



Arizona Behavioral Counseling & Education, Inc.

Screening Assessment

The purpose for the screening is to determine the program that you qualify for according to the Arizona Department of Health Services (ADHS) standards. A.B.C. screeners are qualified under ADHS licensing standards with additional qualifications and experience. Complete, true and accurate information must be disclosed to ensure the program you attend will be accepted by the state and the court. False or inaccurate information can bring more court action, screening, programs and fees.

For DUI Clients Only

A.R.S. 28-1381 requires each DUI offender to complete an individual screening and program. The proper program is identified by the screening process according to ADHS rules. The DUI screening agency and program provider MUST be licensed by ADHS as a DUI service provider.

An assignment to attend AA meetings may be used in conjunction with an education/treatment program. AA cannot be used instead of a program because it is not licensed by the State of Arizona.

MVD reviews their files before license reinstatement to determine if an appropriate level of education and/or treatment was prescribed and completed. Any discrepancies that indicate the information you provided was inaccurate or incomplete may require you to be re-evaluated and/or participate in an additional program. You will be responsible for all additional fee requirements. Therefore, it is recommended that you provide complete and accurate information to the screener.

A separate MVD evaluation will be required if your license was revoked and not suspended.

For Domestic Violence Clients Only

Arizona Department of Health Services rules require a minimum of 26 treatment sessions for a first time domestic violence offense, 36 sessions for a second domestic violence offense, 52 sessions for a third domestic violence offense.

Program Referrals

All program referrals must be completed as required under Arizona Statute and ADHS regulations. Failure to complete the program referral will result in a non-compliance issued to the referring agency/court. Also, license reinstatement may be withheld until proof of completion is provided.

Requirements for Out-of-State Program Attendance

Obtain approval from ABC before starting any program by submitting the following: The Agency name, address and phone number; A copy of the state license or syllabus with license number printed; A program description including the number of sessions, the number of hours in each session, an outline of topics covered; A contact person (including name, phone number, and fax number); A release of information form; You must verify attendance by submitting monthly progress reports, and complete the program by submitting a discharge summary and/or completion certificate.

Screening Grievance Procedure

It is our goal to provide you with the most accurate and appropriate placement that satisfies the state and court requirements and reinstatement of your license if your charge is a DUI.

If you disagree with your screening or would like additional information, please call (602) 788-1116 between 8:00am and 5:00pm, Monday through Friday. Request our office to review your file. If this does not clarify your questions or resolve your concern, a follow-up evaluation may be requested.



Arizona Behavioral Counseling & Education, Inc.

Referral Agency List

Maricopa County

Arizona Behavioral Counseling (602) 788-1116
(Chandler/Gilbert) 2051 N. Arizona Ave., Ste. 110
(North West Phx) 3549 W. Northern Ave.
(Phoenix Central) 3120 N. 19th Ave., Ste. 130
(Tempe) 2525 S. Rural Rd., Ste. 7-South

ACT Counseling & Education (602) 569-4328
(Scottsdale) 5010 E. Shea Blvd., Suite D-202

Black Mountain Behavioral Health (480) 595-1555
(Scottsdale) 33755 N. Scottsdale Rd., Suite J-105

Chicanos Por La Causa (602) 257-0464
(Phoenix) 6850 W. Indian School Rd.

Dynamic Living (602) 277-2112
(Phoenix) 5150 N. 16th St., Ste. B132
(NW Phoenix) 18425 N. 19th Ave., Ste. 122
(Mesa/Gilbert) 1555 S. Gilbert Rd., Ste. 101
(Tempe) 1340 E. Broadway Rd., Ste. 107

**East Valley Substance Abuse Center
(480) 833-8122**
(Mesa) 1550 E. University Blvd., Ste. F-1

Omega Counseling Services (602) 495-9306
(Phoenix) 1480 E. Bethany Home Rd., Ste. 230
(Phoenix) 4823 S. 7th St.
(Glendale) 5008 W. Glendale Ave.

