe 3 ways trauma has impacted your child, based on his/her developmental level

Treatment Goal: Put child's needs ahead of your own

- Example Measures:
 - Describe 5 actions you will take to ensure your home is safe for your child
 - Describe how you will engage with your child during daily activities (such as meals, play time, etc.)
 - Describe 5 qualities of "safe" and "unsafe" people to be around your child
 - Describe the steps you will take to ensure the people you allow around your child are safe
 - Describe how you are keeping your commitments to your child
 - Describe how you are focusing on your child's needs during visits

Treatment Goal: Show empathy toward child

- Example Measures:
 - List 5 ways you can respond to your child in an empathic, empowering way when they tell you about their feelings or about the abuse/neglect they experienced
 - If your child asks when they are coming home, work with your social worker to determine an answer to this questions that does not make false promises to your child
 - Describe 3 ways you have shown empathy to your child on visits
 - Write a list of 5 ways your child was likely feeling when the abuse/neglect was happening in your home
 - How could you have responded with empathy to your child when they were feeling this way? Describe the actions you could take to make your child feel safe again.
 - Meet with your child in a therapeutic setting, or write your child a letter, in which you take responsibility for your actions that brought your child into the Child Welfare system.

Treatment Goal: Identify how your own family of origin has impacted your parenting

- Example Measures:
 - Create a genogram about your family of origin
 - Describe 3 positives and 3 negatives in the way you were raised by your caregiver(s)
 - Describe 3 ways in which your family of origin influences your ability to parent your child
 - Describe 3 ways in which your family of origin and/or social/cultural expectations influenced your decision-making regarding choice of partner

Treatment Goal: Engage in safe co-parenting

- Example Measures:
 - Describe 5 elements of your safe co-parenting plan
 - Describe 3 past barriers to safe co-parenting and a strategy overcome each one
 - Describe 3 ways how you and your partner will put your child's best needs and interests first
 - Describe 5 healthy communication skills you will use to discuss parenting issues

Sexual Abuse Non-Protecting Parent

Treatment Goal: Provide a safe and secure environment to child

- Example Measures:
 - Develop a written safety plan to prevent further abuse from occurring and ensuring child is safe
 - Identify 5 ways sexual abuse impacts the development of children
 - Identify 5 members of your support system
 - Describe the cycle of sexual abuse
 - Describe the common ways grooming occurs
 - Identify at least 5 red flags that the abuse was occurring
 - Describe at least 3 ways you experienced denial about the abuse
 - Identify healthy sexual development and how to teach children sexual development and boundaries
 - Describe how your own abuse history (if relevant) impacted your parental response to the abuse
 - Identify the signs of exposure to sexual abuse in children (physical, behavioral, emotional)
 - Describe 5 ways you can help your child heal from trauma
 - Describe how you will demonstrate appropriate parent-child roles
 - Identify at least 5 factors that indicate offender treatment has been successful

Sexual Abuse Offender

Treatment Goal: Provide a safe and secure environment to child

- Example Measures:
 - Develop a written safety plan and sexual abuse relapse prevention plan to prevent further abuse from occurring and ensure child is safe
 - Identify 5 ways sexual abuse impacts the development of children
 - Describe your role in the abuse
 - Identify 5 members of your support system
 - Identify the cycle of sexual abuse
 - Identify 3 thoughts that gave you “permission” to act the way you did and how you will reframe them
 - Describe 5 ways your child felt when they were exposed to sexual abuse
 - Develop a plan that includes self-management strategies to avoid sexual re-offending
 - Describe 5 warning signs you are at-risk to engage in unsafe behaviors

Substance Abuse

Treatment Goal: Client will attain (or maintain) abstinence from using substances

