

Sex Offense Specific Intake Review for Clients Who Have Been in Prior Treatment

The Colorado Sex Offender Management Board (SOMB) supports SOMB Listed Treatment Providers providing comprehensive intake assessments for clients seeking entry into a treatment program with a prior history of sex offense specific (SOS) treatment. This document should be used as guidance in conjunction with the applicable SOMB Adult or Juvenile standards. The SOMB's purpose in developing this document is to ensure continuity of care via a thorough review of relevant prior treatment and supervision information to aid in the planning of treatment needs for the client. To this end, it is imperative that the Treatment Provider make every reasonable effort to identify and obtain past treatment records. In the absence of such records, it is the responsibility of the Treatment Provider to conduct a thorough and collaborative treatment review with the client to determine what treatment has been completed, what components of treatment need additional focus, and what components of treatment have not yet been completed. Through the completion of this review, a client's individual treatment needs can be determined. Clients should not be required to re-start treatment solely due to a change in Treatment Providers and the lack of available information from the prior Treatment Provider. On the other hand, mere completion of a treatment objective does not preclude the client from repeating such an objective if behavioral indicators suggest the need for additional treatment in this area.

The following information shall be reviewed collaboratively with the client to determine the starting point for the current treatment. It is recommended this document be completed by the primary therapist over the course of the first 2-3 sessions. This form may also be used for an on-going re-assessment of client treatment needs.

Client's Name: [Click here to enter text.](#) DOB: [Click here to enter text.](#)

Therapist completing intake: [Click here to enter text.](#) Date of intake: [Click here to enter text.](#)

Index Offense: [Click here to enter text.](#)

Past convictions / Adjudications: [Click here to enter text.](#)

Has the client previously received SOS treatment? Yes No

If yes, list previous providers: [Click here to enter text.](#)

Has the client signed releases to talk with previous treatment providers? Yes No

Length of time previously in treatment: [Click here to enter text.](#)

Does the client have any certificates of completion/documentation of treatment module completion?

Yes No

If yes, list certificates/documentation: [Click here to enter text.](#)

Reason for discharge or transfer: [Click here to enter text.](#)

Have the following individuals been contacted for collateral information?

Probation/Parole Officer Family Victim Therapist or DA's office Past Providers

DHS Caseworker / DYC

What barriers or obstacles interfered with the client's successful engagement with the prior treatment, if any?

[Click here to enter text.](#)

What factors aided the client in being successful in treatment? (What worked well?)

[Click here to enter text.](#)

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What are the client's strengths? [Click here to enter text.](#)

Have specialized assessments (Polygraph, PPG, ABEL/Affinity) been completed? Yes No

Identify and provide results: [Click here to enter text.](#)

What was the date of the last Sex offense Specific Evaluation? [Click here to enter text.](#)

Risk assessment results: [Click here to enter text.](#)

Results in terms of critical treatment needs: [Click here to enter text.](#)

Recommendations for treatment planning: [Click here to enter text.](#)

Current Risk Level: [Click here to enter text.](#)

Are there any specific conditions that have been previously set by the CST/MDT?

Provide details: [Click here to enter text.](#)

Are there any activities or special accommodations that have been previously approved by the CST/MDT?

Provide details: [Click here to enter text.](#)

Are there any approved safety plans in place at this time?

Provide details: [Click here to enter text.](#)

Which standards are applicable for the client? Adult Juvenile

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For clients subject to Adult standards:

Accountability / Empathy

- Yes No Is the client is able to be accountable about their offense by openly discussing their offense without blame or minimization?
- Yes No Is the client able to discuss their full sexual history?
- Yes No Is the client able to identify and articulate the impact on their victims?
- Yes No Is the client able to articulate empathy for their victims?
- Yes No Does the client present with any level of denial?
- Yes No Is the client able to discuss and manage any deviant sexual urges or fantasies?
- Yes No Is the client able to discuss the clarification process and identify what steps they have taken?