**Pathway/Desert Foothills Counseling
(480) 235-6680**
(Queen Creek) 20185 E. Ocotillo Rd., #102

Western Judicial Services (623) 936-8828
(Avondale) 303 W. Van Buren St., Ste. 101
(Buckeye) 505 E. Monroe St.
(Peoria) 9516 W. Peoria Ave. Ste. 22
(Surprise) 17125 N. 134th Dr., Ste. 101B
(Tolleson) 9550 W. Van Buren Ste. 11

Yavapai County

**Arizona Behavioral Counseling
(800) 274-6713 (602) 788-1116**
(Camp Verde) 1640 W. Hwy 260
(Chino Valley) 1021 W. Butterfield Rd.
(Prescott) 202 N. Granite #200, Traffic School room
(Prescott Valley) 3050 N. Navajo Dr., Ste. #105

**SET Counseling
(800) 510-9088 (928) 300-5757**
(Prescott Valley) 8933 E. Florentine Rd., Ste. F

**Desert Foothills Counseling
(928) 646-0347**
(Cottonwood) 1760 E. Villa Dr., Ste. A

**West Yavapai Guidance Clinic
(928) 899-7343**
(Prescott Valley) 3345 N. Windsong Dr.

Pima County

Bridges Counseling (520) 408-3247
(Tucson) 5669 N. Oracle Rd., Suite 2106

Cactus Counseling Associates (520) 798-3659
(Tucson) 110 S. Church St., Ste. 2070



Arizona Behavioral Counseling & Education, Inc.

Screening Assessment Client Information

Name _____ D.O.B. _____
Last First Middle Month Day Year

Address _____

City County State Zip Code

Phone # () _____ Cell # () _____ Email: _____

Sex: M F Ethnicity: ___ White ___ Hispanic ___ Indian/Native American ___ Black Other _____

Marital Status: ___ Married ___ Single ___ Separated ___ Divorced ___ Widowed

Preferred Language: ___ English ___ Spanish ___ Other _____

Special Accommodations Required Due to a Handicapping Condition or Disability: ___ No ___ Yes

Explain: _____

Court-Ordered: ___ Yes ___ No If Yes, name of referring Court or Agency: _____

Referred Date: _____ Charge/Reason Description _____

If you are here because of a DUI, you must include your AZ Driver's License/I.D. number and the date of the DUI violation. _____

AZ Driver's License/I.D. Number

DUI Violation Date

Authorization For Release Of Information

I authorize Arizona Behavioral Counseling (ABC) to communicate with and exchange information about my name, address, phone number, reason for referral, scheduling, screening results, enrollment, program participation, progress, compliance status, incident reports and health care emergencies with the following:

[] Court _____

[] Agency _____

[] A.D.O.T. (Arizona Department of Transportation) /MVD (Motor Vehicle Division) - Required to
dismiss license suspension/revocation

[] Personal Advocate _____ Phone # _____

[] Other _____

I also authorize ABC to contact emergency health care services (e.g. 911 or a crisis line) and the emergency contact person listed below if I experience a health care emergency.

(Note: An emergency contact person & phone number are required for you to attend)

Emergency Contact Person _____ Phone # _____

I understand that my records are protected under the federal regulations governing confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR, Part 2, and cannot be disclosed without my written consent, unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken with reliance on it. Otherwise, this consent expires automatically 7 (seven) years from today's date.

Client's Signature

Today's Date



Arizona Behavioral Counseling & Education, Inc.

