**TREATMENT INTAKE REPORT**

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| **Name:** |  | **Date of Intake Appointment:** | #/##/#### |
| **ID #:** |  | **Date Report Completed:** | #/##/#### |
|  | **Author:** |  |

**Background Information**

Mr. [hereinafter the *client*] was referred by [court] to the Montclair State University (MSU) Telehealth Dialectical Behavioral Therapy (DBT) Individual Skills Training Program [hereinafter the *program*]. [Referral party descriptor]. The program offers individual sessions of DBT skills training via remote communication technologies to participants in the court.

Court staff provided a collateral record concerning the client, *Intake and Planning Form* (dated #/##/####), which I reviewed. Prior to his intake assessment, the client was provided with, and returned signed copies, of the following forms: *MSU Telehealth DBT Program: Consent for Services*; and *MSU Telehealth DBT Program: Consent to Release Exchange Confidential Information for Participation*. He also completed the following forms, his answers to which I reviewed: *Client Information Form*; *Client Contacts Form*; and *Client History Form*.

During the intake session, on #/##/####, I explained to the client the purpose of the appointment and treatment program, and the limits to confidentiality. He was able to accurately summarize this information and he provided verbal consent to proceed.

I learned background information about the client via collateral records, his responses to surveys, and an interview I conducted with him. The client is a . . . [demographics]. Regarding the client’s childhood, family, and social history and current functioning, . . . Regarding Mr. ’s employment history and current functioning, . . . Regarding the client’s medical and mental health history and current functioning, . . . Regarding the client’s alcohol and drug history and current functioning, . . . Regarding the client’s legal history, . . .

[You do not need to get too long winded here or report every single data point. Your overall sense of the highlights suffices for present purposes. Refer to the Treatment Summary Report example for ideas about level of depth.]

**Intake Assessment Results**

The below table summarizes the client’s results for assessment measures he was administered as part of his intake.

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| **Measure**Comparison scores for interpretation: *M* (*SD*) or other | **Scale / Subscale** | **Score / Level at Baseline** |
| **LS/CMI[[1]](#footnote-1)** |  |  |
| 0–1 (Very Low); 2–3 (Low); 4–5 (Medium); 6–7 (High); 8 (Very High) | Criminal History |  |
| 0–1; 2–3; 4–5; 6–7; 8–9 | Education/Employment |  |
| 0; 1; 2; 3; 4 | Family/Marital |  |
| 0; —; 1; 2; — | Leisure/Recreation |  |
| 0; 1; 2; 3; 4 | Companions |  |
| 0; 1–2; 3–4; 5–6; 7–8 | Alcohol/Drug Problem |  |
| 0; 1; 2; 3; 4 | Procriminal Attitude/Orientation |  |
| 0; 1; 2; 3; 4 | Antisocial Pattern |  |
| 0–4; 5–10; 11–19; 20–29; 30–43 | Total |  |
| **SARAN V5: SF[[2]](#footnote-2)** |  |  |
| 0–32 | Central Eight |  |
| 0–8 | Strengths |  |
| Very Low to Very High | Criminogenic Risk |  |
| 0–100% | Criminogenic Risk % |  |
| 0–10 | Non-Criminogenic Needs |  |
| 0–8 | Responsivity Factors |  |
| Not at all (0%) to Completely (100%) | Accuracy |  |
| **LSRP36[[3]](#footnote-3)** |  |  |
| 1.94 (0.36) | Total | Raw = *z*-score =  |
| **CVTRQ[[4]](#footnote-4)** |  |  |
| 83.23 (10.73), cutoff ≥ 72 | Total Readiness | Raw = *z* =  |
| **TOPF[[5]](#footnote-5)** |  |  |
| From manual | Total | Raw = Standard score=  |
| **DBT-WCCL[[6]](#footnote-6)** |  |  |
| 1.53 (0.47) | Skills Use | Raw = *z* =  |
| 2.08 (0.39) | Dysfunctional Coping (Combined) | Raw = *z* =  |
| **VLQ[[7]](#footnote-7)** |  |  |
| 59.52 (14.14) | Valued Living Composite |  Raw = *z* = |

**General criminogenic risk and needs**

I rated the client’s **criminal history** as a . . . criminogenic need, whereas he regarded this factor as a . . . criminogenic need. I rated his **criminogenic thinking** as a . . . criminogenic need, whereas he regarded this factor as a . . . criminogenic need. I rated his **peer relations** as a . . . criminogenic need, whereas he regarded this factor as a . . . criminogenic need. The client’s total score on the expanded Levenson Self-Report Psychopathy Scale (LSRP36) was [normative interpretation, considering the nature of the reference group], and he regarded his personality as a . . . criminogenic need. Ultimately, I rated his **antisocial personality pattern** as a . . . criminogenic need.

I rated the client’s **substance use history** as a . . . criminogenic need, whereas he regarded this factor as a . . . criminogenic need. I rated his **education and employment history** as a . . . criminogenic need, whereas he regarded this factor as a . . . criminogenic need. I rated his **family and marital functioning** as a . . . criminogenic need, whereas he regarded this factor as a . . . criminogenic need. I rated his **leisure pursuits and use of free time** as a . . . criminogenic need, whereas he regarded this factor as a . . . criminogenic need.

