

**OFFENDER NAME:** \_\_\_\_\_  
 (use pencil so it can be erased).

**DCJ ID \_\_ \_\_ \_\_ FOR OFFENDERS IN FILE SAMPLE USE THE SAME NUMBER FOR SUPERVISING OFFICER FILE, TREATMENT PROVIDER FILE, AND TELEPHONE SURVEYS**

<b>Tag the following if contained in the TREATMENT PROVIDER FILE</b>	<b>In file: 1=yes 0=no</b>	<b>Discussed on page:</b>
<b>Mental Health Sex Offense-Specific Evaluation</b>		<b>2</b>
<b>Evaluator's Report</b>		<b>9</b>
<b>Confidentiality Waiver</b>		<b>9</b>
<b>Treatment Contract</b>		<b>10</b>
<b>Treatment Plan</b>		<b>11</b>
<b>Relapse Plan</b>		<b>17</b>

<b>MH SOS Evaluation</b>	<b>2</b>
<b>Confidentiality Waiver</b>	<b>9</b>
<b>Plethysmograph</b>	<b>9</b>
<b>Abel Screen</b>	<b>9</b>
<b>Evaluator's Report</b>	<b>9</b>
<b>Treatment Contract</b>	<b>10</b>
<b>Treatment Plan</b>	<b>11</b>
<b>Treatment Plan Reflects MH SO Evaluation</b>	<b>12</b>
<b>Treatment Plan Goals and Objectives</b>	<b>14</b>
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## Treatment Provider File Mental Health Sex Offense-Specific Evaluation

*Note: The following information refers to the Mental Health Sex Offense Specific Evaluation which may or may not have been developed by the provider. However, the report should be in the treatment provider file.*

2.010 In accordance with Section 16-11-102(1)(b) C.R.S., each sex offender shall receive a mental health sex offense-specific evaluation at the time of the pre-sentence investigation.

**Note: For any questions that require a date, if a date cannot be determined put 88-88-88.**

**TMHSO1. Does the treatment provider file include a Mental Health Sex Offense-Specific Evaluation?**

**1** Yes  
**0** No

**Date of MH SOS Evaluation Mo \_\_\_ Day \_\_\_ Year \_\_\_ (TMHSOMO, THMSODA, THMOSAYR)**

2.070 Unless otherwise indicate below, the following evaluation modalities are all required in performing a mental health offense -specific evaluation:

*Examination of criminal justice information, including the details of the current offense and documents that describe victim trauma, when available*

*Examination of collateral information, including information from other sources on the offender's sexual behavior*

*Structured clinical and sexual history and interview*

*Offense-specific psychological testing*

*Standardized psychological testing if clinically indicated*

*Medical examination/referral for assessment of pharmacological needs if clinically indicated*

*Testing of deviant arousal or interest through the use of the penile plethysmograph or the Abel Screen*

*Also, 2.090 and 2.120 3.610 Level of Denial and defensiveness shall be assessed during the mental health sex offense-specific evaluation.*