Treatment

- Yes No Is the client able to identify their support system?
- Yes No Is the client able to educate their support system regarding their risk factors?
- Yes No Is the client able to discuss their thoughts, feelings and behaviors that facilitate sexual re-offense or other victimizing behaviors?
- Yes No Is the client able to identify and discuss adaptive and pro-social behaviors to prevent abusive behavior and are they able to articulate healthy sexual functioning?
- Yes No Is the client able to discuss personality traits and deficits related to their risk for re-offending?
- Yes No Is the client able to identify any deficits in their social and relationship skills?
- Yes No How has the client strengthened these skills?
- Yes No Is the client able to discuss a plan for preventing re-offense and can they discuss how they have shared this plan with their support system?
- Yes No Is the client able to discuss and demonstrate skills to manage issues of anger, power, and control?

Additional Information

- Yes No Has 5.7 criteria been met?
- Yes No Has a CCA been completed?
- Yes No Are there additional adjunct treatment needs? (i.e. substance abuse, suicidal ideation, mental health needs, cognitive needs or challenges, etc)

How have these needs been addressed in the past? [Click here to enter text.](#)

How will these needs be addressed at this time? [Click here to enter text.](#)

- Yes No Has a relapse prevention plan or Personal Change Contract been completed?
- Yes No Is there a Qualified Approved Supervisor? (as defined in standard 5.771)
- Yes No Is there an Approved Community Support Person? (as defined in standard 5.710)

Who has or is currently able to provide support to the client? (Include any training or classes the person completed)

[Click here to enter text.](#)

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For clients subject to Juvenile Standards:

Treatment

- Yes No Is the client able to discuss their offense without blaming, minimizing or justifying their behavior?
- Yes No Is the client able to properly assign responsibility for the offense and discuss the impact and harm done to their victim(s)?
- Yes No Is the client able to discuss the clarification process and what steps have been taken?
- Yes No Is the client able to define abusive behaviors (abuse to self, others, property, and/or physical, sexual and verbal abuse)?
- Yes No Is the client able to identify and discuss their patterns of thoughts, feelings and behaviors associated with their offending behavior?
- Yes No Is the client able to discuss how they consistently interrupt patterns of thoughts and behaviors associated with their abusive behaviors?
- Yes No Is the client able to identify and discuss negative thoughts they have supportive of antisocial or violence themed attitudes?
- Yes No Is the client able to discuss the role of sexual arousal in offending behavior and discuss deviant sexual fantasies and their plan to manage their arousal and fantasies?
- Yes No Is the client able to discuss strategies for anger management, conflict resolution, problem solving, stress management, frustration tolerance, delayed gratification, cooperation, negotiation and compromise?
- Yes No Is the client able to identify and discuss their risk factors and a plan to manage these risk factors?
- Yes No Is the client able to discuss their safety plan and relapse prevention strategies?
- Yes No Is the client able to discuss and demonstrate emotional regulation and utilize self-protection skills?
- Yes No Is the client able to identify pro-social relationship skills and pro-social supports?

Additional Information

- Yes No Is there a Qualified Informed Supervisor (as defined in standard 9.100)?
- Yes No Are there additional adjunct treatment needs? (i.e. substance abuse, suicidal ideation, mental health needs, cognitive needs or challenges, etc)
- How have these needs been addressed in the past? [Click here to enter text.](#)
- How will these needs be addressed at this time? [Click here to enter text.](#)
- Yes No Has a relapse prevention plan been completed?

Who has or is currently able to provide support to the client? (Include any training or classes the person completed)

[Click here to enter text.](#)

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Upon completion of the review provide a brief narrative regarding how the above information was gathered and verified beyond solely client self-report. Include information about how the client is able to demonstrate internalization of treatment concepts.

[Click here to enter text.](#)

Based upon the information gathered during the intake review the following recommendations are made regarding the current focus of treatment.

[Click here to enter text.](#)

SOMB Treatment Provider - signature

[Click here to enter text.](#)

SOMB Treatment Provider - printed name

Client - signature

[Click here to enter text.](#)

Client - printed name

Supervisor - signature (where applicable)

[Click here to enter text.](#)

Supervisor - printed name