TERM Treatment Plan Documentation Resources

Prepared By:

Optum

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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 1) 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

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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.

☐ Documented treatment goals are specific.

☐ 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 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.

Child Welfare Services
Initial Treatment Plan/Treatment Plan Update: PARENT

Client Name: ____________________________ Client DOB:_______ Date: Click or tap to enter a date.

Instructions: Double-click to select the appropriate box

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

If this is an Initial Treatment Plan (ITP), the due date to Optum TERM is 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 four (4) business days of ITP submission.

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

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

ATTENDANCE

Date of Initial Session: Click or tap to enter a date.	Last Date Attended: Click or tap to enter a date.	Number of Sessions Attended:
Date of Absences:	Reasons for Absences:	

I received and reviewed the following records provided by the PSW or Optum (required prior to the intake assessment): *Instructions: Check all that apply. Please document any efforts to obtain records in the "Additional Comments" section below if they have not been received by intake assessment. PSW Locator Number is 858-514-6995 (Verification Code: BHS2021).*

☐ Therapy Referral Form (04-176A)
☐ Case Plan
☐ Child and Adolescent Needs & Strengths (CANS)
☐ Court Reports (e.g., Detention Hearing Report, Jurisdiction/Disposition Report, etc.)
☐ Copies of additional significant additional court reports, if available

For Voluntary Services Cases:
☐ Case Notes

Additional Items as Applies:
☐ Copies of all prior psychological evaluations and treatment plans
☐ All prior mental health and other pertinent records
☐ Copies of History & Physical and Discharge Summary written by psychiatrist
☐ Other (please describe):

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

Child Welfare Services
Initial Treatment Plan/Treatment Plan Update: PARENT

Client Name: ______________________________ Client DOB:_______ Date: Click or tap to enter a 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 Date (this should be ongoing and include all risk factors documented on the 04-176A and known to the provider): **Update date**	**Suicidal:**	☐ N/A ☐ Ideation ☐ Plan ☐ Intent ☐ Hopelessness ☐ Family History ☐ History of Self-Harm/Suicide Attempt ☐ History of hospitalizations
	Homicidal:	☐ N/A ☐ Ideation ☐ Plan ☐ Intent ☐ Current ☐ History of harm to others ☐ History of hospitalizations ☐ Family History
	Other Risk Factors:	☐ Psychotic Symptoms ☐ Violent Behavior(s) ☐ Substance Abuse ☐ Recent Loss or Critical Event ☐ Other e.g., trauma history, social isolation, etc. Please describe: **Risk factors must be addressed with treatment goals and plan below.**

Date of Last Hospitalization: Click or tap to enter a date.
Description of Last Hospitalization:
Date of Last Incident (self-harm, aggression, etc.): Click or tap to enter a date.
Description of Last Incident:

Per the TERM Provider Handbook, treatment goals for parents focus on the protective issue. It is essential that therapists working with CWS parents accept the true finding of the Juvenile Court as a fact of the case. If CWS offers the family Voluntary Services instead of filing a petition with the Court to take jurisdiction, a true finding does not apply; however, the therapist is expected to accept the allegations of abuse as facts of the case.

NOTE: Treatment goals and interventions should be measurable and may change over time. For each update, please include new progress in applicable section and do not delete previous entries. 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. Goals should also address any risk factors noted in the Risk Assessment.

Note: When the client is a parent, the treatment plan should specifically include a goal on parenting skills, based on the safety goals specified in Section E of the CWS Therapy Referral.

EVIDENCE BASED TREATMENT INTERVENTIONS UTILIZED (e.g., CBT, TF-CBT):

Instructions: Please list specific interventions utilized to address treatment goals.

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

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

Child Welfare Services
Initial Treatment Plan/Treatment Plan Update: PARENT

Client Name: ____________________________ Client DOB:_______ Date: Click or tap to enter a date.

ITP: ***Instructions:*** ***Please consider the treatment plan a working document that should be updated throughout the course of therapy. 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. Progress update language should align with evidence-based treatment intervention identified in the above section.***

Note: Generic statements, such as, "client has made excellent progress" will result in a request to update the documentation to include behavioral examples that substantiate the 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: *Date and document progress here*

Second Update: *Date and document progress here*

Third Update: *Date and document progress here*

Fourth Update: *Date and document progress here*

Add/delete goals as needed.
Note: Goals can be added by copying the previous treatment goal to the open space under the copied treatment goal.

TREATMENT GOAL:

EVIDENCE BASED TREATMENT INTERVENTIONS UTILIZED (e.g., CBT, TF-CBT):

Instructions: ***Please list specific interventions utilized to address treatment goals. Specific, evidence-informed psychological techniques related to the 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, parent self-report, and behavioral observations of parent in sessions. Please include date of update(s) below.

ITP: *Date and document progress here*

First Update: *Date and document progress here*

Second Update: *Date and document progress here*

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

Child Welfare Services
Initial Treatment Plan/Treatment Plan Update: PARENT

Client Name: ____________________________ Client DOB:_______ Date: Click or tap to enter a date.

Third Update: *Date and document progress here*
Fourth Update: *Date and document progress here*

DISCHARGE SUMMARY:

Instructions: All sections of the Discharge Summery must be completed when applicable. DO NOT leave any blanks. Please document the reason for therapy termination.

Date of Discharge: Click or tap to enter a date.	Date SW Notified: *If PSW was not reached, please specify attempts made to coordinate Discharge, per TERM requirements.*
Reason for Discharge: ☐ Successful completion/met goals* ☐ Poor attendance ☐ CWS Case Closed ☐ Other (specify): *Document the reason for therapy termination.* *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.*	

PARENT 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.***

Parent Signature: ____ **Date:** _____

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

Child Welfare Services
Initial Treatment Plan/Treatment Plan Update: PARENT

Client Name: ____________________________ Client DOB:_______ Date: Click or tap to enter a date.

DIAGNOSIS: List your diagnostic impressions of the parent. Record as many coexisting mental disorders, general medical conditions, and other factors as are relevant to the care and treatment of the individual. List Primary Diagnosis first.

ID (ICD-10)	Description	Corresponding DSM-5 Diagnostic Code	Corresponding DSM-5 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. The crosswalk to DSM-5-TR must be completed.

NOTE: Provider must document diagnostic criteria met for diagnosis, any diagnostic rule outs, reason for diagnostic changes, and any other significant information. All diagnoses identified on the referral should be included as endorsed, rule out, or criteria not met. If diagnosis was made by previous provider and is being maintained by history, state so.

