



J. S. O. TREATMENT PROGRESS REPORT

This form is to be completed by the **Treatment Provider** along with the **Out-of-Home Care Progress Report** and attached by the Wraparound Care Coordinator to any **Out-of-Home Care Authorization/Agreement** for a youth receiving **Sexual Offense Specific Treatment**. A copy should be forwarded to the youth's Probation Officer. Thank you.

Youth's Name _____

Treatment Provider Completing Form _____ Phone _____

Probation Officer _____ Phone _____

1. Victim's relationship to Offender _____

Age and gender of known victim(s) _____

2. Youth accepts responsibility for the referring Sexual Offense(s).

Not True Rarely True Sometimes True Often True Always True

Evidenced by _____

3. Youth acknowledges harm done to Victim(s) and the Community.

Not True True

Evidenced by _____

4. Youth's Parent(s) have been actively involved in Family Treatment aimed at preventing further Abuse / Exploitativeness.

Not True True

If true, how many **face to face** family treatment sessions have occurred since treatment began in your program?

5. If there have been Intrafamilial Victims, their needs have been identified and prioritized by the Treatment Team and their safety is at the core of treatment efforts within our program.

Not True True

If true, this is evidenced by _____

6. Youth and family have established a written Contract with Treatment Providers, Probation Officer and others that specifies rules and expectations for insuring the safety of all when Youth is in the community (at home, in school, on the bus, etc.).

Not True True

7. Youth demonstrates empathy for the Victim(s).

Not True Rarely True Sometimes True Often True Always True

Evidenced by _____

8. Youth demonstrates remorse for the referring Offense.

Not True Rarely True Sometimes True Often True Always True

Evidenced by _____

9. Youth demonstrates an increase in taking responsibility for his/her behavior, in general.

Not True Rarely True Sometimes True Often True Always True

10. Youth demonstrates an understanding of all the elements of the referring Sexual Offense(s).

Not True Rarely True Sometimes True Often True Always True

11. Youth demonstrates an awareness of warning signs and risky situations.

Not True Rarely True Sometimes True Often True Always True

Evidenced by _____

12. If Youth has a personal history of having been maltreated sexually or otherwise, this history has been explored within treatment.

Not true True Not applicable

13. Youth's parent(s) (and intrafamilial survivors, as appropriate) have been educated regarding warning signs and risky situations and this is part of the family Safety Plan.

Not True True

If true, are these warning signs, risky situations and Safety Plans written down and in the Parent or supervising caretaker's, siblings' and youth's possession? *Yes No*

14. Youth demonstrates an ability to identify problems.

Not True Rarely True Sometimes True Often True Always True

15. Youth demonstrates awareness of his/her personal strengths.

Not True Rarely True Sometimes True Often True Always True

16. Youth requests help from appropriate sources when confronted with a problem.

Not True Rarely True Sometimes True Often True Always True

17. Youth demonstrates an increased understanding of how to meet his/her sexual needs without hurting others or engaging in illegal behavior.

Not True Rarely True Sometimes True Often True Always True

Evidenced by _____

18. Youth demonstrates an increased understanding of how to meet his/her social needs without hurting others.

Not True Rarely True Sometimes True Often True Always True

19. Youth demonstrates knowledge of how to have healthy and non-victimizing relationships.

Not True Rarely True Sometimes True Often True Always True

20. Youth demonstrates the ability to communicate anger in an appropriate, non-abusive manner.

Not True Rarely True Sometimes True Often True Always True

21. Youth demonstrates an awareness of and respect for the rights of others.

Not True Rarely True Sometimes True Often True Always True

22. Has youth been exposed to a "healthy sexuality" or "healthy relationships" curriculum?

Yes No

Signature of Treating Psychotherapist _____ Date _____

Signature of Wraparound Care Coordinator _____ Date: _____