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|  | 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? | | |