**TTOOL1-65. Please circle all assessment tools found in the file used in the MHSO Specific Evaluation**

1	WAIS-R	33	Weschler Memory Scale
2	WAIS III	34	Limbic System Checklit
3	WRAT-R Revised Beta	35	Structure Mental Status Exam
4	TONI (Test of Non-Verbal Intelligence)	36	History of Functioning
5	Shipley Institute of Living Scale	37	Structured Interview
6	MMPI or MMP12	38	Jacobs Cognitive Screening Test
7	MCMI-II or III	39	Quick Neurological Screening Test
8	Beck Depression Scale	40	Medical Tests
9	CAC (Clinical Analysis Questionnaire)	41	Collateral Information
10	PHQ (Personal History Questionnaire)	42	Treatment history
11	ADS	43	FES (Family Environment Scale)
12	DAST-20	44	DAS (Dyadic Adjustment Scale)
13	Adult Substance Use Survey (ASUS)	45	MSI (marital Satisfaction Inventory)
14	Substance Use History Matrix (SUHM)	46	IBS (Interpersonal Behavior Survey)
15	HARE Psychopathy Checklist Revised	47	Social Avoidance and Distress Scale
16	MDP Measures of Psychological Development	48	Waring's Intimacy Scale
17	COI California Personality Inventory	49	UCLA Loneliness Scale
18	PSCI (Personal Sentence Completion Inventory) Miccio-Fonseca	50	Tesch's Intimacy Scale
19	Wilson Sexual Fantasy Questionnaire	51	Miller's Social Intimacy Scale
20	SONE (Sexual History Background Form)	52	Attitude towards Women Scale
21	SORI (Sex Offender Risk Instrument)	53	Socio-Sexual Knowledge and Attitudes Test (for use with sex offenders who have developmental disabilities)
22	MSI Multiphasic Sex Inventory	54	Polygraph
23	Sexual Autobiography	55	DCJ Risk Scale
24	Plethysmograph	56	SOMB Checklist
24	Abel Screen	57	Oregon Risk Assessment Scale
26	Clarke	58	Violence Assessment Risk Guide
27	Bentler Heterosexual Inventory	59	Rapid Risk Assessment for Sex Offender Re-arrest
28	Abel and Becker Card Sort	60	MnSOST-R Risk Assessment
29	Burt Rape Myth Acceptance Scale	61	Sonar
30	Abel and Becker Cognition Scale	62	Static 99
31	Kaufman IQ test for Adults	63	Other:
32	Standord Binet	64	Other:

**Note: Determine whether the MH SO Evaluation contains the areas of assessment noted on the LEFT. It is unlikely that the entire evaluation will be in the file. The techniques for evaluation are listed on the right to help the researcher determine references to possible areas of assessment.**

<b>Evaluation Areas Required</b>	<b>Problem Areas</b>	<b>Possible Evaluation Procedures</b>
<b><i>Evaluation Area Completed</i></b>	<b><i>From the evaluations was it <u>determined that it was a problem</u> for the offender</i></b>	<b><i>Circle the assessment procedures if you can determine that it was used for this portion of the evaluation</i></b>
<b><i>TEVAL1. IQ Functioning (Mental Retardation, Learning Disability, and Literacy)</i></b> 1= Yes 0 = No 2 = Partial 8 = Can't determine	TEVAL1A.  1= Yes 0= No 8= Can't determine	History of Functioning WAIS-R or WAIS III WRAT-R-Revised Beta TONI (Test of Non-Verbal Intelligence) Shipley Institute of Living Scale Revised Kaufman IQ Test for Adults Stanford Binet
<b><i>TEVAL2. Organic Brain Syndrome (OBS)</i></b> 1= Yes 0 = No 2 = Partial 8 = Can't determine	TEVAL2A.  1= Yes 0= No 8= Can't determine	History of Functioning WAIS-R Weschler Memory Scale Revised Limbic System Checklist Structured Mental Status Exam Jacobs Cognitive Screening Test Quick Neurological Screening Test Medical Tests Necessary for Diagnosis
<b><i>TEVAL3. Mental Illness</i></b> 1= Yes 0 = No 2 = Partial 8 = Can't determine	TEVAL3A.  1= Yes 0= No 8= Can't determine	History of Functioning and/or Structured Interview MMPI or MMPI2 MCMI-II or III Beck Depression Scale
<b><i>TEVAL4. Alcohol and Drug Use/Abuse</i></b> 1= Yes 0 = No 2 = Partial 8 = Can't determine	TEVAL4A.  1= Yes 0= No 8= Can't determine	History of Functioning and/or Structured Interview MMPI CAQ (Clinical Analysis Questionnaire) PHQ (Personal History Questionnaire) ADS DAST-20 Adult Substance Use Survey Substance Use History Matrix Collateral Information
<b><i>TEVAL5. Number of D/A Relapses</i></b> 1= Yes 0 = No 2 = Partial 8 = Can't determine	TEVAL5A.  1= Yes 0= No 8= Can't determine	History of Functioning and/or Structured Interview Treatment History Collateral Information
<b>EVALUATE CHARACTER PATHOLOGY</b>		
<b><i>TEVAL6. Degree of Impairment</i></b> 1= Yes 0 = No 2 = Partial 8 = Can't determine	TEVAL6A.  1= Yes 0= No 8= Can't determine	Hare Psychopathy Checklist Revised (PCLR or PCLSC) Structured Interview MCMI-II or III History Collateral Information