Screening Information (DUI and other charges)

1. Procedures for conducting a Screening:
 - Conducted by a behavioral health professional or a behavioral health technician
 - Behavioral health professionals provide supervision oversight hours to non-licensed facilitators. Clients may contact the administrative office at (602) 788-1116, to give feedback and/or concern regarding a non-licensed facilitator.
 - Consists of a face-to-face interview that lasts at least 30 minutes but not more than three hours
 - Includes administering at least one standardized instrument for measuring alcohol dependency and substance abuse
 - Requires respectful and constructive participation
2. Timeline for initiating and completing DUI screening:
 - Usually within 30 days from the date of the court order, unless otherwise required in the court
3. Consequences for not complying with the procedures and timelines:
 - Enrollment with A.B.C. may be cancelled
 - Notification of non-compliance will be sent to the referring court, ADOT/MVD, and/or agency
 - Additional court, ADOT/MVD action will occur
 - Your driver's license may be suspended for additional time
4. Information reported to the referring court, ADOT/MVD, and/or agency:
 - Client's name, address, phone number
 - Screening assessment results
 - Dates of enrollment, attendance, and completion
 - Quality of participation, description of progress and any aftercare recommendations
 - Copies of incident reports that involved you
 - Any additional information requested by the court or referring agency
5. Costs and method of payment:
 - Screening fee is \$60-\$90, due at the time of screening
 - Level II Education classes cost \$100-\$160
 - Treatment sessions cost \$25-\$40 each
 - Effective 9/1/17, Pay only with credit card/debit card, or money order.
No Cash or Checks accepted.
 - Effective 2/1/18, \$10 no-show fee added to client's balance for each missed appointment.

Client Signature

Today's Date

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Pima County

Bridges Counseling (520) 408-3247
(Tucson) 5669 N. Oracle Rd., Suite 2106

Cactus Counseling Associates (520) 798-3659
(Tucson) 110 S. Church St., Ste. 2070

Client Signature

Today's Date

INTAKE/ASSESSMENT

Presenting Behavioral Health Issues (Check the reason you are here)

___ Substance Issue ___ Domestic Violence ___ Emotional/Behavioral Issue ___ Other _____

Psychological History (Check current and past conditions. Write "RS" if the condition is resolved)

___ Anxiety ___ Suicide ___ Gambling ___ Mental Illness
___ Depression ___ Adjustment ___ Eating Disorder ___ Other _____
___ No Problem, psychological development was without significant trauma and distress or past issues resolved

Social History (Check current and past important family and personal issues)

___ Abusive Relationships ___ Divorce ___ Family Issue/Explain _____
___ Childhood Abuse ___ Personal Issues ___ Other _____
___ No problem, social development was without significant trauma and distress or past issues resolved

Educational and Vocational History (Check all completed)

___ High School ___ Tech School ___ Community College ___ College ___ University ___ Other _____

Medical History (Check current and past conditions, medications, allergies, special diets, and needs)

___ AIDS/HIV ___ Allergy ___ Asthma ___ Blood Pressure ___ Brain Trauma ___ Cancer ___ Diabetes
___ Emphysema ___ Epilepsy ___ Hearing ___ Heart Disease ___ Kidney ___ Liver ___ STD ___ Ulcers
___ Vision ___ Other _____ Prescribed Medications: _____ Over Counter Medications: _____
___ No problem, medical history is without significant health altering incident or past incidents are resolved

Medication & Substance Use History (Indicate all substances used and experimented with)

	<u>Never Used</u> (√if not used)	<u>Date last Used</u> (approximate ok)	<u>How Much Usually Used</u> 1-3 4-6 7-12 over 12	<u>How Often Usually Used</u> Yearly/Monthly/Weekly/Daily
Alcohol	_____	_____	_____	_____
Amphetamines	_____	_____	_____	_____
Antidepressants	_____	_____	_____	_____
Antipsychotics	_____	_____	_____	_____
Cocaine	_____	_____	_____	_____
Hallucinogens	_____	_____	_____	_____
Marijuana	_____	_____	_____	_____
Narcotics	_____	_____	_____	_____
Sedatives	_____	_____	_____	_____
Other	_____	_____	_____	_____

Legal History (Check all that apply, including your current situation)

