

Assessment of Applicant's Evaluations by DV Clinical Supervisor

This form must be completed by your DV Clinical Supervisor and submitted with each evaluation and treatment plan. DV Clinical Supervisors are also encouraged to make copies of this form to use as a training tool with supervisees.

Applicant/Supervisee Name: _____

DV Clinical Supervisor Name: _____

Today's Date: _____

ALL ELEMENTS BELOW ARE REQUIRED

STANDARD

4.06 Identify Referral Source? _____
Identify when evaluation was completed? (e.g. post plea, pre-sentence, post sentence) _____

4.08 Identify minimum mandatory source of information?
External sources of information:
Criminal Hx/other CJ info _____
Police report _____
Victim Impact Statement or victim input (if avail) _____
Previous evaluations _____

Available collaterals _____
PSI if available _____
Internal sources of information:
Clinical interview _____
Risk assessments _____

Required Assessment Instruments (used and scored correctly?):
SARA _____
Substance Abuse Screening Instruments _____
DVRNA _____

Required in Clinical Interview:
Psychosocial History _____
Mental health history _____
Mini Mental Status Exam *or* _____
Colorado Criminal Justice Mental health Screen _____
Substance use history _____
Relationship history (DV dynamics) _____

4.07 The evaluation shall not make a determination of guilt or innocence. _____

Did the evaluation identify the following?
Specific victim safety issues _____
Risk of re-offense or abuse _____
Criminogenic factors & needs _____
Potential destabilizing factors _____
Motivation/responsivity/amenability to tx _____
Offender accountability _____
Strengths & Weaknesses _____
Initial level of placement in treatment (based on DVRNA) _____

Initial tx recommendations _____
Was the evaluation co-signed by an approved DVOMB Provider? _____

4.09 If offender was found to be *inappropriate* for DV tx, was criteria in 4.09 addressed? _____

10.01 For female or same sex specific, were tx recommendations compliant with 10.06, 10.07 and 10.08? _____

REQUIRED EVALUATIONS COMPETENCIES

Applicant demonstrates the following:

1. Knowledge of, use of and accurate reporting of findings from DVRNA and SARA. (Additionally consider the following: *Was there not enough information to determine if the following items should have been scored, although there was indication that it should be explored further? Were any of the instruments scored incorrectly based on the information provided in the evaluation report?*)

2. Case Conceptualization- (*All information has been utilized to identify conclusions and treatment needs. Data is synthesized and findings are clearly explained*) _____

3. All required components of 4.0 _____

4. Understanding of DV dynamics, contributing factors and relevant treatment recommendations _____

5. Tx goals reflective of offender dynamics and needed behavioral changes _____

6. An identification & subsequent explanation of information that is missing _____

TREATMENT PLANS

Standard, 5.05

Does the plan promote victim safety? _____

Does the plan identify containment goals? _____

Does the plan promote risk reductions? _____

OFFENDER CONTRACTS

Standard, 5.05 (II)

Does the Offender Contract meet 5.05 (II) A-D? _____

DV CLINICAL SUPERVISOR'S NOTES:

- Evaluations accepted.
- Treatment Plans accepted.
- Treatment Contract accepted.
- Accepted with comments: please attach any additional comments.

I attest that I have reviewed this evaluation and treatment plan for compliance with the *Standards for Treatment with Court Ordered Domestic Violence Offenders*, sections 4.0 and 5.0. I approve of its submission to the DVOMB.

DV Clinical Supervisor Signature Date