**CLINICAL INTERVENTION PROGRESS REPORT**

*Clinical Intervention Progress Report for Juveniles with Sexual Offenses*

*For NOJOS Providers*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Juvenile’s Name**: |  | | **Date of Report:** | Date |
| **Individual Therapist**: |  | |  |  |
| **Group Therapist**: |
| **Clinical Team Members**: |  | | | |
|  |  | | | |
| **Juvenile Probation Officer**: | |  | | |

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| **Sessions Attended in this Time Period:** | | | | | | | | | | |
|  | | | | | | | | | | |
| Therapy start date or date of last report: | | Date | Individual | # | Group | # | Family or Other | # | Unexcused Absence | # |
|  | | | | | | | | | | |
| Additional Info on Attendance |  | | | | | | | | | |

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| **Key:** | **n/a** | **1** | | **2** | | **3** | | | | | **4** | | | | | | **5** | | | | |
| Not yet started | Below Expectations | | Somewhat Below Expectations | | Satisfactory | | | | | Somewhat Above Expectations | | | | | | Above Expectations | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| 1. **Physical Participation** | | | | | | | | | | | | | **n/a** | **1** | | **2** | | | **3** | **4** | **5** |
| 1. Promptness (timeliness and attendance) | | | | | | | | | | | | |  |  | |  | | |  |  |  |
| 1. Preparedness (assignments done on time) | | | | | | | | | | | | |  |  | |  | | |  |  |  |
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| 1. **Therapy Participation** | | | | | | | | | | | | | **n/a** | **1** | | **2** | | | **3** | **4** | **5** |
| 1. Participates fully in therapies | | | | | | | | | | | | |  |  | |  | | |  |  |  |
| 1. Positive involvement w/ other group members | | | | | | | | | | | | |  |  | |  | | |  |  |  |
| 1. Positive assertiveness (versus passive or aggressive) | | | | | | | | | | | | |  |  | |  | | |  |  |  |
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| 1. **Denial** | | | | | | | | | | | | | **n/a** | **1** | | **2** | | | **3** | **4** | **5** |
| 1. Accepts and acknowledges responsibility for offense(s) | | | | | | | | | | | | |  |  | |  | | |  |  |  |
| 1. Recognizes and works to control inappropriate fantasies/interests | | | | | | | | | | | | |  |  | |  | | |  |  |  |
| 1. Realizes seriousness of sexual offense | | | | | | | | | | | | |  |  | |  | | |  |  |  |
| 1. Demonstrates honesty about new illegal acts or interests | | | | | | | | | | | | |  |  | |  | | |  |  |  |
| 1. Realizes change of thinking and behaviors will be difficult | | | | | | | | | | | | |  |  | |  | | |  |  |  |
| 1. Realizes relapse is a possibility | | | | | | | | | | | | |  |  | |  | | |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | |
| 1. **Thinking Errors** | | | | | | | | | | | | | **n/a** | **1** | | **2** | | | **3** | **4** | **5** |
| 1. Understands major thinking errors | | | | | | | | | | | | |  |  | |  | | |  |  |  |
| 1. Demonstrates ability to challenge thinking errors | | | | | | | | | | | | |  |  | |  | | |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | |
| 1. **Negative Patterns / Chains / Cycles** | | | | | | | | | | | | | **n/a** | **1** | | **2** | | | **3** | **4** | **5** |
| 1. Understands pattern or cycle of abuse, lapses, relapse, etc. | | | | | | | | | | | | |  |  | |  | | |  |  |  |
| 1. Has insight into factors that led up to abuse | | | | | | | | | | | | |  |  | |  | | |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | |
| 1. **Victim Empathy** | | | | | | | | | | | | | **n/a** | **1** | | **2** | | | **3** | **4** | **5** |
| 1. Acknowledges, with proper affect, impact on victim: | | | | | | | | | | | | |  |  | |  | | |  |  |  |
| 1. *Emotionally* | | | | | | | | | | | | |  |  | |  | | |  |  |  |
| 1. *Socially* | | | | | | | | | | | | |  |  | |  | | |  |  |  |
| 1. *Physically/medically* | | | | | | | | | | | | |  |  | |  | | |  |  |  |
| 1. *Impact on Family* | | | | | | | | | | | | |  |  | |  | | |  |  |  |
| 1. Writes appropriate victim apology letter | | | | | | | | | | | | |  |  | |  | | |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | |
| 1. **Parent’s / Guardian’s Participation** | | | | | | | | | | | | | **n/a** | **1** | | **2** | | | **3** | **4** | **5** |
| 1. Parents attend family therapy | | | | | | | | | | | | |  |  | |  | | |  |  |  |
| 1. Parents are productive in therapy | | | | | | | | | | | | |  |  | |  | | |  |  |  |
| 1. Parents assist child to attend therapy | | | | | | | | | | | | |  |  | |  | | |  |  |  |
| 1. Parents support therapist/therapy | | | | | | | | | | | | |  |  | |  | | |  |  |  |
| 1. Parents are supervising child to avoid high-risk situations | | | | | | | | | | | | |  |  | |  | | |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | |
| 1. **Relapse Prevention / Healthy Living / Self-Regulation Plan** | | | | | | | | | | | | | **n/a** | **1** | | **2** | | | **3** | **4** | **5** |
| 1. Initial plan has been developed | | | | | | | | | | | | |  |  | |  | | |  |  |  |
| 1. Final plan has been developed | | | | | | | | | | | | |  |  | |  | | |  |  |  |
| 1. Juvenile has internalized plans that have been developed | | | | | | | | | | | | |  |  | |  | | |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | |
| 1. **Risk Assessment and Protective Factors** *(What risk factors have been targeted in treatment, and how have they been reduced? What protective factors have increased? Provide specific examples.)* | | | | | | | | | | | | | | | | | | | | | |
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| 1. **Safety Plan** *(Is there a current safety plan? How well is the client following it? Are there any changes since the last report, or are there any recommended changes to be addressed at this time?) Attach copy of current safety plan.* | | | | | | | | | | | | | | | | | | | | | |
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| 1. **Summary of Progress** *(Include where client is in the context of the program’s phase or level system)* | | | | | | | | | | | | | | | | | | | | | |
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| 1. **Summary of Challenges** *(Discuss areas below expectations, plans to address them, and other specific concerns)* | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| 1. **Other Comments** *(Include explanation of predicted completion date – what still needs to be done?)* | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Continued NOJOS therapy is recommended at this time: | | | | | Y | |  | N |  | Predicted Completion: | | | | | | | | Date | | | |
| **Therapist Signature:** | | |  | | | | | | | | | **Date:** | | | Date | | | | | | |
| **Sent to:** | | |  | | | | | | | | | **Date:** | | | Date | | | | | | |

BJCJ Approved 11.3.17 PFB 11.7.17