___ DUI (alcohol or drug) Date(s): First Offense _____ Second Offense _____ Third Offense _____
___ Non-DUI (alcohol or drug) Date(s): First Offense _____ Second Offense _____ Third Offense _____
___ Domestic Violence or family disturbances (all incidents, including those that did not result in an arrest)
Date(s): First Offense _____ Second Offense _____ Third Offense _____

You MUST give a description of the circumstances that led to your referral for domestic violence treatment: _____

___ Order of Protection (Restraining Order) Date(s): _____
___ Non D.V. Assault/Conflict Date(s): First Offense _____ Second Offense _____ Third Offense _____
___ Other Legal Issues (Diversion, Incarceration, Probation, Parole) Date(s): _____

Behavioral Health Treatment and Behavioral Health Hospitalization History

	<u>Agency</u>	<u>Purpose</u>	<u>Date</u>	<u>Assignment/Program</u>
___ No Program Attended	_____	_____	_____	_____
___ Prior Screening Assessment	_____	_____	_____	_____
___ Education/DUI Class/Workshop	_____	_____	_____	_____
___ Outpatient Treatment	_____	_____	_____	_____
___ Inpatient Treatment	_____	_____	_____	_____

Recommendations for further assessment/comments (For staff use only)

___ No ___ Yes Explain _____

Behavioral Health Technician (Name/Credentials)

Behavioral Health Professional (Name/Credentials)

Intake Assessment Date _____

Approval Date _____

MAST

(Modified to include drugs)

The following questions are about your entire life, including past and current experiences. Consider all use of alcohol and other drugs (even prescription drugs) when you answer.

Yes No

- | | | | | |
|-----|---|-----|-----|-----|
| 0. | Do you enjoy a drink now and then? | 0. | ___ | ___ |
| 1. | Do you feel you are a normal drinker or drug user? <u>Normal means</u> you drink or use less than or about the same as most other people and you have not gotten into recurring trouble while drinking. | 1. | ___ | ___ |
| 2. | Have you ever awakened after drinking or drug use and found that you could not remember a part of what happened? How many times? ___ When? _____ | 2. | ___ | ___ |
| 3. | Does anyone ever worry or complain about your drinking or drug use? Who worries: _____ | 3. | ___ | ___ |
| 4. | Can you stop drinking or drug use without a struggle after one or two drinks or uses? | 4. | ___ | ___ |
| 5. | Do you feel guilty about your drinking or drug use? How often? _____ | 5. | ___ | ___ |
| 6. | Do friends or relatives think you are a normal drinker or drug user? <u>Normal</u> means no problems. | 6. | ___ | ___ |
| 7. | Are you able to stop drinking or drug use when you want to? | 7. | ___ | ___ |
| 8. | Have you ever attended a meeting of Alcoholics Anonymous or any other 12 step meetings (AA, NA, CA)? Why? _____ | 8. | ___ | ___ |
| 9. | Have you gotten into physical fights when you have been drinking or using drugs? | 9. | ___ | ___ |
| 10. | Has your drinking or drug use ever created problems between you and your parents, another relative, your spouse, or any girlfriend or boyfriend? How many times? ___ When? _____ | 10. | ___ | ___ |
| 11. | Has any family member of yours ever gone for help <u>about your</u> drinking or drug use? | 11. | ___ | ___ |
| 12. | Have you ever lost friends because of <u>your</u> drinking or drug use? | 12. | ___ | ___ |
| 13. | Have you ever gotten into trouble at work or school because of drinking and drug use? | 13. | ___ | ___ |
| 14. | Have you ever lost your job because of drinking and drug use? | 14. | ___ | ___ |
| 15. | Have you ever neglected your obligations (school, work, family, or job) for 2 or more days in a row because you were drinking or using? How many times? ___ When? _____ | 15. | ___ | ___ |
| 16. | Do you drink or use drugs before noon fairly often? | 16. | ___ | ___ |
| 17. | Have you ever been told you have liver trouble? Cirrhosis? | 17. | ___ | ___ |
| 18. | After heavy drinking or drug use, have you ever had severe shaking, or heard voices or seen things that really weren't there? | 18. | ___ | ___ |
| 19. | Have you ever gone to anyone (education or treatment) for help about your drinking or drug use? | 19. | ___ | ___ |
| 20. | Have you ever been in a hospital (injury or illness) because of drinking or drug use? | 20. | ___ | ___ |
| 21. | Have you ever been a patient in a psychiatric hospital or on a psychiatric ward of a general hospital where <u>drinking or drug use</u> was part of the problem that <u>resulted in hospitalization</u> ? | 21. | ___ | ___ |
| 22. | Have you ever been to a psychiatric or mental health clinic or gone to any doctor, social worker, or clergy for help with any <u>emotional problem</u> where <u>drinking or drug use</u> was part of the problem? | 22. | ___ | ___ |
| 23. | Have you ever been cited, arrested for drunk driving, driving while intoxicated, or driving under the influence (<u>DUI</u>) of alcoholic beverages or any other drug? How many times? ___ When? _____ | 23. | ___ | ___ |
| 24. | Other than DUI, have you ever been cited, arrested, or taken into custody, for possession or use of alcohol, medication, other drugs or paraphernalia? How many times? ___ When? _____ | 24. | ___ | ___ |

Part A

		<u>Yes</u>	<u>No</u>
1. Have you had 3 or more alcohol/drug related arrests/citations?	1.	___	___
2. Was your blood alcohol level .15 or above?	2.	___	___
3. Do you habitually abuse or have a problem controlling alcohol or drugs?	3.	___	___
4. Do you feel you have a problem with alcohol/drugs?	4.	___	___
5. Have you been diagnosed with substance abuse or organic brain disease due to substance abuse?	5.	___	___
6. Have you experienced any of these withdrawal symptoms:	6.		
a. Hallucinations	a.	___	___
b. Convulsive seizures	b.	___	___
c. Delirium tremens (shakes)	c.	___	___
7. Have been medically diagnosed as having any of these complications?	7.		
a. Alcohol liver disease	a.	___	___
b. Alcoholic pancreatitis	b.	___	___
c. Alcoholic cardiomyopathy	c.	___	___

Part B**1 & 2 for Staff Only**

1. MAST Score _____
2. Blood alcohol level or influencing drug when cited/arrested? _____

Note: A .18 or greater B.A.C. is considered a "yes" for item 11. Therefore, a level 1 is required for $\geq .18$

		<u>Yes</u>	<u>No</u>
3. Have you had two alcohol/drug related arrests/citations?	3.	___	___
4. Have you ever lost time from work or school due to alcohol or drug use?	4.	___	___
5. Have you had any problems with family, friends or peers due to your alcohol/drug use? Explain _____	5.	___	___
6. Have you ever gone to a DUI class, Alcohol/Drug class, medical facility, or treatment center because of your alcohol/drug use?	6.	___	___
7. Have you ever had any memory loss after alcohol/drug use?	7.	___	___
8. Have you ever passed out (become unconscious) after drinking/drug use? If yes, explain: _____	8.	___	___
9. Have you experienced any of these after alcohol/drug use?	9.		
a. Shakes or malaise relived by drinking/using	a.	___	___
b. Irritability	b.	___	___
c. Nausea (e.g. the next day after drinking)	c.	___	___
d. Anxiety	d.	___	___
10. Have you used alcohol/drugs to cope with or escape from problems/stress? If yes, how often? _____	10.	___	___
11. Have you experienced an increase of use, a change of tolerance (e.g. BAC $\geq .18$) or change in pattern of use? If yes, describe the change _____	11.	___	___
12. Have you ever had dramatic personality changes after alcohol/drug use? If yes, explain when and how often _____	12.	___	___

A.B.I.

	<u>Yes</u>	<u>No</u>
1. Have you attended class or a program for anger or destructive behavior? (do not include domestic violence) How many times? _____ When? _____ Why? _____	1. _____	_____
2. Have you been cited, arrested or charged for threatening someone, property damage, assault or other aggressive acts? (do not include domestic violence acts)	2. _____	_____
3. Do your feelings build up so that you feel like exploding?	3. _____	_____
4. Do you get mad easily or have an explosive temper?	4. _____	_____
5. Do people tell you to calm down?	5. _____	_____
6. Do you sometimes feel so angry you could lose control?	6. _____	_____
7. Do you hit, kick, punch, destroy or throw things when you are very upset?	7. _____	_____
8. Has your anger ever caused problems for your family, friends and/or partner?	8. _____	_____
9. Do you get into arguments or fights even when you don't want to?	9. _____	_____
10. Have you lost time at work or school or lost friend because of your temper?	10. _____	_____

T.V.I.

	<u>Yes</u>	<u>No</u>
1. Have you experienced or witnessed a life threatening or terrifying event? Explain _____	1. _____	_____
2. Have you witnessed or experienced physical, emotional or sexual abuse? Who? _____ When? _____ How many times? _____	2. _____	_____
3. Have you been, or witnessed kidnapping, beating, shooting, stabbing, threatening or any other form of victimization? Who? _____ When? _____ How many times? _____	3. _____	_____
4. Have you witnessed or experienced months of ongoing intense emotional distress? Explain _____	4. _____	_____
5. Have you received medical, psychiatric, psychological or counseling treatment for any items 1 through 4? If yes, explain _____ What treatment did you receive? _____ Are you satisfied with the treatment result? _____ Explain _____ _____ Do you need additional treatment/counseling? _____ If you answered yes to any of the questions 1 through 4, please explain how you coped or will cope with the experience _____	5. _____	_____

S.I.

	<u>Yes</u>	<u>No</u>
1. Has life become very painful or unbearable?	1. ____	____
2. Do you feel overwhelming pain, distress or depression?	2. ____	____
3. Do you feel that life is not worth living?	3. ____	____
4. Have you thought of hurting yourself or killing yourself? How many times? ____ When? ____	4. ____	____
5. Have you ever made any plans to hurt or kill yourself? How many times? ____ When? ____	5. ____	____
6. Have you ever attempted to hurt or kill yourself? When? ____ How? ____	6. ____	____
7. Do you want to hurt or kill yourself now?	7. ____	____
8. Do you have a plan about how to hurt or kill yourself?	8. ____	____

If you answered “yes” to any question above, please describe how you coped or will cope with the situation:

D.I.

	<u>Yes</u>	<u>No</u>
1. Do you feel undeserving or worthless?	1. ____	____
2. Do you feel very lonely, abandoned, and/or isolated?	2. ____	____
3. Do you often feel sad, depressed or down in the dumps?	3. ____	____
4. Do you feel hopeless about your future?	4. ____	____
5. Has your sleep been restless lately?	5. ____	____
6. Have you enjoyed yourself lately?	6. ____	____
7. Do you feel your life is a failure lately?	7. ____	____
8. Do you feel you just can’t get going?	8. ____	____
9. Are you often unhappy?	9. ____	____
10. Are you very angry with yourself?	10. ____	____

If you answered “yes” to any question above, except #6, please describe how you coped or will cope with the situation:_____

V.I.

Yes **No**

The conflict that brought me to this screening involved which of the following, to the other person:

- | | | | |
|--|----|-----|-----|
| 1. No Injury | 1. | ___ | ___ |
| 2. A minor injury with complete recovery in a few days | 2. | ___ | ___ |
| 3. Injury with complete recovery in a few weeks | 3. | ___ | ___ |
| 4. Injury with complete recovery in a few months | 4. | ___ | ___ |
| 5. Disabling Injury | 5. | ___ | ___ |
| 6. Death | 6. | ___ | ___ |

L.O.F.

