IDAHO JUVENILE SEX OFFENDER TREATMENT
MONTHLY STATUS UPDATE

Date: Officer Name:
Client Name (Last, First): Therapist Name/Title:

Treatment Fees: ☐ Current ☐ Overdue ☐ Past Due Amount (if applicable)

Monthly Treatment Participation

Current Status: ☐ Attending ☐ Not Attending ☐ Late/Missed Appts ☐ Discharged ☐Unsuccess Disch
Participation: ☐ Active ☐ Minimal ☐ Disengaged
Attitude/Behavior: (Rate 1 to 5: 1= Positive, 3= Fair, 5= Poor) 1 2 3 4 5
Denial: (Rate 1 to 5: 1= No offense denial, 3= Some denial present, 5= Definitely denies) 1 2 3 4 5
Minimization: (Rate 1 to 5: 1= None present, 3= Some present, 5= Definite minimization present) 1 2 3 4 5
Treatment Participation Comments:

Observable Treatment Indicators

Rate 0 to 2: (0=No/Minimal Need/Significant Progress; 1=Moderate Need/Progress; 2=Significant Need/Poor Progress)

#	Relevant to Increased Health	0	1	2	#	Relevant to Decreased Risk	0	1	2
1	Pro-Social Relationship Skills				1	Defines All Abuse			
2	Positive Self Esteem				2	Acknowledges Risk; Uses Foresight			
3	Resolves Conflicts/Makes Decisions				3	Compliant with Safety Planning			
4	Celebrate Good/Experience Pleasure				4	Recognizes/Interrupts Cycle			
5	Participates in Pro-social Activities				5	Demonstrates Functional Coping			
6	Identifies Family/Community Supports				6	Emotional Recognition/Empathy			
7	Works to Achieve Delayed Gratification				7	Accurate Attributions of Responsibility			
8	Thinks/Communicates Effectively				8	Able to Manage Frustration			
9	Adaptive Sense of Purpose/Future				9	Willingly Challenges/Replaces Abusive Thoughts			

Indicators: Comments/Concerns:

Client Accomplishments/Positive Responses to Treatment:

Explanation of Overall Treatment Progress (Summary/Plan):

DRAFT