<b>EVALUATE STABILITY OF FUNCTIONING</b>		
<b>TEVAL7. Marital/Family Stability (past, current, familial violence familial sexual, financial housing)</b> 1= Yes 0 = No 2 = Partial 8 = Can't determine	TEVAL7A. 1= Yes 0= No 8= Can't determine	History of Functioning and/or Structured Interview FES (Family Environment Scale) DAS (Dyadic Adjustment Scale) MSI (Marital Satisfaction Inventory) Interview Attitudes Collateral Information
<b>TEVAL8. Employment/Education (completion of major life tasks)</b> 1= Yes 0 = No 2 = Partial 8 = Can't determine	TEVAL8A. 1= Yes 0= No 8= Can't determine	History of Functioning and/or Structured Interview PHQ (Personal History Questionnaire)
<b>TEVAL9. Social Skills (ability to form and maintain relationships, courtship/dating skills, ability to demonstrate assertive behavior)</b> 1= Yes 0 = No 2 = Partial 8 = Can't determine	TEVAL9A. 1= Yes 0= No 8= Can't determine	History of Functioning and/or Structured Interview Collateral Information IBS (Interpersonal Behavior Survey) Social Avoidance and Distress Scale Waring's Intimacy Scale UCLA Loneliness Scale Tesch's Intimacy Scale Miller's Social Intimacy Scale
<b>DEVELOPMENTAL</b>		
<b>TEVAL10. (Disruptions in parent/child relationship, history of bed wetting, cruelty to animals, hx of behavior problems in elementary school, special education services, learning disabilities, school achievement, disordered attachments.)</b> 1= Yes 0 = No 2 = Partial 8 = Can't determine	TEVAL10A. 1= Yes 0= No 8= Can't determine	History of Functioning and/or Structured Interview Collateral Information
<b>EVALUATION OF SELF</b>		
<b>TEVAL 11. Self-image, Self Esteem, Ego Strength</b> 1= Yes 0 = No 2 = Partial 8 = Can't determine	TEVAL11A. 1= Yes 0= No 8= Can't determine	History of Functioning and/or Structured Interview MPD (Measures of Psychological Development) CAQ (Clinical Analysis Questionnaire) CPI (California Personality Inventory)
<b>MEDICAL SCREENING MEASURES</b>		
<b>TEVAL 12. Pharmacological Needs Medical Condition Impacting Offending Behavior History of Medication Use/Abuse</b> 1= Yes 0 = No 2 = Partial 8 = Can't determine	TEVAL12A. 1= Yes 0= No 8= Can't determine	History of Functioning and/or Structured Interview Referral to Physician if indicated Medical Tests

<b>SEXUAL EVALUATION</b>		
<p><b>TEVAL13. Sexual History</b> (<i>Onset, Intensity, Duration, Pleasure Derived</i>)            Age of Onset of Expected Normal Behaviors            Quality of First Sexual Experience            Age of Onset of Sexually Deviant Behaviors            Witnessed or Experienced Victimization as a Child            (Sexual or Physical)            Genesis of Sexual Information            Age/Degree of Use of Pornography, Phone Sex, Cable, Video, or Internet for Sexual Purposes            Current and Past Range of Sexual Behavior            1= Yes            0 = No            2 = Partial            8 = Can't determine</p>		<p>History of Functioning and/or Structured Interview            Collateral Information            PSCI (Personal Sentence Completion Inventory--Miccio-Fonseca)            Wilson Sexual Fantasy Questionnaire            SONE Sexual History Background Form            SORI (Sex Offender Risk Instrument – in research stage)</p>
<p><b>TEVAL14. Reinforcement Structure for deviant behavior</b> (<i>who are they living with, where, friends, etc.</i>)            Culture            Environment            Cults            1= Yes            0 = No            2 = Partial            8 = Can't determine</p>	<p>TEVAL14A.            1= Yes            0= No            8= Can't determine</p>	<p>Structured Interview</p>
<p><b>TEVAL15. Arousal Pattern</b> (<i>sexual arousal, interest</i>)            1= Yes            0 = No            2 = Partial            8 = Can't determine</p>	<p>TEVAL15A.            1= Yes            0= No            8= Can't determine</p>	<p>Plethysmograph            Abel Screen</p>
<p>TEVAL16. <b>Specifics of Sexual Crime(s)</b> (<i>Onset, Intensity, Duration, Pleasure Derived</i>)            Detailed Description of Sexual Assault            Seriousness, Harm to Victim            Mood During Assault (Anger, Erotic, "Love")            Progression of Sexual Crimes            Thoughts Preceding and Following Crimes            Fantasies Preceding and Following Crimes            1= Yes            0 = No            2 = Partial            8 = Can't determine</p>		<p>Structured Interview            History of Crimes            Collateral Information            Review of Criminal Records            Review of Victim Impact Statement            Contact with Victim Therapist            Polygraph</p>

<p><b>TEVAL17. Sexual Deviance</b>  1= Yes  0 = No  2 = Partial  8 = Can't determine</p>	<p>TEVAL17A.  1= Yes  0= No  8= Can't determine</p>	<p>Structured Interview  MSI (Multiphasic Sex Inventory)  SONE  Clarke</p>
<p><b>TEVAL18. Dysfunction (Impotence, Priapism, Injuries, Medications Affecting Sexual Functioning, Etc.)</b>  1= Yes  0 = No  2 = Partial  8 = Can't determine</p>	<p>TEVAL18A.  1= Yes  0= No  8= Can't determine</p>	<p>Structured Interview  MSI (Multiphasic Sex Inventory)  Sexual Autobiography</p>
<p><b>TEVAL19. Offender's Perception of Sexual Dysfunction</b>  1= Yes  0 = No  2 = Partial  8 = Can't determine</p>	<p>TEVAL19A.  1= Yes  0= No  8= Can't determine</p>	<p>Structured Interview  Sexual Autobiography  Bentler Heterosexual Inventory  Abel and Becker Card Sort  History</p>
<p><b>TEVAL20. Preferences (Male/Female; Age; Masturbation; Use of Tools, Utensils, Food, Clothing; Current Sexual Practices; Deviant as well as Normal Behaviors)</b>  1= Yes  0 = No  2 = Partial  8 = Can't determine</p>	<p>TEVAL20A.  1= Yes  0= No  8= Can't determine</p>	<p>Structured Interview  Sexual Autobiography  Plethysmograph  Able Screen</p>
<p><b>TEVAL21. Attitudes/Cognition Motivation to Change/Continue Behavior Attitudes Toward Women, Children, Sexuality in General</b>  1= Yes  0 = No  2 = Partial  8 = Can't determine</p>	<p>TEVAL21A.  1= Yes  0= No  8= Can't determine</p>	<p>Structured Interview  Burt Rape Myth Acceptance Scale  MSI (Multiphasic Sex Inventory)  Buss/Durkee Hostility Inventory  Abel and Becker Cognitions Scale</p>
<p><b>TEVAL22. Attitudes About Offense (i.e., Seriousness, Harm to Victim) Degree of Victim Empathy Presence/Degree of Minimalization Presence/Degree of Denial Ego-syntonic vs. Ego-dystonic Sense of Deviant Behavior</b>  1= Yes  0 = No  2 = Partial  8 = Can't determine</p>	<p>TEVAL22A.  1= Yes  0= No  8= Can't determine</p>	<p>Attitudes Towards Women Scale  Socio-Sexual Knowledge and Attitudes Test  (For use With sex offenders who have developmental disabilities)</p>

<b>EVALUATE LEVEL OF DENIAL AND/OR DECEPTION</b>		
<b>TEVAL23. Level of Denial Level of Deception</b> 1= Yes 0 = No 2 = Partial 8=Can't Determine	<b>TEVAL23A.</b> 1= Yes 0= No 8= Can't determine	Structured Interview * Collateral Information (such as from victim, police, others) Polygraph DCJ Risk Scale

<b>EVALUATE LEVEL OF VIOLENCE AND COERCION</b>		
<b>TEVAL24. Level of violence, pattern of assaults, victim selection, escalation of violence</b> 1= Yes 0 = No 2 = Partial 8 = Can't determine	<b>TEVAL24A.</b> 1= Yes 0= No 8= Can't determine	Structured Interview History Collateral Information Review of Criminal Records

<b>EVALUATE RISK</b>		
<b>TEVAL25. Risk of Re-offense</b> 1= Yes 0 = No 2 = Partial 8 = Can't determine	<b>TEVAL25A.</b> 1= Yes 0= No 8= Can't determine	Criminal History DCJ Sex Offender Risk Scale (Actuarial scale normed on Colorado offenders from probation, parole and prison) SOMB Checklist (Normed on Colorado Offenders from probation, parole and community corrections) Oregon Risk Assessment Scale (Normed on Oregon offenders) Violence Risk Assessment Guide (Normed on a psychiatric hospital sample) Rapid Risk Assessment for Sex Offender Re-Arrest (Sample excludes incest offenders) MnSOST-R (Normed on Minnesota Offenders in the Department of Corrections, excludes incest offenders) Sonar Static 99 Other _____ Did not use instrument; clinical opinion



## EVALUATOR'S REPORT

2.110 The evaluator shall recommend (listed below)

**TEVAL0-9. The evaluation report indicates that the evaluator has covered the following (CIRCLE ALL THAT APPLY)**

- 0** No evaluator Report in the Treatment Provider File
- 1** Offense-specific treatment
- 2** A referral was made for medical/pharmacological treatment if indicated
- 3** Treatment of co-existing problems (e.g., drug abuse, anger management)
- 4** Appropriate external controls (work environment, leisure time, life stresses, etc.)
- 5** Methods to lessen victim impact

- 6** Appropriateness of community placement
- 7** No contact with children
- 8** No contact with defendant's children
- 9** Other, explain:

## CONFIDENTIALITY WAIVER

3.210 A treatment provider shall obtain signed waivers of confidentiality based on the informed assent of the offender

Note: If there isn't a separate Confidentiality waiver, but it is part of the treatment contract consider it a YES

**TCON1. Is a signed waiver of confidentiality in the file?**

- 1** Yes
- 0** No

## PLETHYSMOGRAPH

**TPLETH1. Did the offender undergo a plethysmograph?**

- 1** Yes
- 0** No
- 8** Cannot determine

## ABEL SCREEN

**TABEL1. Was the offender administered an Abel Screen?**

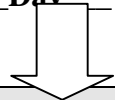
- 1** Yes
- 0** No
- 8** Cannot determine

