

**IDAHO SEX OFFENDER TREATMENT
MONTHLY STATUS UPDATE**

Date: _____ Officer Name: _____
 Client Name (Last, First): _____ DOC Number: _____
 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= No minimization present, 3= Some minimization present, 5= Definite minimization present) 1 2 3 4 5

Treatment Progress Concerns:

Dynamic Risk Factors

Acute Dynamic Risk Factors: (Rate 0 to 5: 0=Not present, 1=No concern, 3=Possible issue, 5=High risk) (also note last report's rating on line prior to each risk factor)

___ Negative Mood	0	1	2	3	4	5	___ Anger	0	1	2	3	4	5
___ Substance Abuse	0	1	2	3	4	5	___ Victim Access	0	1	2	3	4	5
___ Sexual Preoccupation	0	1	2	3	4	5	___ Poor Hygiene	0	1	2	3	4	5
___ Sees Self as No Risk	0	1	2	3	4	5	___ Collapse of Family Support	0	1	2	3	4	5
___ Collapse of Residence	0	1	2	3	4	5	___ Collapse of Employment	0	1	2	3	4	5
___ Noncompliance with Treatment	0	1	2	3	4	5	___ Noncompliance with Supervision	0	1	2	3	4	5

Stable Dynamic Risk Factors: (Rate 0 to 5: 0=Not present, 1=No concern, 3=Possible issue, 5=High risk) (also note last report's rating on line prior to each risk factor)

___ Intimacy Deficits	0	1	2	3	4	5	___ Conflicts in Relationships	0	1	2	3	4	5
___ Deviant Sexual Arousal	0	1	2	3	4	5	___ Poor Self Regulation	0	1	2	3	4	5
___ Pro-Offending Attitudes	0	1	2	3	4	5	___ Negative Social Supports	0	1	2	3	4	5
___ Noncompliance with Treatment	0	1	2	3	4	5	___ Noncompliance with Supervision	0	1	2	3	4	5

Risk Factor Comments:

New Potential or Actual Criminal Disclosures: (misdemeanor or felony)

Additional Comments/Concerns:

Therapist/Title: _____