

**PROGRESS REPORT
Child Abuse Program**

PROGRESS REPORT FOR: June, 2003

DATE: 06/11/2003

NOTIFICATION OF: PROGRESS REPORT

CASE NO: 93409238

PROB NO: _____

MONITOR: _____

TO:

Riverside Municipal Court
345 2nd Street
Riverside, CA 93399
Division: Domestic Violence

CLINIC:

New Genesis Counseling Services, Inc.
77 North Pacific Coast Hwy
Suite 211
Aliso Laguna, CA 92699
Phn: (949) 568-8999 Fax: (949) 568-8888
mikeroberts @ genesisssvc.com

DEFENDANT INFORMATION (MANDATORY)

NAME: William R Hanks
ADDRESS: 9933 South Canyon Blvd
Canyon City, CA 99993

DOB: 06/22/1981

PHONE: (909) 864-4555

STATUS: **DATE:**

INTAKE/ENROLLMENT 12/17/2000

RE-ENROLLED _____

TERMINATED _____

EST COMPLETION 02/18/2004

OTHER _____

CONCURRENT ALCOHOL/DRUG/PSYCHIATRIC TREATMENT PROGRAM
If yes, name of program: South County AA

FACILITATOR(S): Pauline Henderson

DAY/TIME OF GROUP: Wednesday 04:00 pm

SESSIONS ORDERED: 52

TOTAL SESSIONS ATTENDED: 16

TOTAL SESSIONS MISSED: 0

ATTENDED THIS MONTH 0

COST PER SESSION: \$25.00

PAYMENT CURRENT: Yes

BALANCE PAST DUE: \$0.00

FEE AMOUNT PAID TO DATE: \$400.00

COMMUNITY SERVICE HOURS: 0

HOURS OWING: 0

EVALUATION: (Rating based on progress-to-date. NOT a overall rating until last session completed.)

Rating Scale: 0 - Unknown 1 - Occurs Rarely 2 - Not Often 3 - Occurs Sometimes 4 - Occurs Often 5 - Occurs Very Often

- (1) 3 **Participation:** Participates constructively and actively in group. Initiates positive and respectful dialogue.
- (2) 4 **Sobriety:** No Apparent abuse of drugs/alcohol, compliance with any required or recommended treatment.
- (3) 3 **Acceptance of responsibility:** Admits to child abuse, no minimizing, no blaming, no excuse, no denial.
- (4) 3 **Skills Development:** Takes steps to avoid child abuse, uses anger management techniques, does homework, follows recommendations, good communication and non-controlling conflict resolution, open to referrals.
- (5) 3 **Respect:** Demonstrates a respectful, considerate, non-controlling attitude and approach to others including persons with similar profiles of the victim; comments reflect attentiveness and positive attitudes in general.
- (6) 4 **Language:** No verbal abuse, respectful language in group and towards victim as well as other individuals, no prejudicial language, confronts others who use pejorative or prejudicial language.
- (7) 4 **Empathy and Insight:** Shows insight concerning abusiveness, its effects on partners and children and its dangerousness. Understands the fear and trauma the abuse causes, realizes the negative impact of using power and control in relationships and in trying to intimidate others in relationships.

COMMENTS AND RECOMMENDATIONS: (i.e., whether client is at expected treatment levels and any needed referrals)

Report Comments go here

I DECLARE THAT THE INFORMATION CONTAINED IN THIS REPORT IS TRUE AND CORRECT BASED UPON THE REQUIREMENTS OF THIS PROGRAM AND THE CALIFORNIA STATE STANDARDS FOR BATTERERS PROGRAMS.

Written Signature: _____

Date Signed: 11 Jun 2003

Authorized Representative

Printed Name: Dr Michael Roberts

Title: Director