# TREATMENT CONTRACT

3.310 A provider shall develop and utilize a written contract with each sex offender...

**TTC1. Is there a contract (OR SEPARATE DOCUMENT ADDRESSING THE FOLLOWING ISSUES) in the file?**

**1** Yes, date of treatment contract: Mo \_\_\_ Day \_\_\_ Yr \_\_\_ (TCMO, TCDA, TCYR)  
**0** No



	1=Yes 0=No 8=CD= (Can not Deter) TTCA	Violations in LAST 6 MOS 1=Yes, 0=No 8=CD TTCB	Sanctions imposed for violations (from sheet CD=88 (code up to 4) TTCC-F
<b><i>DOES THE CONTRACT EXPLAIN THE FOLLOWING?</i></b>			
TTC2A-F. Costs of assessment, evaluation, etc.			
TTC3A-F. Waivers of confidentiality required for treatment.			
TTC4A-F. Right to refuse treatment, refuse to waive confidentiality, and risks of that decision.			
TTC5A-F. Type, frequency, duration and requirements of treatment.			
TTC6A-F. Describe limits of confidentiality per 19.3-304 CRS			
<b><i>DOES THE CONTRACT EXPLAIN RESPONSIBILITIES OF A CLIENT TO</i></b>			
TTC7A-F. Pay the cost of assessment and treatment for him or herself and his or her family			
TTC8A-F. Pay to cost of assessment and treatment for victim and family when court ordered			
TTC9A-F. Inform his or her family/support system of details of past offenses to ensure protection of past victims.			
TTC10A-F. Actively involve relevant family/support system			
TTC11A-F. Notify the treatment provider of any changes or events in his/her life and lives of family support system.			
TTC12A-F. Participate in polygraph testing and if indicate plethysmographic testing.			
TTC13A-F. Assent to be tested for STD and HIV, and assent for results to be released to victim.			
TTC15A-F. Comply with limitations and restrictions per terms and conditions of probation, parole, or community corrections etc			
<b><i>DOES THE CONTRACT ALSO:</i></b>			
TTC16A-F. Provide instructions and limitations regarding contact with victims, secondary victims and children			
TTC17A-F. Describe limits or prohibitions on the use of viewing sexually explicit or violent material			
TTC18A-F. Describe the responsibility of the client to protect community safety by avoiding risky behaviors, situations and reporting any such behavior to the provider and supervising officer ASAP.			
TTC19A-F. Describe limitations and prohibitions on the use of alcohol /drugs.			
TTC20A-F. Describe limitations on employment and recreation.			

Note:  
Many of these might overlap with probation or parole terms and conditions, if so make sure you pinpoint the area, i.e contact with children put under 16, etc.

# TREATMENT PLAN

3.130 A provider shall develop a written treatment plan based on the needs and risks identified in current and past assessments/evaluations of the offender.

3.140 D. A provider shall employ treatment methods that are supported by current professional research and practice: give priority to the safety of an offender's victim(s) and the safety of potential victims and the community.

3.150 Providers shall maintain clients' files in accordance with the professional standards of their individual disciplines and with Colorado state law on health care records. Client files shall: Document the goals of treatment, the methods use, the client's observed progress, or lack thereof, toward reaching the goals in the treatment records. Specific achievements, failed assignments, rule violations and consequences should be records. Accurately reflect the client's treatment progress, sessions attended, and changes in treatment.

**TTX1. Is there a treatment plan in the file?**

- 0 No
- 1 Yes

Remember if can't find a date put 88-88-88

**If Yes, what is the date of original treatment plan:**  
mo \_\_\_ day \_\_\_ year \_\_\_ (TTPMO TTPDA TTPYR)

**What is the date of the current treatment plan:**  
mo \_\_\_ day \_\_\_ year \_\_\_ (TTPCMO TTPCDA TTPCYR)

*Note: Do Not Take the Intake Date. Take the date that they actually began treatment (1 on 1, group, etc).*

**Date Offender began treatment:** mo \_\_\_ day \_\_\_ year \_\_\_  
(TTXMO TTXDA TTXYR)

**Date Offender began treatment with current provider:**  
mo \_\_\_ day \_\_\_ year \_\_\_ (TTXCURMO TTXCURDA TTXCURYR)

**TTX2. Did the offender change treatment providers, IN THE LAST TWO YEARS?**

- 1 Yes, why? \_\_\_\_\_  
TTX2A-B (Code 2 answers)
- 0 No
- 8 Cannot Determine



**TTX3A-3E. Who initiated the change in treatment providers? (Circle all that apply)**

- 1 Treatment Provider
- 2 Probation Officer
- 3 Parole Officer
- 4 Offender
- 5 Other: \_\_\_\_\_

**TTX4. Has the provider prepared an INDIVIDUALIZED written treatment plan for the offender?**

- 8 Cannot determine
- 2 Somewhat
- 1 Yes
- 0 No

*Note: Individualized means the treatment addresses specific issues of the offender that were based on the needs and risks identified in current/past assessments/evaluations of this offender.*

**TTX5. IF NO, is there a STANDARDIZED description of the program modules/phases that specifies what the offender will do for treatment?**

- 8 Cannot determine
- 1 Yes
- 0 No

*Note: Standardized means there is a program with specific modules/phases, and it appears that all offenders receive the same or mostly the same treatment. The program specifies things such as the offender will attend Sex History Group, Victim Empathy Group, etc.*

Does the treatment plan or standardized description of the program address the following areas: (3.130)	1=yes, specific and thorough 2=yes, but vague, general or language not necessarily specific to the offender (e.g., boilerplate). Or not thorough. 0=no
TTX6. Provide for the protection of victims and potential victims and not cause the victim(s) to have unsafe and/or unwanted contact with the offender	
TTX7. Identify offender issues to be addressed, including multi-generational issues if indicated, the planned intervention strategies, and the goals of treatment	
TTX8. Define expectation of the offender, his/her family (when possible), and support systems	
TTX9. Address the issue of ongoing victim input	

## TREATMENT PLAN/PROGRAM DESCRIPTION REFLECTS MH SO EVALUATION

*Note: To complete the following table, refer to the MHSO Evaluation section you completed previously. Some of the MHSO Evaluation areas are abbreviated on the left side of the table (first column) and the question number is referenced, e.g. TEVAL. Determine whether any of these areas were IDENTIFIED AS A PROBLEM OR ISSUE FOR THE OFFENDER and complete the second column accordingly. In the last column rate how the Treatment Plan or Standardized program description addresses the offender's problem. Write a sentence to support your rating. For instance, victim input is an issue that should be addressed in all plans. If the victim input statement is simply attached to the plan, this would be rated as "minimal". If specific suggestions of the victim or victim's advocate are incorporated into treatment the rating would be "adequate". If the offender does not have a treatment plan, but the provider uses a standard program description, try to determine if any of the offenders issues are addressed with the program modules, groups, phases, etc. For instance the offender may have drug and alcohol issues, and may be required to complete a drug and alcohol group. Depending on the information on the program, you may be able to rate this as adequate or minimal. If the program language is vague and you cannot determine if the treatment addresses the offender's specific issue, use a 3 for your rating.*

Note: If no treatment plan, then leave this section blank

Evaluation areas from MH SOS Evaluation	Was the evaluation area identified as a problem in the MH SOS Evaluation or other assessment?  0=NO (addressed but not a problem)  1=YES (addressed and identified as a problem)  2=Not addressed in MH SOS Evaluation or other assessment or cannot determine if it was addressed  8=Cannot Determine	Is the issue addressed in the Treatment Plan or Standardized Program Description?  0= no 1=adequately (document your rating) 2=minimally (document your rating) 3=issue appears to be addressed through program, but cannot rate adequate or minimal. Not enough information. 8=Cannot Determine	
		Rating (0 to 3)	Sentence or two to document rating (Code up to two reasons)
TTP1. Contact with Children should be addressed in all tx plans		TTP1B	TTP1C-D
TTP2. Victim Input should be addressed in all tx plans		TTP2B	TTP2C-D
TTP3. Impact of the offense on the victim should be addressed in all tx plans		TTP3B	TTP3C-D
TTP4. Protection of Victims/Potential Victims should be addressed in all tx plans		TTP4B	TTP4D-C
TTP5. Organizational Brain Syndrome (SEE TEVAL2A)	TTP5A	TTP5B	TTP5C-D
TTP6. MENTAL Illness (SEE TEVAL3A)	TTP6A	TTP6B	TTP6C-D
TTP7. Drug Use/Abuse (SEE TEVAL4A)	TTP7A	TTP7B	TTP7C-D
TTP8. Marital/Family Problems (SEE TEVAL7A)	TTP8A	TTP8B	TTP8C-D
TTP9. Employment (SEE TEVAL8A)	TTP9A	TTP9B	TTP9C-D
TTP10. Education (SEE TEVAL8A)	TTP10A	TTP10B	TTP10C-D
TTB11. Social Skills (SEE TEVAL9A)	TTP11A	TTB11B	TTB11C-D
TTP12. Medication Needs (SEE TEVAL12A)	TTP12A	TTP12B	TTP12C-D
TTP13. Addresses deviant sexual practices (SEE TEVAL13A-17A)	TTP13A 1	TTP13B	TTP13C-D
TTP14. Addresses motivation to change/attitudes towards victims, etc. (SEE TEVAL22A)	TTP14A	TTP14B	TTP14C-D
TTP15. Denial (SEE TEVAL24A)	TTP15A	TTP15B	TTP15C-D
TTP16. Violence (SEE TEVAL25A)	TTP16A	TTP16B	TTP16C-D