***Instructions**: Include diagnostic criteria met for diagnosis. ALL diagnoses identified on the referral should be responded to by endorsing, ruling out, or indicating if criteria was not met. 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).*

Brief assessment of parent's functioning (Mental Status Assessment), parent's awareness of own mental health concerns and the impact or potential impact on children: *Instructions: Document client's mental status to include the following: observations, mood, cognition, perception, thoughts, behavior, insight, and/or judgement. Mental Status Assessment is to be updated with any changes in presentation of the client. Consider using dates when updating for clarity purposes.*

Parent strengths regarding engaging in treatment:

Parent obstacles regarding engaging in treatment:

Additional Comments: *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)*

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

Child Welfare Services
Initial Treatment Plan/Treatment Plan Update: PARENT

Client Name: ______________________________ Client DOB:_______ Date: Click or tap to enter a date.

PROVIDER SIGNATURE:

Provider Printed Name:	License/Registration #:
Signature: *Please remember to sign the document.*	Signature Date: Click or tap to enter a date.
Provider Phone Number:	Provider Fax Number:

Required for Interns Only

Supervisor Printed Name:	Supervisor Signature:
License type and #:	Date: Click or tap to ent

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: Click or tap to enter a date.

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

Child Welfare Services
Initial Treatment Plan/Treatment Plan Update: CHILD/YOUTH

Client Name: ______________________________ Client DOB:_______ Date: Click or tap to enter a date.

Instructions: Double-click to select the appropriate box

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

If this is an Initial Treatment Plan (ITP), the due date to Optum TERM is 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 four (4) business days of ITP submission.

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

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

ATTENDANCE

Date of Initial Session: Click or tap to enter a date.	Last Date Attended: Click or tap to enter a date.	Number of Sessions Attended:
Date of Absences:	Reasons for Absences:	

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).

I received and reviewed the following records provided by the PSW or Optum (required prior to the intake assessment): *Instructions: Check all that apply. Please document any efforts to obtain records in the "Additional Comments" section below if they have not been received by intake assessment. PSW Locator Number is 858-514-6995 (Verification Code: BHS2021).*

For cases involving Juvenile Court:

☐ Therapy Referral Form (04-176A)
☐ Case Plan
☐ Child and Adolescent Needs & Strengths (CANS)
☐ Court Reports (e.g., Detention Hearing Report, Jurisdiction/Disposition Report, etc.)
☐ Copies of additional significant court reports, if available
☐ Authorization to Use or Disclose Private Health Information (04-24A-P or 04-29) or Special Matter Order (SMO) - Release of Health Information Order

For Voluntary Services Cases:

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

Child Welfare Services
Initial Treatment Plan/Treatment Plan Update: CHILD/YOUTH

Client Name: ___________________________ Client DOB:_______ Date: Click or tap to enter a date.

☐ Case Notes

Additional Items as applicable:
☐ Copies of all prior psychological evaluation(s) and treatment plan(s)
☐ All prior mental health and other pertinent records
☐ Copies of History & Physical and Discharge Summary written by psychiatrist
☐ Consent to Treat (04-24P or 04-24C)
☐ IEP (and Triennial evaluation)
☐ Other (please describe):

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 Date (this should be ongoing and include all risk factors documented on the 04-176A and known to the provider):Update date	**Suicidal**:	☐ N/A ☐ Ideation ☐ Plan ☐ Intent ☐ Hopelessness ☐ Family History ☐ History of Self-Harm/Suicide Attempt ☐ History of hospitalizations
	Homicidal:	☐ N/A ☐ Ideation ☐ Plan ☐ Intent ☐ Current ☐ History of harm to others ☐ History of hospitalizations ☐ Family History
	Other Risk Factors:	☐ Psychotic Symptoms ☐ Violent Behavior(s) ☐ Substance Abuse ☐ Bullying (aggressor or victim) ☐ Recent Loss or Critical Event ☐ LGBTQ+ ☐ Other e.g., feeding, sleep, CSEC, prior CWS history, trauma history, social isolation, etc. (please describe): **Risk factors must be addressed with treatment goals and plan below.**
Date of Last Hospitalization: Click or tap to enter a date. Description of Last Hospitalization: Date of Last Incident (self-harm, aggression, etc.): Click or tap to enter a date. Description of Last Incident:		

Per the TERM Provider Handbook, treatment goals for youth should focus on ameliorating the effects of the abuse and neglect. Treatment issues are directly related to the child and youth's social, emotional, and/or behavioral symptoms and functioning.

NOTE: Treatment goals and interventions should be measurable and may change over time. For each update, please include new progress in applicable section and do not delete previous entries. Add/delete rows as needed.

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

Child Welfare Services
Initial Treatment Plan/Treatment Plan Update: CHILD/YOUTH

Client Name: ____________________________ Client DOB:_______ Date: Click or tap to enter a 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. Goals should also address any risk factors noted in the Risk Assessment.**

Note: When the client is a child/youth, the treatment plan should specifically include a goal on assessing and building on child's emotional, behavioral, and psychological strengths and enhancing resilience

EVIDENCE BASED TREATMENT INTERVENTIONS UTILIZED (e.g., CBT, TF-CBT):
***Instructions*: Please list specific interventions utilized to address treatment goals.**

Update progress in applicable section below (supported with behavioral examples). Include date of update(s) below.

ITP: ***Instructions*: Please consider the treatment plan a working document that should be updated throughout the course of therapy. 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. Progress update language should align with evidence-based treatment intervention identified in the above section.***

Note: Generic statements, such as, "client has made excellent progress" will result in a request to update the documentation to include behavioral examples that substantiate the 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: ***Date and document progress here***
Second Update: ***Date and document progress here***
Third Update: ***Date and document progress here***
Fourth Update: ***Date and document progress here***

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

Child Welfare Services
Initial Treatment Plan/Treatment Plan Update: CHILD/YOUTH

Client Name: ______________________________ Client DOB:_______ Date: Click or tap to enter a date.

Add/delete goals as needed.
Note: Goals can be added by copying the previous treatment goal to the open space under the copied treatment goal.

TREATMENT GOAL:

EVIDENCE BASED TREATMENT INTERVENTIONS UTILIZED (e.g., CBT, TF-CBT):

Progress since last treatment report and how assessed (i.e., changes in symptoms and biopsychosocial functioning) as reported by child/youth, caregiver, and or SW. Include date of update(s) below.

ITP: *Date and document progress here*
First Update: *Date and document progress here*
Second Update: *Date and document progress here*
Third Update: *Date and document progress here*
Fourth Update: *Date and document progress here*

DISCHARGE SUMMARY:

Instructions: All sections of the Discharge Summery must be completed when applicable. DO NOT leave any blanks. Please document the reason for therapy termination.

