

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)

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Monthly Treatment Participation  
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Current Status:     Attending             Not Attending             Late/Missed Appts             Discharged             Unsuccessful Disch

Participation:     Active             Minimal             Disengaged

Attitude/Behavior:            (Rate 1 to 5: 1= Positive, 3= Fair, 5= Poor)

Denial:            (Rate 1 to 5: 1= No offense denial, 3= Some denial present, 5= Definitely denies)

Minimization:            (Rate 1 to 5: 1= No minimization present, 3= Some minimization present, 5= Definite minimization present)

Treatment Progress Concerns:

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Dynamic Risk Factors  
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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 following each risk factor)

Negative Mood  
Substance Abuse  
Sexual Preoccupation  
Sees Self as No Risk

Anger  
Victim Access  
Poor Hygiene  
Collapse of Residence

Collapse of Family Support  
Collapse of Employment  
Noncompliance with Treatment  
Noncompliance with Supervision

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 following each risk factor)

Intimacy Deficits  
Deviant Sexual Arousal  
Poor Self-Regulation

Conflicts in Relationships  
Negative Social Supports  
Pro-Offending Attitudes

Noncompliance with Treatment  
Noncompliance with Supervision

Risk Factor Comments:

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

Additional Comments/Concerns:

Therapist/Title: