**Sexual Abuse Protection: Parent Treatment** (Non-Offending/Non-Protecting Parents)
**Quarterly Progress Report**

Client Name: *Sample Client* Client DOB: xx/xx/xxxx Date of Report: xx/xx/xx

(Due to CFWB SW within 12 weeks from Intake Assessment and every 12 weeks until discharge)
**Check one:** ☒ **Update** ☐ **Discharge Summary**

| | | | |
|---|---|---|---|
| Facilitator: | *Sample Provider* | Phone: xxx-xxx*xxxx | Agency: *Sample Agency* |
| SW Name: | *Sample PSW* | SW Phone: xxx-xxx-xxxx | SW Fax: xxx-xxx-xxxx |

**ATTENDANCE**

| | | |
|---|---|---|
| Date of Initial Group Session: *xx/xx/xxxx* | Last Date Attended: xx/xx/xx | Number of Sessions Attended: *xx* |
| Date of Absences: *xx/xx/xxxx* | Reasons for Absences: *Unknown* | |
| Service Delivery Type: Telehealth ☐ In-Person ☐ | Service delivery type has been assessed and continues to be clinically appropriate: Yes ☐ No ☐ | |

**Rating Scale for Documenting Group Participation, Homework, and Treatment Progress**:
N/A: not addressed yet or not applicable to parent's case
**1** = Rarely **2** = Not often **3** = Sometimes **4** = Often **5** = Very often; routinely

**PARTICIPATION -** *Ratings based on progress-to-date and are reflective of changes in the client's attitudes, beliefs, and behaviors as expressed in group and in homework assignments:*

| | |
|---|---|
| 3 | **Engagement:** Shares specifics from own case as they relate to group topic |
| 3 | **Communication:** Accepts feedback from peers without argument |
| 4 | **Communication:** Maintains respectful and considerate interactive style with peers |
| 3 | **Communication:** Provides appropriate, constructive feedback to peers |

**HOMEWORK -** *During this reporting period, client has completed homework:*

| | |
|---|---|
| 5 | On time, as assigned |

| | |
|---|---|
| 5 | Completely and thoroughly |
| 3 | Applied homework topic to own case, as appropriate. Examples: |

**TREATMENT GOALS*-** *During this reporting period, parent has been able to:*

| | |
|---|---|
| 4 | Name or describe at least 5 feelings parents have when their child has been sexually abused |
| 2 | Describe and discuss parent's own feelings since finding out about the sexual abuse |
| 2 | Described strategies the parent has used for expressing or managing these feelings in appropriate, adaptive ways |
| N/A | Describe the five types of denial of sexual abuse: |
| 1 | Discuss own denial in group, reasons for the denial, and triggers for denial. |
| 1 | Discuss understanding of effects of parent denial on child's mental health |
| 3 | Spontaneously place responsibility for the abuse on the offender |
| 2 | Describe ways in which sexual abuse affects children: *Client is able to identify behavioral concerns regarding her daughter, but has only connected behavior concerns to family separation and appears to avoid discussing effects of sexual abuse on daughter's emotional health* |
| 1 | Spontaneously express empathy in group for the child and what the child has experienced. Examples: *Client is able to express empathy around daughter's experience regarding family separation, but has not expressed empathy about sexual abuse victimization* |
| N/A | Share in group the specific statements and behaviors parent has provided to the child that reflect support, acceptance, and validation: |
| 1 | Identify the emotional and/or behavioral effects of child sexual abuse and how to effectively and appropriately manage them if they appear. |
| Choose an item. | If sexually abused as a child, can spontaneously describe how own abuse affected parent's ability to recognize or intervene in her/his child's sexual abuse: |
| N/A | Describe offender patterns of grooming, triggers, and/or opportunities/high risk situation: |

