

DOMESTIC VIOLENCE TREATMENT PLAN (REVIEW)/ MTT

CLIENT: _____ **SUPERVISING OFFICER:** _____
DATE ENROLLED: _____ **REFERRAL SOURCE:** _____
ML / DOC#: _____ **CASE #:** _____
REPORT DATE: _____ **ACCOUNT BALANCE:** _____

TREATMENT: _____
ATTENDANCE: _____
MISSED SESSIONS: _____
EXCUSED SESSIONS: _____
DIAGNOSIS: _____

In the tables below, fill in the *This Session* column for any competencies discussed / worked on during this session. The *Previous Rating* column gives the client's most recent rating for the given competency. It is automatically filled in by the system based on past ratings and cannot be edited.

DVOMB CORE COMPETENCIES	Previous Rating	Current Rating	0	1	2	3	4	5
A. Commitment to abusive behavior elimination	3							
B. Demonstrates change	4							
C. Completes Personal Change Plan	3	3						
D. Empathy	2							
E. Accepts full responsibility for actions	2	3						
F. Reduce patterns of power and control	2							
G. Accountability	2							
H. Acceptance of consequences	2							
I. Participation and cooperation	3							
J. Define types of domestic violence	1							
K. Personal pattern of violence	1	4						
L. Intergenerational effects of violence	4							
M. Communication skills	3							
N. Time-out use	3							
O. Financial responsibility	3							
P. Eliminate all forms of violence / abuse	3	1						
Q. Weapon prohibitions	1							
R. Cognitive distortion identification / challenge	5							

Blank = Not covered, 1 = Precontemplative, 2 = Ambivalence, 3 = Engages/Comprehends, 4 = Demonstrates, 5 = Internalized

Additional competencies shall be required by MTT based on risk factors and individual treatment needs, as determined at the initial evaluation or during Treatment Plan Reviews.

ADDITIONAL COMPETENCIES		Previous Rating	Current Rating	0	1	2	3	4	5
A.	Demonstrate responsible parenting	3							
B.	Chronic abusive beliefs and thought patterns	2	1						
C.	Utilizes prosocial and/or community support	0							
D.	Stabilization with psychiatric recommendation	1							
E.	Stabilization with medical recommendation	2							
F.	Compliance with substance abuse treatment	4							
G.	Effective interpersonal skills	2							
H.	Demonstrate self-management skills	2							
I.	Effects of violence on children	4							
J.	Emotional regulation/distress tolerance	3							
K.	Addressing/resolving personal trauma/abuse history	3							

Blank = Not covered/ Does Not Apply, 1 = Precontemplative, 2 = Ambivalence, 3 = Engages/Comprehends, 4 = Demonstrates, 5 = Internalized

DISCHARGE		Previous Rating	Current Rating	0	1	2	3
A.	Personal Change Plan (PCP)	2					
B.	Aftercare	1	1				
C.	Apology Letter	0					
D.	Discharge Packet	0					

1 = Began, 2 = Working on, 3 = Completed

DVRNA RISK FACTORS:

[%drvna-risks%]

TREATMENT PLAN REVIEW DATES / LEVEL:

Date	Risk Level	Second Clinical Contact	Update to Risk Level Placement
			Original Treatment Level

TELETHERAPY

MTT Approved

Criteria:

MTT Denied

Reasons:

TREATMENT PLAN REVIEW & MTT STAFFING UPDATE:

NEXT REVIEW SCHEDULED ON OR BEFORE: 10/8/2014

PROTECTION ORDER STATUS:

- Active Protection Order
- Lifted Protection Order
- Modified No Contact Order to Allow Contact

CRIMINOGENIC NEEDS:

RESPONSIVITY:

STRENGTHS / WEAKNESSES / BARRIERS TO TREATMENT / POTENTIAL DESTABILIZING FACTORS:

GOAL/OBJECTIVE (1):

- Problem:**
- Goal:**
- Objective:**
- Date/Review Comments:**

GOAL/OBJECTIVE (2):

- Problem:**
- Goal:**
- Objective:**
- Date/Review Comments:**

GOAL/OBJECTIVE (3):

- Problem:**
- Goal:**
- Objective:**
- Date/Review Comments:**

PLAN:

DV Group Therapy: Teletherapy Yes No

2nd Clinical Contact:

Mental Health Evaluation:

Substance Abuse Evaluation:

Treatment Plan Review (every 2-3 months):

Additional Treatment Recommendations:

Randomized Monitored Sobriety: Recommended by Probation / MTT

I understand I am eligible for successful completion from Domestic Violence treatment when I demonstrate an understanding and application of all required competencies, completion of treatment goals, mitigation of risk, and other factors as identified in the Treatment Plan (Refer to Standard 5.09 I). I understand that I must demonstrate all the DVOMB CORE Competencies, Additional Competencies identified by the MTT, completion of assignments, compliance with all treatment recommendations (including second clinical contact and UAs), compliance with supervision, completed number of treatment plan reviews determined by treatment level. Level A completes a minimum of two treatment plan reviews. Level B/C completes a minimum of three treatment plan review. If I have not met all treatment goals nor met all discharge criteria, then additional Treatment Plan Reviews shall be scheduled (Refer to Standard 5.07 V). Once the discharge criteria have been met, the MTT may determine the discharge date.

Per the DVOMB Standards I can have up to 3 absences. In the event that I exceed the allowed absences my case will be reviewed by the MTT for discharge.

MTT has staffed and is in agreement with the Service Plan/TPR. I have been involved in creating this plan, I had my questions answered and I agree to cooperate with my counselor to achieve my goals. I have been offered a copy of this Service Plan for my records.

- I have received a copy of this plan.
- I have denied a copy of this plan.

Signature

Signed on

Counselor Signature

Signed on

Date: