**TREATMENT SUMMARY REPORT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |  | **Date of Late Session:** | | #/##/#### |
| **ID #:** |  | **Date Report Completed:** | | #/##/#### |
|  | | **Author:** |  | |

**Background Information**

I previously reported background information about Mr. [hereinafter the *client*] in the *Treatment Intake Report* (dated #/##/####). That summary is herein incorporated.

**Pre- and Post-Treatment Assessment Results**

The below table summarizes the client’s results for assessment measures he was readministered circa the end of treatment.

|  |  |  |  |
| --- | --- | --- | --- |
| **Measure**  Comparison scores for interpretation: *M* (*SD*) or other | **Scale / Subscale** | **Score / Level at** | |
| **Intake** | **Post** |
| **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* = | Raw =  *z* = |
| **DBT-WCCL[[4]](#footnote-4)** |  |  |  |
| 1.53 (0.47) | Skills Use | Raw =  *z* = | Raw =  *z* = |
| 2.08 (0.39) | Dysfunctional Coping (Combined) | Raw =  *z* = | Raw =  *z* = |
| **VLQ[[5]](#footnote-5)** |  |  |  |
| 59.52 (14.14) | Valued Living Composite | Raw =  *z* = | Raw =  *z* = |

**General criminogenic risk and needs**

Relative to the client’s scores on Section 1 of the Level of Service/Case Management Inventory (LS/CMI) at intake, at the end of treatment, he demonstrated no/a decrease/an increase in risk for the following **criminogenic needs**: . . . He also showed no/a decrease/an increase in **overall risk for reoffending**, to a . . . level. Accordingly, the treatment appeared to accomplish its aim to reduce the client’s risk for reoffending.

Relative to the client’s self-reported risk and need scores at intake on the Self-Appraisal of Risk and Needs Version 5: Short Form (SARAN V5: SF), at the end of the treatment, he rated no/a decrease/an increase in risk for the following criminogenic needs: . . . His total score on the expanded Levenson Self-Report Psychopathy Scale (LSRP36) was [normatively: lower/the same/higher] than his score at intake. He rated no/a decrease/an increase in overall risk for reoffending, to a . . . level.

[Alter/further explain as needed.]

[Discuss any notable discrepancy between evaluator-rated and self-report risk and needs.]

**Other relevant factors**

Relative to the client’s self-reported **non-criminogenic needs** at intake, he endorsed . . . non-criminogenic needs at the end of treatment: . . . Skills training appeared to correspond with the client getting some of these needs met. I encouraged the client to continue to seek assistance through the court for these remaining needs prior to graduating from the court, and to continue utilizing skills he has learned to help get these needs satisfied.

[Alter/further explain as needed.]

Regrading the client’s **coping strategies**, relative to his scores at intake on the DBT-Ways of Coping Checklist (DBT-WCCL), his scores at the end of treatment suggested [normatively: no change/a decrease/an increase] in effective coping skills. Relatedly, his combined dysfunctional coping subscale (general dysfunctional coping and blaming others) score was [normatively: lower/the same/higher] than his score at intake. Accordingly, the treatment appeared to accomplish its aim to increase the client’s use of effective skills.

[Alter/further explain as needed.]

Relative to the client’s valued living composite score on the Valued Living Questionnaire (VLQ) at intake, his score at the end of treatment was indicative of [normatively: no change/a decrease/an increase] in **valued-based living**. Accordingly, the treatment appeared to accomplish its aim to increase the extent to which the client lives out personal values in his everyday life.

[Alter/further explain as needed.]

**Treatment Objectives and Progress**

The client completed 12 sessions of individual DBT skills training via telehealth. I taught him skills in the following domains: behavioral analysis, dialectical thinking, mindfulness, distress tolerance, interpersonal effectiveness, and emotional regulation. As part of his skills training, the client utilized a digital or paper diary card and a mindfulness application for his mobile phone, to help structure his skills practice. The client also made occasional use of phone coaching for assistance with generalizing skills to his everyday life. The client declined to involve social supports in some of his sessions.

[Narrate observations and opinions of participation, insight, and overall responsiveness to treatment, including based on individual session note ratings, and both in reference to treatment and in the client’s everyday functioning. Refer to the Treatment Summary Report example for ideas about what to report and in what level of depth.]

The client received credit from the court for completing 6 of these sessions. He will receive additional credit from the court now that he has completed all 12 sessions. Given the client’s responsive to the skills training, I anticipate that his increased knowledge and use of the skills—in place of long-term ineffective behaviors—will continue to help him maintain a reduced risk for reoffending and lead a more successful life.

|  |  |
| --- | --- |
|  | /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. 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-4)
5. 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-5)