

**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: \_\_\_\_\_