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| | |
|---|---|
| N/A | Describe offender's relapse prevention plan and how parent will support partner's relapse prevention plan: |
| N/A | Describe components of safety planning: prevention and intervention: *Not yet addressed* |
| N/A | Describe own prevention plan to keep child safe: *Not yet addressed* |
| 2 | Describe own intervention plan that parent will use if needed to keep child safe: *Client has reported her plan is not leave minor unsupervised with adult males* |
| 2 | Spontaneously describe how these prevention and intervention strategies have been implemented or are in process of being implemented: *Client has been able to identify supervising minor's access to electronic appliances as a way to prevent child sexual abuse.* |

**ADDITIONAL TREATMENT GOALS (If indicated for this client):**

A. Other:
Comments Regarding Progress:

Other:
Comments Regarding Progress:

*Treatment Goals are based on Levenson & Morin (2001) *Treating Nonoffending Parents In Child Sexual Abuse Cases: Connections For Family Safety,* Table 1.2 Criteria for Determining Non-offending Parent's Competency for Reducing the Risk of Child Sexual Abuse (CSA).

**Additional Information** (include any relevant information pertaining to readiness to change, curriculum topics that have been covered, current risk factors/how risk has been reduced, updated treatment outcome measure scores, strengths, any barriers to change, and other services recommended at this time and why): *Client appears to grasp and understand psychoeducation around effects of sexual abuse on children and safety planning. Client continues to work on integrating psychoeducation to personal experience of her child's sexual abuse and consistent group attendance would possibly improve prognosis.*

**DISCHARGE SUMMARY:**

| | |
|---|---|
| Date of Discharge: *N/A* | Date SW Notified: *N/A* |
| Reason for Discharge: | |

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☐ Successful completion/met goals* ☐ Poor attendance ☐ Office of Child Safety Case Closed
☐ Other (specify):

*Successful completion of treatment means that the client has achieved ratings of 4 or 5 for all components listed under Participation; Homework and Treatment Goals

**DIAGNOSIS:**

List the appropriate diagnoses. Record as many coexisting mental disorders, general medical conditions, and other factors as are relevant to the care and treatment of the individual.

**Mental Status/Psychiatric Symptom Checklist:**

The following *current* symptoms were reported and observed:

| | | | |
|---|---|---|---|
| ☐ Anhedonia | ☐ Dissociative reactions | ☐ Flashbacks | ☐ Isolation |
| ☐ Anxious mood | ☐ Distorted blame | ☐ Homicidality | ☐ Psychomotor agitation |
| ☐ Appetite disturbance | ☐ Distressing dreams | ☐ Hopelessness | ☐ Sleep disturbance |
| ☐ Avoidance | ☐ Euphoric mood | ☐ Intrusive memories | ☐ Somatic complaints |
| ☐ Concentration challenges | ☐ Euthymic mood | ☐ Irritable mood | ☐ Suicidality |
| ☒ Denial | ☐ Exaggerated startle response | | ☐ Other: |
| ☒ Depressive mood | ☐ Fatigue | | |

The Primary Diagnosis should be listed first.

| ICD-10 Code | DSM-5-TR Diagnosis |
|---|---|
| T74.02XA | Child Neglect, Confirmed, Initial Encounter |

**Comments** (Include Rule outs, reason for diagnosis changes and any other significant information): *Client reported experiencing crying spells and feelings of sadness around family separation. Client reported symptoms do not interfere with daily functioning.*

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**PROVIDER INFORMATION**

| | |
|---|---|
| Provider Printed Name: *Provider Sample Name* | License/Registration #: *XXXXxxxxx* |
| Signature: *Provider Sample Signature* | Signature Date: *xx/xx/xxxx* |
| Provider Phone Number: | Provider Fax Number: |

***If an intern or practicing at the CASOMB Associate level of certification:***

| | |
|---|---|
| Supervisor Printed Name: | License type and #: |
| Supervisor Signature: | Date: Click or tap to enter a date. |

Submit Group Progress Report Forms quarterly to Optum TERM at Fax: 1(877) 624-8376. Optum TERM will conduct a quality review and will be responsible for forwarding approved Quarterly Progress Reports to the CFWB SW.

Date faxed to **Optum TERM at: 1-877-624-8376**: Click or tap to enter a date.