Date of Discharge: Click or tap to enter a date.	Date SW Notified: *If PSW was not reached, please specify attempts made to coordinate Discharge, per TERM requirements.*
Reason for Discharge: ☐ Successful completion/met goals* ☐ Poor attendance ☐ CWS Case Closed ☐ Other (specify): *Document the reason for therapy termination.* *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 have reviewed this plan with the youth in an age/developmentally appropriate manner. Date of review:**

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

Child Welfare Services
Initial Treatment Plan/Treatment Plan Update: CHILD/YOUTH

Client Name: ____________________________ Client DOB:_______ Date: Click or tap to enter a date.

DIAGNOSIS: List your diagnostic impressions of the child/youth. 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-5 Diagnostic Code	Corresponding DSM-5 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. The crosswalk to DSM-5-TR must be completed.

NOTE: Provider must document diagnostic criteria met for diagnosis, any diagnostic rule outs, reason for diagnostic changes, and any other significant information. All diagnosis identified on the referral should be included as endorsed, rule out, or criteria not met. If diagnosis was made by previous provider and is being maintained by history, state so.

***Instructions**: Include diagnostic criteria met for diagnosis. ALL diagnoses identified on the referral should be responded to by endorsing, ruling out, or indicating if criteria was not met. 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).*

Brief assessment of youth's psychosocial functioning (Mental Status Assessment): *Instructions: Document client's mental status to include the following: observations, mood, cognition, perception, thoughts, behavior, insight, and/or judgement. Mental Status Assessment is to be updated with any changes in presentation of the client. Consider using dates when updating for clarity purposes. Please also include how the youth's psychosocial functioning is impacted by symptoms.*

Child/Youth's strengths regarding engaging in treatment:

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

Child Welfare Services
Initial Treatment Plan/Treatment Plan Update: CHILD/YOUTH

Client Name: ______________________________ Client DOB:_______ Date: Click or tap to enter a date.

Child/Youth's obstacles regarding engaging in treatment:

Additional Comments: ***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).***

PROVIDER SIGNATURE:

Provider Printed Name:	License/Registration #:
Signature:	Signature Date: Click or tap to enter a date.
Provider Phone Number:	Provider Fax Number:

Required for Interns Only

Supervisor Printed Name:	Supervisor Signature:
License type and #:	Date: Click or tap to ent

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: Click or tap to enter a date.

Child Welfare Services
Initial Treatment Plan/Treatment Plan Update: PARENT

Client Name: Parent Sample Client DOB: XX/XX/XXXX Date: 1/3/2023

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

If this is an Initial Treatment Plan (ITP), the due date to Optum TERM is 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 four (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: 1/3/2023	Last Date Attended: 1/3/2023	Number of Sessions Attended: 1
Date of Absences: 1/10/23	Reasons for Absences: Client was sick. She cancelled her appointment in advance.	

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

☒ Therapy Referral Form (04-176A)
☐ Case Plan
☐ Child and Adolescent Needs & Strengths (CANS)
☒ Court Reports (e.g., Detention Hearing Report**,** Jurisdiction/Disposition Report, etc.)
☐ Copies of additional significant additional court reports, if available

For Voluntary Services Cases:

☐ Case Notes

Additional Items as Applies:

☒ Copies of all prior psychological evaluations and treatment plans
☒ All prior mental health and other pertinent records
☐ Copies of History & Physical and Discharge Summary written by psychiatrist
☐ Other (please describe):

Child Welfare Services
Initial Treatment Plan/Treatment Plan Update: PARENT

Client Name: Parent Sample Client DOB: XX/XX/XXXX Date: 1/3/2023

<table>
<tr><td rowspan="3">Risk Assessment Date (this should be ongoing and include all risk factors documented on the 04-176A and known to the provider):
01/03/2023</td><td>Suicidal:</td><td>☐ N/A ☒ Ideation ☐ Plan ☐ Intent ☐ Hopelessness ☐ Family History
☐ History of Self-Harm/Suicide Attempt ☐ History of hospitalizations</td></tr>
<tr><td>Homicidal:</td><td>☒ N/A ☐ Ideation ☐ Plan ☐ Intent ☐ Current
☐ History of harm to others ☐ History of hospitalizations ☐ Family History</td></tr>
<tr><td>Other Risk Factors:</td><td>☐ Psychotic Symptoms ☐ Violent Behavior(s) ☐ Substance Abuse
☒ Recent Loss or Critical Event
☒ Other e.g., trauma history, social isolation, etc. Please describe: Client has experienced intimate partner violence, and her children have been removed from her care.

Risk factors must be addressed with treatment goals and plan below.</td></tr>
<tr><td colspan="3">Date of Last Hospitalization: N/A
Description of Last Hospitalization:
Date of Last Incident (self-harm, aggression, etc.): 2018
Description of Last Incident: Client reported that in 2018 she experienced symptoms of depression due to relationship conflict and thought she would take a bottle of Tylenol. Client shared she took several pills and changed her mind. Client denies experiencing SI after that incident. Safety plan was developed, and client was provided with Access & Crisis Line number.</td></tr>
</table>

Per the TERM Provider Handbook, treatment goals for parents focus on the protective issue. It is essential that therapists working with CWS parents accept the true finding of the Juvenile Court as a fact of the case. If CWS offers the family Voluntary Services instead of filing a petition with the Court to take jurisdiction, a true finding does not apply; however, the therapist is expected to accept the allegations of abuse as facts of the case.

NOTE: Treatment goals and interventions should be measurable and may change over time. For each update, please include new progress in applicable section and do not delete previous entries. 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.

EVIDENCE BASED TREATMENT INTERVENTIONS UTILIZED (e.g., 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, parent self-report, and behavioral observations of parent in sessions. Include date of update(s) below.

ITP: 1/3/23 **-** 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:

Child Welfare Services
Initial Treatment Plan/Treatment Plan Update: PARENT

Client Name: Parent Sample Client DOB: XX/XX/XXXX Date: 1/3/2023

Fourth Update:

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

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

Progress since last treatment report and how assessed (i.e., changes in symptoms and biopsychosocial functioning) as reported by SW, parent self-report, and behavioral observations of parent in sessions. Please include date of update(s) below.

ITP: 1/3/23 - The client is able to verbalize some understanding of the stages of cycle of violence. She reports 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, and work towards increasing her support system to include 5 safe contacts.

First Update:

Second Update:

Third Update:

Fourth Update:

Child Welfare Services
Initial Treatment Plan/Treatment Plan Update: PARENT

Client Name: Parent Sample Client DOB: XX/XX/XXXX Date: 1/3/2023

TREATMENT GOAL: Client will decrease depressive symptoms.

