

FL DOOR 2 Practitioner Aide Memoire

For DOOR 1 follow-up or interview based screening for property/non-parenting

Client ID.....
 Practitioner
 Date.....

The DOOR 2 Aide Memoire provides a guide for follow-up. Once a person has completed DOOR 1, the practitioner meets with him/her/them to discuss and evaluate any items of risk that were endorsed by the client (here shown as the **shaded responses**). DOOR 2 can also be used when the screen is completed face-to-face, with ready-to-hand follow-up questions.

Domain 1. Your culture and religious background

Domain-specific notes

Specific cultural and religious factors may be protective, or may elevate risk.

- Genograms can be helpful in mapping sources of stress and support, and lines of responsibility (e.g. financial, care-giving), both here and in country of origin.
- See DOOR 3 for further detailed analyses and follow up options.

Review this domain in conjunction with risks on other domains; patterns and combined stressors are important in determining the best overall response.

DOOR 1: Self-Report Items

DOOR 2: Example prompts for follow-up

1. Is there anything about your culture or religion that is important for us to understand in order to help you with this dispute?

Yes No

What would you like me to understand about your background?

Domain 2. About the separation

Domain-specific notes

- Risks are often higher for women leaving a relationship, or recently separated clients.
- Note how openly, coherently and rationally the client talks about their feelings or how restricted and cut-off they seem. Normalise a range of feelings that occur post-separation. Enquire further when normative feelings (e.g. sadness) are absent.
- Note extreme or irrational responses and consider links to safety. Note unbalanced assertions about person's perception of their entitlements and rights. Consider need for legal advice if the client has not yet sought this.
- Consider current use of legal process. Is the legal process being used by one person (at least in part) to stay engaged with/control/harass their former partner?
- Review this domain in conjunction with risks on other domains; patterns and combined stressors are important in determining the best overall response.

DOOR 1: Self-Report Items

DOOR 2: Example prompts for follow-up

2.1 How many years/months ago did you separate from your former partner?

Years Months Never lived together

• *Is this the first time you have separated?*

2.2 In your view, who decided to end the relationship?

Me Former partner Both

• *Is the decision final?*

<p>2.3 Please select any words below that describe how you feel these days about being separated/divorced from your former partner:</p> <table border="0"> <tr> <td><input type="checkbox"/> Fine/Content</td> <td><input type="checkbox"/> Accepting/Resigned</td> </tr> <tr> <td><input type="checkbox"/> Sad/Down</td> <td><input type="checkbox"/> Distressed/Upset</td> </tr> <tr> <td><input type="checkbox"/> Frustrated/Annoyed</td> <td><input type="checkbox"/> Worried/Anxious</td> </tr> <tr> <td><input checked="" type="checkbox"/> Hopeless/Powerless</td> <td><input checked="" type="checkbox"/> Scared/Afraid</td> </tr> <tr> <td><input checked="" type="checkbox"/> Embarrassed/Humiliated</td> <td><input checked="" type="checkbox"/> Jealous/Resentful</td> </tr> <tr> <td><input checked="" type="checkbox"/> Angry/Furious</td> <td><input checked="" type="checkbox"/> Shocked/Devastated</td> </tr> </table>	<input type="checkbox"/> Fine/Content	<input type="checkbox"/> Accepting/Resigned	<input type="checkbox"/> Sad/Down	<input type="checkbox"/> Distressed/Upset	<input type="checkbox"/> Frustrated/Annoyed	<input type="checkbox"/> Worried/Anxious	<input checked="" type="checkbox"/> Hopeless/Powerless	<input checked="" type="checkbox"/> Scared/Afraid	<input checked="" type="checkbox"/> Embarrassed/Humiliated	<input checked="" type="checkbox"/> Jealous/Resentful	<input checked="" type="checkbox"/> Angry/Furious	<input checked="" type="checkbox"/> Shocked/Devastated	<ul style="list-style-type: none"> • <i>How manageable are these feelings now?</i> • <i>Are you getting enough support with this?</i>
<input type="checkbox"/> Fine/Content	<input type="checkbox"/> Accepting/Resigned												
<input type="checkbox"/> Sad/Down	<input type="checkbox"/> Distressed/Upset												
<input type="checkbox"/> Frustrated/Annoyed	<input type="checkbox"/> Worried/Anxious												
<input checked="" type="checkbox"/> Hopeless/Powerless	<input checked="" type="checkbox"/> Scared/Afraid												
<input checked="" type="checkbox"/> Embarrassed/Humiliated	<input checked="" type="checkbox"/> Jealous/Resentful												
<input checked="" type="checkbox"/> Angry/Furious	<input checked="" type="checkbox"/> Shocked/Devastated												
<p>2.4 How many times have you and your former partner taken your dispute(s) to court?</p> <table border="0"> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> One</td> <td><input type="checkbox"/> Two</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three or more</td> <td><input type="checkbox"/> Don't know</td> <td></td> </tr> </table>	<input type="checkbox"/> None	<input type="checkbox"/> One	<input type="checkbox"/> Two	<input checked="" type="checkbox"/> Three or more	<input type="checkbox"/> Don't know		<ul style="list-style-type: none"> • <i>What's led to these frequent court applications?</i> 						
<input type="checkbox"/> None	<input type="checkbox"/> One	<input type="checkbox"/> Two											
<input checked="" type="checkbox"/> Three or more	<input type="checkbox"/> Don't know												

Domain 3. Managing conflict with your former partner

Domain-specific notes

- Explore the severity of anger and hostile attitudes, and patterns of communication, noting escalating conflict and hostility.
- Note the manner with which the person describes problems -overly constricted and poorly restricted emotional responses need to be considered further. See DOOR 3 for further follow-up and referral options.
- Review this domain in conjunction with risks on other domains; patterns and combined stressors are important in determining the best overall response.

DOOR 1: Self-Report Items	DOOR 2: Example prompts for follow-up				
<p>3.1. These days, do you feel hostile or hateful towards your former partner?</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Often</td> <td><input type="checkbox"/> Sometimes</td> <td><input type="checkbox"/> No</td> </tr> </table>	<input checked="" type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> No	<ul style="list-style-type: none"> • <i>What do you do with these feelings?</i> • <i>Is this getting worse lately?</i> 	
<input checked="" type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> No			
<p>3.2 Over the past 6 months, how often did you and your former partner have angry disagreements</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Often</td> <td><input type="checkbox"/> Sometimes</td> </tr> <tr> <td><input type="checkbox"/> Never</td> <td><input type="checkbox"/> Had no communication</td> </tr> </table>	<input checked="" type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> Had no communication	<ul style="list-style-type: none"> • <i>What usually happens when you try discuss things or make decisions?</i>
<input checked="" type="checkbox"/> Often	<input type="checkbox"/> Sometimes				
<input type="checkbox"/> Never	<input type="checkbox"/> Had no communication				

Domain 4. How you are coping

Domain-specific notes

- Consider connections between coping difficulties and surrounding stressors on Domain 10. Consider overflow into safety problems raised in Domain 9.
- Note the person's ability to talk openly and coherently; overly constricted or poorly restricted emotional responses indicate a need for further assessment. Explore the nature and effectiveness of support they are receiving.
- Receiving psychological treatment is not in itself a risk factor.
- Untreated, ongoing or worsening mental health or drug and alcohol problems need to be further assessed (see DOOR 3). Note the high prevalence of mental health and alcohol/drug issues in family violence.
- If severe distress/depression is noted, follow up carefully on suicide risk (see Domain 9b).
- Consider specialist referral options when multiple risks are evident, or when downward escalation of problem behaviour is apparent.
- Review this domain in conjunction with risks on other domains; patterns and combined stressors are important in determining the best overall response.

DOOR 1: Self-Report Items	DOOR 2: Example prompts for follow-up
<p>4.1 Do you have any <i>major</i> worries about how you have been coping in the past 6 months?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>What are the concerns? History and severity of the problem?</i> • <i>Is this getting worse lately?</i>
<p>4.2 In the past 6 months, have you:</p> <p>a. felt very anxious/fearful? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. felt very angry/irritated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. felt very sad/empty/depressed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. done or felt things or had feelings that are unusual or out of character for you? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Is this affecting how you are managing everyday tasks?</i> • <i>Are you getting any professional help?</i>
<p>4.3 In the past year:</p> <p>a. have you drunk alcohol and/or used drugs more than you meant to? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. have you felt you wanted or needed to cut down on your drinking and/or drug use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. is anyone else worried about your alcohol and/or drug use these days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Have drug and alcohol problems led to legal or work-related problems (e.g. road accidents, losing a job)?</i> • <i>Are you receiving professional help for this?</i>
<p>4.4 In the past 2 years, have you seen a doctor, psychologist or psychiatrist for a mental health problem or drug/alcohol problem? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Was this helpful? Is there a formal diagnosis?</i>
<p>4.5 Are you getting enough emotional support now (e.g. from friends, family, professionals)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Would you like any help with this?</i>

Domain 5. How your former partner seems to be coping

Domain-specific notes

- Explore any problems in light of safety problems raised in Domain 9.
- Note the high prevalence of alcohol/drug usage in family violence (see literature in DOOR 3).
- Receiving psychological treatment is not in itself a risk factor.
- Untreated, ongoing or worsening mental health or drug and alcohol problems need to be further assessed (see DOOR 3).
- Consider specialist referral options when multiple risks are evident, or downward escalation of problem behaviour is apparent (see DOOR 3).
- Review this domain in conjunction with risks on other domains; patterns and combined stressors are important in determining the best overall response.

DOOR 1: Self-Report Items	DOOR 2: Example prompts for follow-up
<p>If you have not communicated with your former partner during the past 6 months, please skip these questions and go on to the next section.</p>	
<p>5.1 In the past 6 months, have you had <i>major</i> worries about how your former partner has been coping/behaving?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>What are the concerns? History and severity of the problem?</i> • <i>Is this getting worse lately?</i>
<p>5.2 In the past 6 months, has your former partner behaved in a way that seemed:</p> <p>a. <i>very anxious/fearful?</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. <i>very angry/irritated?</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. <i>very sad/empty/depressed?</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. <i>out of character or unusual for them?</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Is this affecting their ability to function on a day-to-day basis?</i> • <i>Is s/he getting professional support?</i>
<p>5.3 In the past year, have you been worried about your former partner's drinking and/or drug use?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Have drug/alcohol problems led to legal or work related problems (e.g. road accidents, losing a job)?</i>
<p>5.4 In the past 2 years, to your knowledge, has your former partner seen a doctor, psychologist or psychiatrist for a mental health problem or a drug/alcohol problem?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Is there a formal diagnosis? Is s/he getting professional support?</i>

(Parent-Child questions in Sections 6, 7 and 8 are not included in this screen)

The following questions are about your safety, and your former partner's safety. Working things out after separation can be stressful, and many people need extra support at this time. Some need help to feel safe and be safe. Your practitioner will talk about this further with you. If you'd like any extra support or time to consider these questions, your practitioner will be willing to assist.

Domain 9a. Your safety
<p>Domain-specific notes</p> <ul style="list-style-type: none"> • Note carefully the client's openness and ability to discuss these issues. Patterns of being dismissive, minimising, avoiding, or appearing overwhelmed, or fearful to talk are important to notice. Note any disparity of facts against referral information. • If in doubt about comfort to disclose, a useful question is <i>'If you had ever been threatened/hurt, would you feel worried about telling someone?'</i> • Has the client spoken to a professional or authorities about any concerns? • Immediate threats to safety require immediate follow-up, including safety planning, and may require further, coordinated referral to specialist services.

DOOR 1: Self-Report Items	DOOR 2: Example prompts for follow-up
<p>9a.1 In the past year, have you <i>in any way</i> been frightened of or concerned for your own safety because of your former partner?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>What has happened?</i> • <i>History and current severity of concern?</i>
<p>9a.2 Are you now <i>in any way</i> afraid for your own safety because of your former partner, or anyone else?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Who and what is causing the fear?</i>
<p>9a.3 In the past year, has anyone else said they were worried for your safety?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Who and what was the concern?</i>
<p>9a.4 If your former partner is disappointed with the outcome of the dispute, are you afraid that he/she/they would try to hurt someone or hurt him/her/themself?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>What is your fear about what might happen?</i>
<p>9a.5 As a result of your former partner's behaviour, have the police ever been called, a criminal charge been laid, or Intervention/Violence/Protection Order been made against him/her/them?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a. Is there now an Intervention/Violence/Protection Order against him/her/them?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>What happened?</i> • <i>Current status of order and any breaches?</i> • <i>Request copy of order.</i>
<p>9a.6 In the past year, has your former partner:</p> <p>a. Followed you or watched your movements in a way that felt worrying (eg driving by or watching your home, being in the same place when he/she/they had no business there)?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Tried to control you or acted in a very jealous way (eg controlling your money, where you went, who you saw)?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. Threatened your safety?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. Hurt you in a way that wasn't an accident or used force to get you to do something you did not want to do?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>What happened?</i> • <i>History and current severity of concern?</i> • <i>Are you changing anything about your life as a result of these behaviours (e.g. taking a different route to work, not answering the phone or other more extreme solutions)?</i>
<p>9a.7 Has your former partner <i>ever</i> threatened to or actually tried to hurt or kill him/her/themself?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>History, nature, current severity of threat?</i>
<p>9a.8 Does your former partner have access to a gun or other weapon?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>What is the weapon? Where is it kept?</i>
<p>9a.9 If Yes to any of the above: Are any of these or similar behaviours by your former partner, becoming worse or more frequent recently?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>What is happening now?</i>

Domain 9b. Behaving safely
Domain-specific notes

- Note carefully the client’s openness and ability to discuss these issues.
- Note any disparity of facts against referral information.
- Patterns of being dismissive, minimising, avoiding, or appearing overwhelmed, or fearful to talk are important to notice.
- References to entitlements or justified behaviours need to be considered carefully, with specific reference to any relevant cultural or religious factors.
- Immediate threats to safety require immediate follow-up, including safety planning and may require rapid referral to specialist services.

DOOR 1: Self-Report Items	DOOR 2: Example prompts for follow-up
9b.1 As far as you know, has anyone expressed concern about the safety of your behaviour toward your former partner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • <i>Who and what is/was the concern?</i>
9b.2 If you are disappointed with the outcome of the dispute, would you consider hurting someone, or yourself? <input checked="" type="checkbox"/> Yes/Maybe <input type="checkbox"/> No	<ul style="list-style-type: none"> • <i>What do you think might happen?</i>
9b.3 As a result of your behaviour, have the police ever been called, a criminal charge been laid, or Intervention/Violence/Protection Order been made against you? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No a. Is there now an Intervention/Violence/Protection Order in place against you? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • <i>History, nature and current status of order?</i> • <i>Any breaches of safety/protection orders?</i>
9b.4 Would your former partner say that you have done any of the following things in the past year : a. Followed or watched his/her/their movements in a way that felt worrying to them (eg driving by or watching their home, being in the same place when you had no business there)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No b. Tried to control him/her/them, or acted in a very jealous way (controlling their money, where they went, who they saw)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No c. Threatened his/her/their safety? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No d. Hurt him/her/them in a way that wasn’t an accident, or used force to get them to do something they did not want to do? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • <i>What happened?</i> • <i>History, nature and current severity of concern?</i>
9b.5 Do you think your former partner is afraid of you in any way? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • <i>Why do you think this may be the case?</i>
9b.6 Have things in your life ever felt so bad that you have thought about hurting yourself, or even killing yourself? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes: do you feel that way lately? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • <i>Current thoughts about this? Prior attempts?</i> • <i>Do you have a plan about how you would do that?</i> • <i>What is the plan? (see Safety Plan form)</i>
9b.7 Do you have access to a gun or weapon? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • <i>What weapon? Where is it kept? Is it possible you would use this?</i>