- Example Measures:
 - Identify 10 ways substance abuse has negatively impacted your life
 - Describe 5 ways your substance use has negatively affected your child
 - Identify 5 positive benefits of a drug-free life style
 - Develop a relapse prevention plan, including identifying 5 triggers to use, 5 coping skills to prevent relapse, 4 people to call if needed
 - Write a goodbye letter to drugs/alcohol
 - Describe 5 healthy lifestyle choices you can make with regard to substance abuse
 - Identify 5 cognitions that went along with substance use and change them to more balanced cognitions
 - Write a list of how your child was likely feeling when you were using drugs/alcohol
 - Identify the role substances played with regard to the protective issue
 - Ensure that there is no drug or alcohol abuse in your home or around your child

- Monitor your conversations around your children so they do not hear details about your drug use
- List actions you will take to regain the parental role

Suicidality

Treatment Goal: Reduce risk of suicidality

- Example Measures:
 - Identify early warning signs of impending suicidal crisis (e.g., thoughts, mood, behaviors)
 - If having thoughts of harming self, tell Clinician, other support person (list name), or contact the Access and Crisis Line
 - Develop a safety plan for what to do when he/she feels suicidal or at-risk to engage in other high risk behaviors, including at least 5 coping skills, 4 calming thoughts to tell self, and 3 names and numbers to call
 - Develop a wellness plan or suicide prevention plan to prevent suicidal ideation from occurring

Trauma

Treatment Goal: Process your own abuse/trauma history

- Example Measures:
 - Recount the events that led to family's involvement with CWS
 - Identify 3-5 feelings related to experiencing abuse/neglect in your own family of origin or relationships
 - Employ 5 coping skills to address anxiety or other trauma-related symptoms
 - Identify the ways that trauma has impacted your ability to safely parent

“Behavioral Change” Examples for Development of a Child’s Treatment Plan

Adoption or Out-of-Home Placement

Treatment Goal: Process feelings related to adoption or out-of-home placement

- Example Measures:
 - Read and process an age-appropriate book on being adopted or in a foster home
 - Verbalize 3-5 feelings related to removal from home
 - Verbalize 3-5 feelings related to being in new placement
 - Verbalize 3-5 feelings related to permanency planning
 - (If age appropriate) Write letters to people in your life you have lost

Enhancing Caregiver Awareness of Child’s Emotional Cues (when caregiver is involved in therapy)

Treatment Goal: Enhancing caregiver awareness of child’s emotional cues

- Example Measures:
 - Caregiver will be able to identify 3-5 warning signs in their child (for target behaviors) and an action plan for when these warning signs occur
 - Caregiver will demonstrate recognition of triggers to child’s emotional reactions
 - Caregiver will be able list ways of demonstrating empathy with the child
 - Caregiver will demonstrate appropriate, empathic responses to child’s emotional reactions
 - Caregiver will engage in effective listening and communication with the child
 - Caregiver and child will establish a verbal or non-verbal cue to signal the need to break the cycle of negative behavior
 - Caregiver will engage in activities to promote attachment for X amount of time each day
 - Caregiver will list at least 5 behaviors or expressions the child makes that indicate how they are feeling
 - Caregiver will list 3-5 behaviors or expressions the child has made in the past that indicate when they are scared
 - Caregiver will describe how to watch for behaviors that reflect child is scared/upset in the future and what steps will be taken to make the child feel safe when these behaviors are noticed

Grief and Loss

Treatment Goal: Development of developmentally-appropriate means for processing grief and loss

- Example Measures:
 - Verbalize 3-5 feelings related to grief and loss
 - Identify 5 coping skills for feelings of grief and loss
 - (If age appropriate) Describe the stages of the grieving process
 - (If age appropriate) Write letters to people in your life you have lost

Safety

Treatment Goal: Increasing Sense of Safety, Enhancing Emotionally Safe Contacts in the Community

- Example Measures:
 - Demonstrate an age-appropriate awareness of family dynamics
 - List 3 age-appropriate expectations for parental care
 - Identify 3-5 warning signs that indicate unsafe behavior may occur

