

IDAHO SEX OFFENDER TREATMENT
QUARTERLY PROGRESS REPORT

Date: _____ Officer Name: _____

Client Name (Last, First): _____ DOC Number: _____

Quarter Being Reported: _____

Number of groups attended this quarter: _____ Number of individual sessions attended this quarter: _____

Current treatment status: _____

Outstanding balance (if applicable): _____

Last Polygraph: _____ Next Polygraph: _____

Specific issues addressed in treatment: _____

Treatment compliance and progression: _____

Life stresses, areas of concern or issues: _____

Additional comments/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 following each risk factor)

| | | |
|----------------------|-----------------------|--------------------------------|
| Negative Mood | Anger | Collapse of Family Support |
| Substance Abuse | Victim Access | Collapse of Employment |
| Sexual Preoccupation | Poor Hygiene | Noncompliance with Treatment |
| Sees Self as No Risk | Collapse of Residence | 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 | Conflicts in Relationships | Noncompliance with Treatment |
| Deviant Sexual Arousal | Negative Social Supports | Noncompliance with Supervision |
| Poor Self-Regulation | Pro-Offending Attitudes | |

Therapist/Title _____