Yes **No**

The conflict that brought me to this screening involved the following:

A. My actions during the conflict

- | | | | |
|--|----|-----|-----|
| 1. Arguing (without threats) | 1. | ___ | ___ |
| 2. Property damage or yelling (without threats) | 2. | ___ | ___ |
| 3. Physical contact or threat of contact (push, hold, slaps, restrain, block movement) | 3. | ___ | ___ |
| 4. Physical force or threat of force (hit, punch, kick, bite, etc) | 4. | ___ | ___ |
| 5. Weapon display or threat of weapon use (club, knife, gun, etc) | 5. | ___ | ___ |
| 6. Weapon use, choking or forced sex | 6. | ___ | ___ |

B. The other person's actions during the conflict

- | | | | |
|--|----|-----|-----|
| 1. Arguing (without threats) | 1. | ___ | ___ |
| 2. Property damage or yelling (without threats) | 2. | ___ | ___ |
| 3. Physical contact or threat of contact (push, hold, slaps, restrain, block movement) | 3. | ___ | ___ |
| 4. Physical force or threat of force (hit, punch, kick, bite, etc) | 4. | ___ | ___ |
| 5. Weapon display or threat of weapon use (club, knife, gun, etc) | 5. | ___ | ___ |
| 6. Weapon use, choking or forced sex | 6. | ___ | ___ |

H.I.

		<u>Yes</u>	<u>No</u>
1. Was there a time when you were often in fights? When? _____ Why? _____	1.	___	___
2. Do you feel you must control others or be in charge? When? _____ When? _____ How? _____	2.	___	___
3. Do you like to carry a weapon for protection or to feel powerful?	3.	___	___
4. Do you feel so hurt that you have the right to hurt someone? Who? _____	4.	___	___
5. Are you going to pursue, follow or stalk someone? Who? _____	5.	___	___
6. Are you angry enough to hit or harm someone? Who? _____	6.	___	___
7. Are you seeking revenge with someone? Who? _____	7.	___	___
8. Are you going to confront someone verbally? Who? _____	8.	___	___
9. Are you going to confront someone with force or a weapon? Who? _____	9.	___	___
10. Are you going to harm someone? Who? _____ Explain: _____	10.	___	___

D.V.P.I.

		<u>Yes</u>	<u>No</u>
1. Have you ever been cited, arrested or charged for a domestic violence offense or received an order for protection that restricted your actions? How many times? _____	1.	___	___
2. Have you attended or been referred to a domestic violence offender treatment program, including today? How many times? _____	2.	___	___
3. Have you ever been so angry that you threatened, restrained, hit, shoved or kicked your partner or a family member?	3.	___	___
4. Do your conflicts usually follow a pattern of tension building, followed by a blow up and then a peaceful time?	4.	___	___
5. Have you ever stalked anyone? How many times? _____	5.	___	___
6. Do you become jealous easily? Why? _____	6.	___	___
7. Do you control others for their own good or to protect them?	7.	___	___
8. Do you feel you could lose control and abuse or assault your partner or family member?	8.	___	___
9. Do you use anger, intimidation or threats to control your partner or family member? How many times? _____	9.	___	___
10. Do you ever feel calm and composed when you are angry or during conflicts?	10.	___	___



Arizona Behavioral Counseling & Education, Inc.