EVIDENCE BASED TREATMENT INTERVENTIONS UTILIZED (e.g., 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, parent self-report, and behavioral observations of parent in sessions. Please include date of update(s) below.

ITP: 1/3/23 - Client reports meeting regularly with her psychiatrist and states she is taking her medication as prescribed. Client verbalized some insight into situations which trigger her depressive symptoms. She was unable to identify a coping skill that she can access when her symptoms arise.

First Update:

Second Update:

Third Update:

Fourth Update:

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

EVIDENCE BASED TREATMENT INTERVENTIONS UTILIZED (e.g., 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, parent self-report, and behavioral observations of parent in sessions. Please include date of update(s) below.

ITP: 1/3/23 - 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:

Child Welfare Services
Initial Treatment Plan/Treatment Plan Update: PARENT

Client Name: Parent Sample Client DOB: XX/XX/XXXX Date: 1/3/2023

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

EVIDENCE BASED TREATMENT INTERVENTIONS UTILIZED (e.g., CBT, TF-CBT): Develop Genogram and identify 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, parent self-report, and behavioral observations of parent in sessions. Please include date of update(s) below.

ITP: 1/3/23 - Not yet addressed in treatment.
First Update:
Second Update:
Third Update:
Fourth Update:

DISCHARGE SUMMARY:

Date of Discharge: Click or tap to enter a date.	Date SW Notified: Click or tap to enter a date.
Reason for Discharge: ☐ Successful completion/met goals* ☐ Poor attendance ☐ CWS Case Closed ☐ Other (specify):	

PARENT SIGNATURE

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

Parent Signature: ___Client's Signature___________________ **Date:** 01/03/2023

Child Welfare Services
Initial Treatment Plan/Treatment Plan Update: PARENT

Client Name: Parent Sample Client DOB: XX/XX/XXXX Date: 1/3/2023

DIAGNOSIS: List your diagnostic impressions of the parent. Record as many coexisting mental disorders, general medical conditions, and other factors as are relevant to the care and treatment of the individual. List Primary Diagnosis first.

ID (ICD-10)	Description	Corresponding DSM-5 Diagnostic Code	Corresponding DSM-5 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	Spouse or Partner Violence, Physical, Confirmed, Subsequent encounter
Z63.0	Relationship Distress with Spouse or Intimate Partner	V61.10	Encounter for mental health services for victim of spouse or partner violence, physical

NOTE: Provider must document diagnostic criteria met for diagnosis, any diagnostic rule outs, reason for diagnostic changes, and any other significant information. All diagnoses identified on the referral should be included as endorsed, rule out, or criteria not met. If diagnosis was made by previous provider and is being maintained by history, state so.

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 parent's functioning (Mental Status Assessment), parent's awareness of own mental health concerns and the impact or potential 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.

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

Child Welfare Services
Initial Treatment Plan/Treatment Plan Update: PARENT

Client Name: Parent Sample Client DOB: XX/XX/XXXX Date: 1/3/2023

Parent obstacles regarding engaging in treatment: Client does not have access to a vehicle and has to utilize public transportation, therefore sessions will be conducted via telehealth to support accessibility. Client also reported experiencing financial distress as she is now a single income family.

Additional Comments: This provider intends to continually monitor and assess the client's response to telehealth service delivery, as well as access to secure and confidential technology and environments for telehealth sessions, and will collaborate with the client and PSW as needed if alternative forms of treatment delivery appear to be most clinically appropriate at this time.

Child Welfare Services
Initial Treatment Plan/Treatment Plan Update: PARENT

Client Name: Parent Sample Client DOB: XX/XX/XXXX Date: 1/3/2023

PROVIDER SIGNATURE:

Provider Printed Name: XYZ Therapist	License/Registration #: LCSW #123456
Signature: *XYZ Therapist*	Signature Date: 1/3/2023
Provider Phone Number: 619-000-0000	Provider Fax Number: 619-111-1111

Required for Interns Only

Supervisor Printed Name:	Supervisor Signature:
License type and #:	Date: Click or tap to enter a 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: 1/3/2023

Child Welfare Services
Initial Treatment Plan/Treatment Plan Update: CHILD/YOUTH

Client Name: Sample Child   Client DOB: XX/XX/XXXX   Date: 12/30/2022

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

If this is an Initial Treatment Plan (ITP), the due date to Optum TERM is 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 four (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: 9/1/2022	Last Date Attended: 12/22/2022	Number of Sessions Attended: 16
Date of Absences: 10/13/2022, 11/17/2022	Reasons for Absences: Client sick, Therapist vacation	

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).

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

For cases involving Juvenile Court:
☒ Therapy Referral Form (04-176A)
☐ Case Plan
☒ Child and Adolescent Needs & Strengths (CANS)
☒ Court Reports (e.g., Detention Hearing Report, Jurisdiction/Disposition Report, etc.)
☐ Copies of additional significant court reports, if available
☒ Authorization to Use or Disclose Private Health Information (04-24A-P or 04-29) or Special Matter Order (SMO) - Release of Health Information Order

For Voluntary Services Cases:
☐ Case Notes

Additional Items as applicable:
☐ Copies of all prior psychological evaluation(s) and treatment plan(s)
☐ All prior mental health and other pertinent records
☐ Copies of History & Physical and Discharge Summary written by psychiatrist
☒ Consent to Treat (04-24P or 04-24C)
☐ IEP (and Triennial evaluation)
☐ Other (please describe):

Child Welfare Services
Initial Treatment Plan/Treatment Plan Update: CHILD/YOUTH

Client Name: Sample Child Client DOB: XX/XX/XXXX Date: 12/30/2022

Risk Assessment Date (this should be ongoing and include all risk factors documented on the 04-176A and known to the provider): **9/1/2022 and ongoing**	**Suicidal**:	☒ N/A ☐ Ideation ☐ Plan ☐ Intent ☐ Hopelessness ☐ Family History ☐ History of Self-Harm/Suicide Attempt ☐ History of hospitalizations
	Homicidal:	☒ N/A ☐ Ideation ☐ Plan ☐ Intent ☐ Current ☐ History of harm to others ☐ History of hospitalizations ☐ Family History
	Other Risk Factors:	☐ Psychotic Symptoms ☐ Violent Behavior(s) ☐ Substance Abuse ☐ Bullying (aggressor or victim) ☐ Recent Loss or Critical Event ☐ LGBTQ+ ☒ Other e.g., feeding, sleep, CSEC, prior CWS history, trauma history, social isolation, etc. (please describe): Client was exposed to domestic violence **Risk factors must be addressed with treatment goals and plan below.**

Date of Last Hospitalization: N/A
Description of Last Hospitalization: N/A
Date of Last Incident (self-harm, aggression, etc.): Click or tap to enter a date.
Description of Last Incident:

Per the TERM Provider Handbook, treatment goals for youth should focus on ameliorating the effects of the abuse and neglect. Treatment issues are directly related to the child and youth's social, emotional, and/or behavioral symptoms and functioning.

