|  |  |
| --- | --- |
|  |  WASHINGTON STATE DOMESTIC VIOLENCE INTERVENTION TREATMENT (DVIT) SERVICES **Level 4 Questionnaire for Supervisors Applying to Facilitate  Level 4 Domestic Violence Intervention Treatment** |
| **All questions must be answered completely by the supervisor who will be providing Level 4 treatment. If more than one person will be providing Level 4 treatment, each person should fill out a separate questionnaire.** An incomplete questionnaire will not be accepted. Please submit the completed questionnaire to: Department of Social and Health Services, Community Services Division, DVIT Program Certification, PO Box 45470, Olympia, WA 98504-5440. |
| NAME OF THE SUPERVISOR WHO COMPLETED THIS FORM AND IS PROVIDING LEVEL 4 TREATMENT | DATE |
| 1. What distinguishes Level 4 participants from those in all other levels of treatment?

 |
| 1. Which formal assessment tool(s) will your program use to measure psychopathy?

 |
| 1. How will your treatment approach with Level 4 participants be different than with other clients?

 |
| 1. Why is it imperative to keep Level 4 participants separate from those in all other levels of treatment?

 |
| 1. What are the four main areas of treatment focus, skills and behavioral changes for Level 4 participants?
*
*
*
*
 |
| 1. What are the three completion criteria that are specific to Level 4 participants?
*
*
*
 |