CONFIDENTIAL

SCREENING ASSESSMENT/REFERRAL REPORT (Page 1 of 2)

Court/Agency _____ **Docket/Case #** _____

Name (last, first, initial)

Date of Birth

Offense: () DUI () Possession () Paraphernalia () Domestic Violence () Assault () Other _____

SU INDICATORS					ASSESSMENT	SA ASSIGNMENT
Citations/ Arrests	BAC	MAST (24 Items)	ADHS A B		Degree of Problem	Program Hours
0	0-.07	0	0	0	None	None
1	.08-.17 (or drug)	1-4	0	0-2	**Misdemeanor Only** Potential	Not for Felonies DUI 16 hr / Drug 18 hr & UA
2	.18-.24	5-9	1	3-4	Mild	36 hr SU TX
3	.25-.29	10-14	2	5-6	Moderate	54 hr SU TX
4	.30-.34	15-20	3	7-8	Serious	72 hr SU TX
>4	>.34	>20	>3	>8	Severe	90 hr SU TX

*BAC of .18 or more requires a minimum of 36 hours. (.15 to .17 require one ADHS "B" item for 36 hrs)

The ADHS score defines the minimum SA program required. May extend SU to address PA issues

DV INDICATORS					ASSESSMENT	DV ASSIGNMENT
Citations/ Arrests	VI Item #	LOF A.Item #	HI	DVPI	Degree of Problem	Program Sessions
0	0	0	0	0	None	None
1	#1 or 2	#1 or 2	1-2	1-2	**Misdemeanor Only** Potential	Not for Felonies 18 (Diversion Only) 26 DV Sessions
2	#3	#3	3-4	3-4	Mild	36 DV Sessions
3	#4	#4	5-6	5-6	Moderate	52 DV Sessions
4	#5	#5	7-8	7-8	Serious	52 DV Sessions & 24 hr PA**
>4	#6	#6	>8	>8	Severe	52 DV Sessions & 36 hr PA**

The number of D.V. offenses, including a diversion program, defines the minimum D.V. Program required.

**Individual sessions may substitute for PA, see PA Assignment scale below. May extend DV to address SU & PA issues

PA INDICATORS					ASSESSMENT	PA ASSIGNMENT	
Citations/ Arrests	ABI	TVI	SI Item #	DI	Degree of Problem	Group Hours	Individual Sessions
0	0	0	0	0	None	None	0
1	1-2	1	#1 or 2	1-2	**Misdemeanor Only** Potential	Not for Felonies 24 hours	8
2	3-4	2	#3 or 4	3-4	Mild	36 hours	10
3	5-6	3	#5 or 6	5-6	Moderate	54 hours	15
4	7-8	4	#7*	7-8	Serious	72 hours	20
>4	>8	5	#8*	>8	Severe	90 hours	35

The number of PA offenses defines the minimum PA program required.

*SI of #7 or #8 requires immediate contact with a supervisor, a no harm contract and a crisis agency referral.

Comments: _____

Evaluator Signature

Title/Credential

Date



Arizona Behavioral Counseling & Education, Inc.

Volunteer Client Services

Arizona Behavioral Counseling (ABC) will provide services to individuals who are voluntarily seeking screening or program services. These services may be used for compliance with another state or agency, and/or to meet MVD requirements for a DUI citation. ABC will provide the volunteer with proof of all services completed.

Out of State/Out of Agency Volunteers

A volunteer is completely responsible for notifying their referring agency of completion and ABC will not guarantee the agency's acceptance of the service unless the client requests ABC to contact the referring agency to determine the exact requirements. In order to have the ABC service verified for acceptance by the outside agency, the following is required from the client:

- a. Sign a release of information allowing ABC to contact and review the circumstances of your case with the referring agency.
- b. Pay a \$40 processing fee, and ABC will contact the outside agency about their requirements and notify the volunteer of the results. ABC will notify the outside agency of completion.

If a volunteer client chooses to schedule a service, ABC will document the client as a volunteer and if the out of state agency has been contacted.

AZ MVD Screening Volunteers

Arizona State requires that each client must attend a screening/assessment for any DUI offense to determine the appropriate program or level of care. Clients will be given a copy of the screening report. MVD screening results will be sent to MVD electronically.

MVD clients who attend the screening with ABC, but choose an outside agency for their program, will have their outside agency report the program completion to MVD (ABC reports the screening completion, but it is the outside agency's responsibility to report the program completion).

Client signature

Date