- Identify 4 safe adults/places to go to if you need help
- Learn and practice 5 ways to set healthy emotional and physical boundaries
- Demonstrate knowledge of how to call 911
- Describe a plan of what to do in case you encounter an unsafe situation
- Demonstrate knowledge of what is a “safe touch” vs. “unsafe touch”
- Be able to describe at least 3 safety skills you will use
- Demonstrate knowledge of what “setting safe boundaries” means

Self-Regulation

Treatment Goal: Development of improved emotional and cognitive self-regulation

- Example Measures:
 - Identify a time you engaged in an unsafe behavior and describe what you would do differently next time
 - Recognize that feelings are connected to behaviors and give 3 examples of times feelings impacted your behavior
 - Identify a safe place to go to when you are upset
 - Identify and utilize 3 age-appropriate assertive communication skills
 - Describe 3-5 benefits of managing your behavior
 - Identify 3 situations that trigger angry, anxious or depressed feelings
 - Identify 3 anger, anxiety or depression-related thoughts and replace them with more balanced alternative thoughts.
 - Identify 3 signs or symptoms that you are feeling angry, depressed, or anxious
 - If you have thoughts of self-harm or suicide, develop a safety plan for what to do when you feel unsafe
 - Identify 5 coping skills to use when feeling angry, anxious, or depressed
 - Complete a daily mood log and report back in therapy
 - (If child is using substances) Identify 5 negative consequences for substance abuse

Sexual Behavior Problems

Treatment Goal: Improved self-control and development of healthy boundaries

- Example Measures:
 - Identify 5 coping and self-control strategies you can use
 - Describe 5 basic rules about sexual behaviors you have learned
 - Describe 5 different ways you will engage in healthy/safe boundaries
 - Describe the difference between “safe” and “unsafe” touches
 - Identify a time you engaged in a problem behavior and describe what you would do differently next time
 - Develop a safety plan that includes self-management strategies
 - Describe 5 warning signs you are at-risk to engage in an unsafe behavior

Strengths and Resilience

Treatment Goal: Assessing and building on child’s emotional, behavioral, and psychological strengths and enhancing resilience

- Example Measures:
 - Identify 10 strengths that you possess
 - Discuss 3 times you have been courageous in the face of your fears
 - Discuss 2 times you have been sad and did something to make yourself feel better
 - Complete a project related to positive self-concept and resiliency
 - Develop a list of 5 personal goals for the next year
 - Identify a positive role model and list 5 traits you admire about that person

Trauma

Treatment Goal: Development of developmentally-appropriate means for processing traumatic material

- Example Measures:
 - Child will be able to recount the events that led to family's involvement with CWS
 - Identify 3-5 feelings related to experiencing abuse/neglect
 - Identify 5 coping skills for feelings related to the abuse
 - Create a trauma narrative about the abuse
 - Identify at least 3 triggers for traumatic memories or reminders
 - Identify a safe place to go to when you are upset
 - Be able to place responsibility for the abuse on to those who were involved with it

Clinical Risk Documentation and Safety Plan Guidelines

- Risk assessments play a vital role in the treatment of all clients and allow you to intervene and address any issues which could lead to decompensation or harm. The following section outlines guidelines for completion of clinical risk assessment and safety plan documentation.