The client’s overall score on Section 1 of the Level of Service/Case Management Inventory (LS/CMI) was indicative of a . . . **risk for reoffending**. He rated his risk for reoffending as . . . on the Self-Appraisal of Risk and Needs Version 5: Short Form (SARAN V5: SF). One goal of treatment will be to reduce the client’s criminogenic risk and needs. Skills training will seek to help the client learn and utilize skills to decrease his criminogenic needs, and in turn, his overall risk for reoffending. [If applicable: Toward this end, in early sessions, I will try to arrive with the client at a more mutually agreed understanding of his areas of criminogenic risk and needs.]

**Other relevant factors**

The client endorsed . . . **non-criminogenic needs**: . . . I will encourage the client to seek assistance through the court for these needs, and I will highlight for the client the extent to which skills training is relevant to these needs.

The client endorsed . . . **responsivity factors**: . . . His score on the Test of Premorbid Functioning (TOPF) was suggestive of an . . . level of **verbal functioning**. These are issues for which I will seek to tailor skills training. In addition, the client’s total score on the Corrections Victoria Treatment Readiness Questionnaire (CVTRQ) was . . .; based on the suggested cutoff score for readiness for treatment, this suggested that he was . . . [If applicable: Accordingly, I anticipate that skills training will involve the use of commitment strategies with the client.]

Regrading his **coping strategies**, the client’s score for the skills subscale on the DBT-Ways of Coping Checklist (DBT-WCCL) was [normative interpretation, considering the nature of the omnibus reference group], suggesting that he . . . effective coping skills. His combined dysfunctional coping subscale (general dysfunctional coping and blaming others) score was [normative interpretation, considering the nature of the omnibus reference group], suggesting that he . . . ineffective coping strategies. An instrumental goal of treatment will be to increase the client’s insight into and practice of effective coping skills in lieu of ineffective coping strategies.

The client’s valued living composite score on the Valued Living Questionnaire (VLQ) was [normative interpretation, considering the nature of the reference group], which suggests that he is currently living out personal values in his everyday life to a . . . extent. A goal of treatment will be to increase the client’s **values-based living**. Skills training will seek to increase the client’s clarity about his priority values and the extent to which he lives his daily life in accordance with those values.

**Treatment Plan**

The client’s problem areas likely stem from the interaction of historical and current biological and social factors, that have resulted in aspects of behavioral, emotional, interpersonal, cognitive, and self-dysfunction. Some of the results of these areas of dysregulation, in the past and at present, are his criminogenic and non-criminogenic needs, and risk for reoffending. Accordingly, the client will participate in 12 telehealth sessions of individual DBT skills training. I will teach him skills in the following domains: behavioral analysis, dialectical thinking, mindfulness, distress tolerance, interpersonal effectiveness, and emotional regulation. As part of his skills training, I will direct the client to utilize a digital or paper diary card and a mindfulness application for his mobile phone. I will also be available to him for phone coaching and crisis intervention as needed, to help him generalize skills to his everyday life. Moreover, I will encourage the client to invite social supports (e.g., a spouse or family member) to some of the sessions. I will monitor the client’s attendance and participation; this information will be shared with court staff every two weeks.

If the client is responsive to the skills training, I anticipate that his increased knowledge and use of the skills—in place of long-term ineffective behaviors—will help him to reduce his overall risk for reoffending and lead a more successful life in accordance with his personal values. The client will receive credit from the court for completing 6 of these sessions, and then additional credit for completing all 12 sessions.

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| --- | --- |
|  | /s/ Name |
| Name, Degree |
| Student therapist |

1. Andrews, D. A., Bonta, J. L., & Wormith, J. S. (2004). *Level of Service/Case Management Inventory (LS/CMITM): An offender assessment system*. Multi-Health Systems. [male and female probationers and male inmates released from prison] [↑](#footnote-ref-1)
2. King, C. M. (n.d.). *Self-Appraisal of Risk and Needs Version 5: Short Form*. Unpublished measure. Montclair State University. [no comparison group] [↑](#footnote-ref-2)
3. Christian, E., & Sellbom, M. (2016). Development and validation of an expanded version of the three-factor Levenson Self-Report Psychopathy Scale. *Journal of Personality Assessment, 98*(2), 155–168. https://doi.org/10.1080/00223891.2015.1068176 [Australian community participants] [↑](#footnote-ref-3)
4. Casey, S., Day, A., Howells, K., & Ward, T. (2007). Assessing suitability for offender rehabilitation: Development and validation of the Treatment Readiness Questionnaire. *Criminal Justice and Behavior, 34*(11), 1427–1440. https://doi.org/10.1177/0093854807305827 [justice-involved Australian persons in community and prison settings] [↑](#footnote-ref-4)
5. NCS Pearson, Inc. (2009). *Advanced Clinical Solutions for WAIS-IV and WMS-IV: Administration and scoring manual*. [similarly aged persons in the community] [↑](#footnote-ref-5)
6. Neacsiu, A. D., Rizvi, S. L., Vitaliano, P. P., Lynch, T. R., & Linehan, M. M. (2010). The Dialectical Behavior Therapy Ways of Coping Checklist: Development and psychometric properties. *Journal of Clinical Psychology*, *66*(6), 563–582. https://doi.org/10.1002/jclp.20685 [ad-hoc calculated averages across all five cohorts of women in different treatments with borderline personality disorder or borderline personality disorder and drug dependence] [↑](#footnote-ref-6)
7. Wilson, K. G., Sandoz, E. K., Kitchens, J., & Roberts, M. (2010). The Valued Living Questionnaire: Defining and measuring valued action within a behavioral framework. *The Psychological Record, 60*(2), 249–272. https://doi.org/10.1007/BF03395706 [undergraduate students] [↑](#footnote-ref-7)