NOTE: Treatment goals and interventions should be measurable and may change over time. For each update, please include new progress in applicable section and do not delete previous entries. Add/delete rows as needed.

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

EVIDENCE BASED TREATMENT INTERVENTIONS UTILIZED (e.g., CBT, TF-CBT): TF-CBT, Play Therapy

Update progress in applicable section below (supported with behavioral examples). Include date of update(s) below.

ITP: 9/1/2022 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

Child Welfare Services
Initial Treatment Plan/Treatment Plan Update: CHILD/YOUTH

Client Name: Sample Child Client DOB: XX/XX/XXXX Date: 12/30/2022

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 to increase her ability to identify times when she is anxious, utilize coping skills during such times, and increase internal regulation of her emotions.

First Update: 12/30/2022 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 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.

EVIDENCE BASED TREATMENT INTERVENTIONS UTILIZED (e.g., CBT, TF-CBT): Safety planning, Psychoeducation related domestic violence dynamics

Progress since last treatment report and how assessed (i.e., changes in symptoms and biopsychosocial functioning) as reported by child/youth, caregiver, and or SW. Include date of update(s) below.

ITP: 9/1/2022 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: 12/30/2022 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:

Third Update:

Fourth Update:

Child Welfare Services
Initial Treatment Plan/Treatment Plan Update: CHILD/YOUTH

Client Name: Sample Child Client DOB: XX/XX/XXXX Date: 12/30/2022

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

EVIDENCE BASED TREATMENT INTERVENTIONS UTILIZED (e.g., CBT, TF-CBT): TF-CBT

Progress since last treatment report and how assessed (i.e., changes in symptoms and biopsychosocial functioning) as reported by child/youth, caregiver, and or SW. Include date of update(s) below.

ITP: 9/1/2022 Goal established, not yet addressed.

First Update: 12/30/2022 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 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 GOAL: The client will increase appropriate interpersonal boundaries.

EVIDENCE BASED TREATMENT INTERVENTIONS UTILIZED (e.g., CBT, TF-CBT): Role modeling, Play Therapy

Progress since last treatment report and how assessed (i.e., changes in symptoms and biopsychosocial functioning) as reported by child/youth, caregiver, and or SW. Include date of update(s) below.

ITP: 9/1/2022 Goal established, not yet addressed

First Update: 12/30/2022 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:

Child Welfare Services
Initial Treatment Plan/Treatment Plan Update: CHILD/YOUTH

Client Name: Sample Child   Client DOB: XX/XX/XXXX   Date: 12/30/2022

Fourth Update:

TREATMENT GOAL: Assessing and building on child's emotional, behavioral, and psychological strengths and enhancing resilience.

EVIDENCE BASED TREATMENT INTERVENTIONS UTILIZED (e.g., CBT, TF-CBT): TF-CBT

Progress since last treatment report and how assessed (i.e., changes in symptoms and biopsychosocial functioning) as reported by child/youth, caregiver, and or SW. Include date of update(s) below.

ITP: 9/1/2022 Client identifies as smart, funny, and a good friend.

First Update: 12/30/2022 Client completed a vision board to support his good decision-making. Her goal for the next year is to join a sport, baseball likely, and to earn better grades by studying and surrounding herself with positive influences.

Second Update:

Third Update:

Fourth Update:

DISCHARGE SUMMARY:

Date of Discharge: Click or tap to enter a date.	Date SW Notified: Click or tap to enter a date.
Reason for Discharge: ☐ Successful completion/met goals* ☐ Poor attendance ☐ CWS Case Closed ☐ Other (specify):	

☒ **I have reviewed this plan with the youth in an age/developmentally appropriate manner. Date of review:** 12/22/2022

Child Welfare Services
Initial Treatment Plan/Treatment Plan Update: CHILD/YOUTH

Client Name: Sample Child Client DOB: XX/XX/XXXX Date: 12/30/2022

DIAGNOSIS: List your diagnostic impressions of the child/youth. 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-5TR Diagnostic Code	Corresponding DSM-5TR Diagnostic Description
F43.22	Adjustment Disorder with Anxiety	309.24	Adjustment Disorder with Anxiety
T76.02XD	Child Neglect, Confirmed, Subsequent Encounter	995.52	Child Neglect, Confirmed

NOTE: Provider must document diagnostic criteria met for diagnosis, any diagnostic rule outs, reason for diagnostic changes, and any other significant information. All diagnosis identified on the referral should be included as endorsed, rule out, or criteria not met. If diagnosis was made by previous provider and is being maintained by history, state so.

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.

Client meets criteria for F43.22 Adjustment Disorder with Anxiety due to the expected challenges of adjusting to CWS involvement, nervousness, difficulty concentrating, and feeling overwhelmed. Client is also having difficulty being separated from siblings.

Brief assessment of youth's psychosocial functioning (Mental Status Assessment): Client is a 12-year-old, Mexican American male who presents in appropriate dress and without prominent physical abnormalities. His speech is of adequate volume but guarded around statements related to trauma. He denies SI/HI. Client reported feeling "fine." Affect is limited which is likely due to his perceived discomfort around therapeutic setting. Client understands the reason for CWS involvement.

12/30/2022: Client presents with good hygiene and oriented to place and time. His speech has become louder in volume (appropriate) and seems to be less guarded around trauma experience. He continues to deny SI/HI. Client can now use feelings vocabulary to report feeling "tired" or "calm." Today, her reported feeling "neutral." Affect is full range.

Child Welfare Services
Initial Treatment Plan/Treatment Plan Update: CHILD/YOUTH

Client Name: Sample Child   Client DOB: XX/XX/XXXX   Date: 12/30/2022

Child/Youth's strengths regarding engaging in treatment: Client is actively participating in therapeutic interventions.

Child/Youth's obstacles regarding engaging in treatment: Client relies on shared computer for telehealth sessions. Coordinating computer use may pose a barrier.

Additional Comments: Appropriate Release of Information to collaborate with client's caregivers was obtained. This provider intends to continually monitor and assess the client's response to telehealth service delivery, as well as access to secure and confidential technology and environments for telehealth sessions, and will collaborate with the client/caregiver and PSW as needed if alternative forms of treatment delivery appear to be most clinically appropriate at this time.

Child Welfare Services
Initial Treatment Plan/Treatment Plan Update: CHILD/YOUTH

Client Name: Sample Child Client DOB: XX/XX/XXXX Date: 12/30/2022

PROVIDER SIGNATURE:

Provider Printed Name: XYZ Therapist	License/Registration #: 77777
Signature: *XYZ Therapist*	Signature Date: 12/30/22
Provider Phone Number: 619-00-0000	Provider Fax Number: 619-111-111

Required for Interns Only

Supervisor Printed Name:	Supervisor Signature:
License type and #:	Date: Click or tap to enter a 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: 12/30/2022

Child Welfare Services
Initial Treatment Plan/Treatment Plan Update: CONJOINT

Client Name: Conjoint Sample   Client DOB: XX/XX/XXXX   Date: 3/2/2023

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

If this is an Initial Treatment Plan (ITP), the due date to Optum TERM is 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 four (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: 9/29/2022	Last Date Attended: 12/30/2022	Number of Sessions Attended: 20
Date of Absences: 10/13/2022, 11/17/2022	Reasons for Absences: Client sick, Therapist vacation	

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).

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

For cases involving Juvenile Court:

☒ Therapy Referral Form (04-176A)
☐ Case Plan
☐ Child and Adolescent Needs & Strengths (CANS)
☒ Court Reports (e.g., Detention Hearing Report, Jurisdiction/Disposition Report, etc.)
☐ Copies of additional significant court reports, if available
☒ Authorization to Use or Disclose Private Health Information (04-24A-P or 04-29) or Special Matter Order (SMO) - Release of Health Information Order

For Voluntary Services Cases:

☐ Case Notes

Additional Items as applicable:

☒ Copies of all prior psychological evaluation(s) and treatment plan(s)
☒ All prior mental health and other pertinent records
☐ Copies of History & Physical and Discharge Summary written by psychiatrist
☐ Consent to Treat (04-24P or 04-24C)
☐ IEP (and Triennial evaluation)
☐ Other (please describe):

Child Welfare Services
Initial Treatment Plan/Treatment Plan Update: CONJOINT

Client Name: Conjoint Sample Client DOB: XX/XX/XXXX Date: 3/2/2023

<table>
<tr><td rowspan="3">Risk Assessment Date (this should be ongoing and include all risk factors documented on the 04-176A and known to the provider): 9/1/2022 and ongoing</td><td>Suicidal:</td><td>☒ N/A ☐ Ideation ☐ Plan ☐ Intent ☐ Hopelessness ☐ Family History
☐ History of Self-Harm/Suicide Attempt ☐ History of hospitalizations</td></tr>
<tr><td>Homicidal:</td><td>☐ N/A ☐ Ideation ☐ Plan ☐ Intent ☐ Current
☒ History of harm to others ☐ History of hospitalizations ☐ Family History</td></tr>
<tr><td>Other Risk Factors:</td><td>☐ Psychotic Symptoms ☐ Violent Behavior(s) ☐ Substance Abuse
☐ Bullying (aggressor or victim) ☐ Recent Loss or Critical Event ☐ LGBTQ+
☒ Other e.g., feeding, sleep, CSEC, prior CWS history, trauma history, social isolation, etc. (please describe): Parents exhibits developmentally inappropriate expectations of the child. History of intimate partner violence in the home.

Risk factors must be addressed with treatment goals and plan below.</td></tr>
<tr><td colspan="3">Date of Last Hospitalization: N/A
Description of Last Hospitalization: N/A
Date of Last Incident (self-harm, aggression, etc.): 4/2/2022
Description of Last Incident: Parents became involved with CWS after a DV incident.</td></tr>
</table>

Per the TERM Provider Handbook, treatment goals for youth should focus on ameliorating the effects of the abuse and neglect. Treatment issues are directly related to the child and youth's social, emotional, and/or behavioral symptoms and functioning.

NOTE: Treatment goals and interventions should be measurable and may change over time. For each update, please include new progress in applicable section and do not delete previous entries. Add/delete rows as needed.

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

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

Update progress in applicable section below (supported with behavioral examples). Include date of update(s) below.

ITP: 9/1/2022 Not yet addressed in treatment. Focus of initial therapy has been on safety and developing a trusting therapeutic relationship.

First Update: 12/30/2022 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).

Child Welfare Services
Initial Treatment Plan/Treatment Plan Update: CONJOINT

Client Name: Conjoint Sample Client DOB: XX/XX/XXXX Date: 3/2/2023

Second Update: 3/2/2023 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 these positive activities. Clients have shared how they have been empathic to the 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 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.

Third Update:

Fourth Update:

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

EVIDENCE BASED TREATMENT INTERVENTIONS UTILIZED (e.g., 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 child/youth, caregiver, and or SW. Include date of update(s) below.

ITP: 9/1/2022 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: 12/30/2022 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: 3/02/2023 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.

Third Update:

Fourth Update:

Child Welfare Services
Initial Treatment Plan/Treatment Plan Update: CONJOINT

Client Name: Conjoint Sample   Client DOB: XX/XX/XXXX   Date: 3/2/2023

TREATMENT GOAL: Clients will improve communication skills.

EVIDENCE BASED TREATMENT INTERVENTIONS UTILIZED (e.g., 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 child/youth, caregiver, and or SW. Include date of update(s) below.

ITP: 9/1/2022 Goal established, not yet addressed.

First Update: 12/30/2022 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: 3/2/2023 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.

Third Update:

Fourth Update:

TREATMENT GOAL: Clients will engage in safe co-parenting.

EVIDENCE BASED TREATMENT INTERVENTIONS UTILIZED (e.g., CBT, TF-CBT): Psychoeducation, CBT

Progress since last treatment report and how assessed (i.e., changes in symptoms and biopsychosocial functioning) as reported by child/youth, caregiver, and or SW. Include date of update(s) below.

ITP: 9/1/2022 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: 12/30/2022 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-parenting plan above is how they will overcome these barriers.

Child Welfare Services
Initial Treatment Plan/Treatment Plan Update: CONJOINT

Client Name: Conjoint Sample   Client DOB: XX/XX/XXXX   Date: 3/2/2023

Second Update: 3/2/2023 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.

Third Update:

Fourth Update:

TREATMENT GOAL:

EVIDENCE BASED TREATMENT INTERVENTIONS UTILIZED (e.g., CBT, TF-CBT):

Progress since last treatment report and how assessed (i.e., changes in symptoms and biopsychosocial functioning) as reported by child/youth, caregiver, and or SW. Include date of update(s) below.