Clinical Risk Documentation

General Considerations for Clinical Risk Documentation
<ul style="list-style-type: none"> • Providers should be familiar with the current empirical literature on risk factors that best predict the abuse and re-abuse of children when conducting clinical risk assessments and developing treatment plans for children and their families.
<ul style="list-style-type: none"> • Treatment plan documentation should reflect comprehensive clinical assessment and reassessment of special status situations, including but not limited to risk of harm and abuse, suicidal or homicidal ideation, self-injurious behaviors, and substance use. It is also important to document the absence of such conditions.
<ul style="list-style-type: none"> • A thorough risk assessment also reviews any risky behaviors (e.g., non-compliance with medications, presence of psychosis), any plans related to suicidal or homicidal ideation, lethality of the plans and availability of means to execute the plans, and consideration of current psychosocial stressors that may have an impact on the overall risk assessment.
<ul style="list-style-type: none"> • The risk assessment should include a balanced assessment of client strengths and protective factors.
<ul style="list-style-type: none"> • Risk assessments should be conducted at the initiation of treatment, throughout the treatment process, and prior to discharge.
<ul style="list-style-type: none"> • Clients should be involved in the process of addressing risk issues, including the development of crisis and safety plans, removal of means to harm, and other safety measures appropriate to the individual and the situation.
<ul style="list-style-type: none"> • Although identified risk factors may not necessarily constitute a primary protective issue, good clinical care indicates that all providers assess, intervene, and clearly document client risk factors. It is crucial that your ongoing risk assessments are documented in the client's medical record and treatment plans.
<ul style="list-style-type: none"> • Treatment plan updates should reflect documentation of any changes in the identified risk factors during the reporting period.
Documentation of Risk Factor
<ul style="list-style-type: none"> • Documentation regarding the risk factor should be included in the following areas of the treatment plan: <ol style="list-style-type: none"> A. A formal treatment goal should be included in the treatment plan for all active risk factors (or as a measure in an applicable goal) along with documentation of provider efforts to reduce the risk. B. In the progress section, describe how client is responding to the interventions and any changes in the degree of risk. C. In Section 6A (Brief assessment of client's functioning/awareness of protective issues), provide a description of clinical risk assessment and continue to document any changes in the identified risk factor(s) in each treatment plan update.

Safety Plan Guidelines

General Considerations for the Development of a Safety Plan
<ul style="list-style-type: none"> • The safety plan is a written document created by the client with the assistance of the therapist.
<ul style="list-style-type: none"> • The safety plan documents how threats to safety of the child(ren) and/or non-protecting parent will be managed.
<ul style="list-style-type: none"> • Safety planning should be individualized for each client with the goal of reducing immediate and long-term risks.
<ul style="list-style-type: none"> • The safety plan must specify in behavioral terms how the case-specific risk factors will be addressed.
<ul style="list-style-type: none"> • The safety plan should be regularly reviewed and refined over the course of therapy as new risks, safety goals, or risk management strategies are identified.
Child Protection Safety Plan
<p>A. The safety plan should address what needs to happen so that the child(ren) will be safe in their family, including emotional as well as physical safety. It must address specific behaviors and steps the parent will take to prevent future abuse or neglect. These action steps must be very specific and incorporate the case-specific risks identified in the Therapy Referral Form.</p> <p>B. This includes specific external or internal triggers or conditions under which the child may be put at risk (e.g., poor attachment to child because child is not biologically related; low frustration tolerance; work-related stressors; emotional changes; fatigue; negative self-talk; red flag words or behaviors used by self or others; high risk situations; thoughts of violent or abusive acts; physical changes signaling increased stress).</p> <p>C. The plan should identify what the parent will do if the identified triggers or “red flags” occur and should consider and address specific steps to prevent abuse, such as:</p> <ol style="list-style-type: none"> 1. Time out steps to control violent or abusive acts 2. Steps to ensure the child(ren)’s safety 3. Positive activities for stress/frustration management 4. Commitment to remain non-violent and non-abusive 5. Rehearsal of safety plan steps when appropriate <p>D. The plan should include development of an extensive safety network of people who understand the danger and identification of what each person will do to help ensure the child(ren) will be safe. For privacy purposes, please do not submit names and contact information for client’s safety network with the treatment plan.</p> <p>E. A sample Child Protection Safety Plan template is available for informational purposes. The template is a therapeutic tool which contains suggestions for the therapist to review with the client when they discuss prevention; however, is not intended as treatment advice or a boiler plate plan for what the client will do.</p>