Domain 10. Other stressors
Domain-specific notes

- Cumulative stress is a trigger for post-separation safety incidents.
- Explore the effectiveness of supports the client has in place. Consider what else you can assist them with, directly or by referral.
- When multiple or severe stressors co-occur with risks on other domains, coordinated response by a network of services is recommended.

DOOR 1: Self-Report Items
DOOR 2: Example prompts for follow-up

 Are these things happening **now** and causing *major* stress for you?

1. Being unemployed/under-employed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • <i>Would you like support with this?</i>
2. Financial difficulties <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • <i>Would you like support with this?</i>
3. Property/asset settlement <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • <i>Would you like support with this?</i>
4. Getting legal advice/representation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • <i>Would you like support with this?</i>
5. Housing problems <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • <i>Would you like support with this?</i>
6. Transportation problems <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • <i>Would you like support with this?</i>
7. Feeling lonely/isolated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • <i>Would you like support with this?</i>
8. Feeling harassed by the your former partner's family/new partner/other (including online) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • <i>Would you like support with this?</i>
9. Illness/sickness/physical disability <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • <i>Would you like support with this?</i>
10. Problems in your neighbourhood with safety, crime, drugs etc. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • <i>Would you like support with this?</i>
11. Are there any other stresses that are a <i>serious</i> problem for you at the moment? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If so, please tell us what they are. 	<ul style="list-style-type: none"> • <i>Would you like support with this?</i>

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Citations and references

Family Law DOOR 1 (Parent):

McIntosh, J.E. (2011). DOOR 1: Parent Self-Report Form. In J.E. McIntosh & Ralfs, C. (2012). *The Family Law DOORS Handbook*. Canberra, Australia: Australian Government Attorney-General's Department.

Family Law DOOR 1 (Property/non-parent):

McIntosh, J.E. (2011). DOOR 1: Non-Parent Self-Report Form. In J.E. McIntosh & Ralfs, C. (2012). *The Family Law DOORS Handbook*. Canberra, Australia: Australian Government Attorney-General's Department.

Family Law DOOR 1 (Significant Other):

McIntosh, J.E. (2011). DOOR 1: Significant Other Self-Report Form. In J.E. McIntosh & Ralfs, C. (2012). *The Family Law DOORS Handbook*. Canberra, Australia: Australian Government Attorney-General's Department.

Family Law DOOR 2 (Parent):

McIntosh, J.E. (2011). DOOR 2: Practitioner Aide Memoire (Parent). In J.E. McIntosh & Ralfs, C. (2012). *The Family Law DOORS Handbook*. Canberra, Australia: Australian Government Attorney-General's Department.

Family Law DOOR 2 (Property/non-parent):

McIntosh, J.E. (2011). DOOR 2: Practitioner Aide Memoire (Property/non-parent). In J.E. McIntosh & Ralfs, C. (2012). *The Family Law DOORS Handbook*. Canberra, Australia: Australian Government Attorney-General's Department.

Family Law DOOR 2 (Significant Other):

McIntosh, J.E. (2011). DOOR 2: Practitioner Aide Memoire (Significant Other). In J.E. McIntosh & Ralfs, C. (2012). *The Family Law DOORS Handbook*. Canberra, Australia: Australian Government Attorney-General's Department.