ITP:

First Update:

Second Update:

Third Update:

Fourth Update:

DISCHARGE SUMMARY:

Date of Discharge: 3/2/2023	Date SW Notified: 2/22/2023
Reason for Discharge: X Successful completion/met goals* ☐ Poor attendance ☐ CWS Case Closed ☐ Other (specify):	

PARENT SIGNATURE

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

Parent Signature: ___Client's Signature___________________   **Date:** 03/02/2023

Child Welfare Services
Initial Treatment Plan/Treatment Plan Update: CONJOINT

Client Name: Conjoint Sample Client DOB: XX/XX/XXXX Date: 3/2/2023

DIAGNOSIS: List your diagnostic impressions of the child/youth. 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-5 Diagnostic Code	Corresponding DSM-5 Diagnostic Description
Z69.011	Other circumstances related to child neglect, encounter for mental health services for perpetrator of parental child neglect	V61.22	Encounter for mental health services for perpetrator of parental child psychological abuse
Z63.0	Relationship distress with spouse or intimate partner	V61.10	Relationship distress with spouse or intimate partner
Z65.3	Problems related to other legal circumstances	V62.5	Problems related to other legal circumstances

NOTE: Provider must document diagnostic criteria met for diagnosis, any diagnostic rule outs, reason for diagnostic changes, and any other significant information. All diagnosis identified on the referral should be included as endorsed, rule out, or criteria not met. If diagnosis was made by previous provider and is being maintained by history, state so.

Clients became involved with CWS because of child exposure to intimate partner violence. The father has a DUI on record, creating issues with gainful employment. Coordination of care with PSW and other providers revealed that clients 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 parent's functioning (Mental Status Assessment), parent's awareness of own mental health concerns and the impact or potential impact on children: 12/30/2022 Clients presented with X3 Orientation, euthymic mood, and congruent affect. Clients' thought processes were coherent, and no SI or HI was reported throughout treatment.

03/2/2023: Clients mental status was consistent throughout the course of treatment. Both demonstrated insight regarding how their own upbringings impacted their ability to parent safely.

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

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

Child Welfare Services
Initial Treatment Plan/Treatment Plan Update: CONJOINT

Client Name: Conjoint Sample Client DOB: XX/XX/XXXX Date: 3/2/2023

Additional Comments:

Child Welfare Services
Initial Treatment Plan/Treatment Plan Update: CONJOINT

Client Name: Conjoint Sample Client DOB: XX/XX/XXXX Date: 3/2/2023

PROVIDER SIGNATURE:

Provider Printed Name: XYZ Therapist	License/Registration #: 77777
Signature: *XYZ Therapist*	Signature Date: 03/02/2023
Provider Phone Number: 619-00-0000	Provider Fax Number: 619-111-111

Required for Interns Only

Supervisor Printed Name:	Supervisor Signature:
License type and #:	Date: Click or tap to enter a 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: 03/02/2023

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
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.	Client has made progress towards learning anger management skills.	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
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.	Client is no longer using drugs.	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
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.	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.	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
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.	Parent verbalizes the importance of keeping her child safe and knows it's her responsibility to ensure her child never gets harmed again.	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
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.	Client talked about what happened and his feelings about the abuse.	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.

Goal Examples for Development of Treatment Plans

- The following document includes examples of goals that you can use when writing a treatment plan. There are examples of goals for children's and parent's plans and for additional issues that affect treatment (such as for clients with depression, anxiety, schizophrenia, etc).

Treatment Plan Goal Bank- Parent

**These are examples of goals and should not be taken as all inclusive. Treatment plan goals should be individualized to the Client's unique clinical presentation and referral needs.*

Anger Management

- **Development of anger management skills**
- **Identify situations, thoughts, feelings that trigger angry verbal and/or behavioral actions.**
- **Identify ways that key life figures have expressed angry feelings and how these experiences have positively or negatively influenced the way he/she handles anger.**
- **Verbalize feelings of anger in a controlled, assertive way.**
- **Identify the advantages and disadvantages of holding on to anger.**

Co-Dependency

- **Identify and engage in healthier relationships.**
- **Increase the direct expression of identified needs within relationship dynamic.**
- **Identify your own role in the co-dependent cycle.**
- **Describe messages received as a child that impact your adult behavior in relationships.**
- **Describe healthy boundaries to set for a healthier relationship.**

Domestic Violence/IPV- Offender

- **Provide a safe and secure environment for the child.**
- **Describe your role in the domestic violence.**
- **Identify ways you can resolve an argument with your partner that does not involve yelling or physical fighting.**
- **Complete a written domestic violence prevention plan.**
- **Identify necessary choices to reach a non-violent lifestyle.**

Domestic Violence/IPV-Victim

- **Provide a safe and secure environment for the child.**
- **Identify a support network of people and resources.**
- **Complete a written domestic violence prevention plan.**
- **Describe the cycle of violence, red flags that someone may engage in violent behavior, and the power and control dynamics associated with domestic violence.**
- **Describe ways to avoid an argument or physical fight with your partner.**

Grief and Loss

- **Development of appropriate means for processing grief and loss.**
- **Identify what stages of grief have been experienced in the continuum of the grieving process.**
- **Identify how past losses in your life may impact your ability to parent.**
- **Describe the thoughts and feelings associated with your children being placed elsewhere.**
- **Identify coping skills for feelings of grief and loss.**

Mental Health

- **Stabilize symptoms of depression or anxiety (or other mental health issue).**
- **Identify situations that trigger anxious or depressed feelings.**
- **Develop a safety plan to address suicidal ideation and/or self-injurious behavior.**
- **Stabilize symptoms of bipolar disorder and develop a mental health relapse prevention plan.**
- **Stabilize psychotic symptoms and develop mental health relapse prevention plan.**

Parenting

- **Demonstrates parental role.**
- **Demonstrates knowledge of child's development.**
- **Demonstrates ability to respond appropriately to child's verbal/nonverbal signals.**
- **Put child's needs ahead of your own.**
- **Identify how your own family of origin has impacted your parenting.**

Sexual Abuse Non-Protecting Parent

- **Provide a safe and secure environment for the child.**
- **Describe the five types of denial of sexual abuse.**
- **Process feelings related to finding out about the sexual abuse.**
- **Describe ways in which sexual abuse affects children.**
- **Describe offender patterns of grooming, triggers, and/or opportunities/high risk situations.**

Substance Abuse

- **Client will attain (or maintain) abstinence from using substances.**
- **Identify the negative consequences of substance abuse.**
- **Learn and implement coping strategies to manage urges to lapse back into substance abuse.**
- **Describe how your child was impacted by your substance abuse.**
- **Identify some benefits of a drug-free lifestyle.**