Domestic Violence Safety Plan

- A. The following guidelines are intended to provide assistance with safety planning in Child Welfare Services cases involving domestic violence.
- B. **Submission of written domestic violence safety plans to Child Welfare Services is not required. For client protection, please do not release this information.**
- C. The domestic violence safety plan is intended to facilitate empowerment of the victim or non-protective parent by providing concrete steps for preventing exposure to future acts of physical or emotional abuse through proactive behaviors.
- D. The domestic violence safety plan should address the emotional as well as physical safety and well-being of the child(ren) and identified victim(s). The identified action steps and behaviors must be very specific and must incorporate the case-specific risks identified in the Therapy Referral Form that the client and therapist are addressing.
- E. Protective actions include identification of specific triggers or conditions under which the child and client may be put at risk. These triggers may be external or internal to the non-protecting parent AND /OR to the offending parent that signal danger. These are best organized on a continuum from earliest warning signs to signs of imminent danger.
- F. The safety plan should identify what the victim or non-protecting parent will do if the identified triggers or “red flags” occur.
- G. The plan should consider and address client logistics, support system, and access to specific resources such as:
 - 1. Emergency phone numbers (police, crisis lines, battered women’s hotlines, safe individuals in their support system)
 - 2. List of available resources (legal guidance, medical, advocacy)
 - 3. List of phone numbers to shelters, safe houses, or other safe places where the client can go
 - 4. Temporary Restraining Order information
 - 5. Concrete behavioral steps to take in an emergency
 - 6. Rehearsal of safety plan steps when appropriate
- F. 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)

Client's Name: _____

Date: _____

Child Protection Safety Plan

It is necessary to learn new ways to prevent risk of harm to your child. With the assistance of your therapist, you will develop a safety plan that includes the development of a safety network and specifically addresses every 'red flag' or warning sign for harm that you have identified in therapy so that you can provide safety to your child.

Internal Red Flags

Physical Signs	What I Will Do In Response To Each Red Flag
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Emotional Signs/Self Talk

What I Will Do In Response To Each Red Flag

1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

External Red Flags

Environmental Stress	What I Will Do In Response To Each Red Flag
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

External Red Flags (Continued)

Client's Name: _____

Date: _____

Partner/Caregiver/Childs Words or Actions	What I Will Do In Response To Each Red Flag
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
Physical Signs/Signs Pointed Out By Others	What I Will Do In Response To Each Red Flag
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
High Risk Situations	What I Will Do To Avoid or Prevent These Situations
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Client's Name: _____

Date: _____

Time-Out Steps

1. Be aware of your level of stress.
2. Take a cool-down right away. Let partner know that you need to take a time-out or cool-down to prevent increased feelings of frustration, anger, or possible harm to your child.
3. Take a time-out or cool-down every time you think your anger is starting to climb by recognizing your physical and emotional cues and leave the situation (place or person). Identify primary feelings and interrupt negative self-talk.
4. Do not swear, raise your voice, threaten, or use any intimidating behavior.
5. Go somewhere and try to relax and think positively about yourself. It may help to walk, jog, or do deep breathing to get some tension out. **Do not drive, drink alcohol, or take drugs.**
6. Do not use "time out" as a punishment for your partner or to avoid responsibilities when you can appropriately handle them.

My personal time out strategy is:

Be Proactive

It is important to take positive steps to reduce stress such as exercise programs, 12 step programs, or other positive activities. Some proactive things I can do to reduce stress are:

Activity	Who To Contact/What To Do
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Client's Name: _____

Date: _____

For client confidentiality, please DO NOT RELEASE this information

Safety Network/Emergency Contact(s)

Contact	Phone Number
In case of an Emergency	9-1-1
Access and Crisis Line	1-888-724-7240
Child Welfare Services Hotline	1-800-344-6000
Friend _____	_____
Friend _____	_____
Family Member _____	_____
Family Member _____	_____
Clergy _____	_____
Sponsor _____	_____
Case Worker _____	_____
Probation Officer _____	_____
Legal _____	_____
Medical _____	_____
Other _____	_____
Other _____	_____