Treatment Plan Goal Bank- Child/Youth

**These are examples of goals and should not be taken as all inclusive. Treatment plan goals should be individualized to the Client's unique clinical presentation and referral needs*

Adoption or Out-of-Home Placement

- **Develop a nurturing relationship with adoptive parents.**
- **Process feelings related to adoption or out-of-home placement.**
- **When appropriate, write letters to the people in your life you have lost.**
- **Create a life book that chronicles his/her/their life to preserve his/her/their own identity and history.**
- **Process feelings related to removal from home.**

Academic Underachievement

- **Implement effective study skills to increase the frequency of completion of school assignments.**
- **Use self-monitoring checklists, planners, or calendars to remain organized and help complete school assignments.**
- **Caregivers increase the time spent being involved with the client's homework.**
- **Establish a regular routine that allows time to engage in play, quality time with family, and time to complete homework assignments.**
- **Identify and resolve all emotional blocks or learning inhibitions that are with the client and/or family system.**

Attachment (Conjoint Therapy)

- **Caregivers respond calmly but firmly to the child's detachment behavior.**
- **Family engages in "Cohesive Share Experiences."**
- **Caregivers engage in daily one-on-one active play with the child.**
- **Demonstrate an understanding of the impact of trauma on attachment.**
- **Regular use of respite care to protect selves from burnout.**

Enhancing Caregiver Awareness of Child's Emotional Cues (Conjoint Therapy)

- **Caregiver will recognize triggers to the child's emotional reactions.**
- **Describe behaviors that are considered "bad" but are better interpreted through a trauma lens.**
- **Caregiver can correctly identify and respond to the child's biological cues.**
- **Caregiver will demonstrate appropriate and empathic responses to the child's display of emotion.**
- **The child references the caregiver as a secure base for exploration.**

Gender Identity

- **Identify and replace negative, distorted cognitive messages regarding gender identity.**
- **Express comfort with or even pride in sexual identity.**
- **Engage caregivers in exploring subtle and direct messages that may add to the child's confusion.**
- **Confront and reframe the client's self-disparaging comments about gender identity and sexual anatomy.**
- **Reinforce the client's positive self-descriptive statements.**

Grief and Loss

- **Identify feelings connected with the loss.**
- **Implement coping skills for feelings of grief and loss.**
- **Describe the stages of grieving process (when age appropriate).**
- **Validate and reassure your children as they develop and understand their experience with CWS differently.**
- **Write letters to people you have lost (when age appropriate).**

Safety

- **List age-appropriate expectations for parental care.**
- **Identify at least 2 safe people and/or places to go to when help is needed.**
- **Demonstrate knowledge of safe vs. unsafe touch and an overall understanding of psychological and physical boundaries.**
- **Recognize warning signs of unsafe behavior.**
- **Increase sense of physical and psychological safety.**

Self-Regulation

- **Utilize age-appropriate assertive communication skills.**
- **Demonstrate knowledge of situations that trigger anxious or depressed feelings and access healthy coping.**
- **Identify coping skills to use when feeling angry, anxious, scared, and/or depressed.**
- **Develop a safety plan for when suicidal ideation or self-injurious thoughts come up.**
- **Responds favorably when a developmentally appropriate directive is given.**

Strengths and Resilience

- **Develop a list of at least 2 personal goals for the next year.**
- **Identify a positive role model and list 2 qualities that you can aspire to.**
- **List as many personal strengths as you can.**
- **Describe a time when you faced your fears.**
- **Describe a time when you effectively used a coping skill to get through a challenging time.**

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
• 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.
• 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.
• 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.
• The risk assessment should include a balanced assessment of client strengths and protective factors.
• Risk assessments should be conducted at the initiation of treatment, throughout the treatment process, and prior to discharge.
• 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.
• 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.
• Treatment plan updates should reflect documentation of any changes in the identified risk factors during the reporting period.
Documentation of Risk Factor
• Documentation regarding the risk factor should be included in the following areas of the treatment plan: 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 the Mental Status Assessment section, 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

- The safety plan is a written document created by the client with the assistance of the therapist.
- The safety plan documents how threats to safety of the child(ren) and/or non-protecting parent will be managed.
- Safety planning should be individualized for each client with the goal of reducing immediate and long-term risks.
- The safety plan must specify in behavioral terms how the case-specific risk factors will be addressed.
- 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

A. The safety plan must address what needs to happen so that the child(ren) will be safe in their family or home environment, including emotional as well as physical safety and well-being. It must address specific behaviors and steps the parent/caregiverwill 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.

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).

C. The plan should identify what the parent/caregiver will do if the identified triggers or "red flags" occur and should consider and address specific steps to prevent abuse, such as:

- **a.** Time out steps to control violent or abusive acts
- **b.** Steps to ensure the child(ren)'s safety
- **c.** Positive activities for stress management
- **d.** Commitment to remain non-violent and non-abusive
- **e.** Rehearsal of safety plan steps when appropriate

D. The plan should include development of an extensive safety network of support adults.. **For client protection, please do not release information pertaining to the client's safety plan (i.e. emergency contacts, shelters, etc).**

E. A sample Child Protection Safety Plan template is available as a resource to assist with safety planning, but use of the template is *not* required. 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.

Intimate Partner Violence Safety Plan

A. The following guidelines are intended to provide assistance with safety planning in Child Welfare Services cases involving intimate partner violence.

B. Submission of written intimate partner violence safety plans to Child Welfare Services is not required. For client protection, please do not release this information.

C. The intimate partner violence safety plan is intended to facilitate empowerment of the victim/survivor by providing concrete steps for preventing exposure to future acts of physical or emotional abuse through proactive behaviors.

D. The intimate partner violence safety plan should address the emotional as well as physical and technological 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 adult victims and child(ren) may be put at risk. These triggers may be external or internal to the adult victim 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 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:

- **a.** Emergency phone numbers (police, crisis lines, battered women's hotlines, safe individuals in their support system)
- **b.** List of available resources (legal guidance, medical, advocacy)
- **c.** List of phone numbers to shelters, safe houses, or other safe places where the client can go
- **d.** Temporary Restraining Order information
- **e.** Concrete behavioral steps to take in an emergency
- **f.** Rehearsal of safety plan steps when appropriate
- **g.** Consideration of safety in the workplace
- **h.** Consideration of technological safety

H. A sample personalized safety plan for domestic violence survivors can be found online at http://www.ncdsv.org/images/dv_safety_plan.pdf (Accessed January 2023)

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)

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.

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.

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 ________________________	________________________