TTP17.Risk of re-offense (SEE TEVAL26A)	TTP17A	TTP17B	TTP17C-D
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## DOCUMENTATION OF GOALS AND METHODS USED TO ACHIEVE THEM

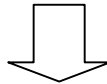
**TTP19. Does the treatment plan or other document list specific goals for this offender and methods that will be used to achieve these goals. For example, an offender may have a goal to be educated about the risk of re-offense. Are specific methods for achieving this goal documented?**

- 1 Yes, all goals have objectives and methods
- 2 Yes, at least half but not all of the goals have objectives and methods
- 3 Yes, some, but less than half, of the goals have objectives and methods
- 0 No, there are no objectives and methods to meet goals
- 4 The offender must progress through a specified program. No individual goals are listed. The phases/modules cover issue areas.

## TREATMENT PLAN UPDATES (not progress reports)

**TXPUP1. Has the treatment plan used by the current provider been updated since the offender has received care from the current provider?**

- 0 No updates
- 9 No treatment plan
- 2 Offender has only been with treatment provider a short time (State how long in weeks\_\_ \_\_) (TXUP1A)
- 1 Yes, updates have been done



**List the dates of updates to the plan the current provider has been using.**

Month __ __	Day __ __	Year __ __	Plan update documents the offender's <i>progress or lack of progress</i> 0=not at all 2=somewhat 1=extensively 3=plan has been reviewed but there is no change in plan

**TXPUP3. IF THE OFFENDER HAS NO TREATMENT PLAN UPDATES, has the offender's progress or lack of progress in treatment IN THE LAST SIX MONTHS been documented in other areas of the file, e.g. progress reports, group notes, etc.**

- 1** Yes, there is one reference to the offender's progress in treatment in the last SIX MONTHS. Source: \_\_\_\_\_
- 2** Yes, there are 2 to 3 references to progress in treatment in the last SIX MONTHS. Source: \_\_\_\_\_
- 3** Yes, there are 4 or more references to progress in treatment in the last SIX MONTHS. Source: \_\_\_\_\_
- 0** No references to progress in treatment
- 9** Not applicable as the treatment plan has been updated

**SERVICES RECEIVED**

**TTXR1. Does the file indicate that the offender received treatment/services?**

- 0** No
- 1** Yes, IF YES COMPLETE THE TABLE BELOW

**Rating**

- 0=No documentation that this service/tx was received/offender attended treatment*
- 1=received or currently receiving tx or services as outlined in the plan*
- 2=Service was offered to offender, but s/he did not fully participate*
- 3=Service was offered to offender, but s/he did not follow up/attend service as contracted or recommended (offender did not participate at all)*
- 4=cannot determine if service/tx was received*

Treatment/Services Recommended (e.g., medication referrals, drug treatment, group therapy, etc)	Rating	Documentation, e.g., referral slips, case notes, communications from other providers, etc.  (CODE 2 REASONS
TTX1A	TTX1B	TTX1C-D
TTX2A	TTX2B	TTX2C-D
TTX3A	TTX3B	TTX3C-D
TTX4A	TTX4B	TTX4C-D
TTX5A	TTX5B	TTX5C-D
TTX6A	TTX6B	TTX6C-D
TTX7A	TTX7B	TTX7C-D
TTX8A	TTX8B	TTX8C-D

**TTXR2. If an offender did not attend or was tardy on a regular basis, or did not participate in treatment were consequences imposed?**

- 1 Always**
- 2 Sometimes**
- 0 Never**
- 8 Can't determine**
- 9 Not applicable, offender always attended treatment**

**TTXR3-6 If consequences were imposed when the offender did not attend, etc., what (CODE UP TO 4)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Is documentation of any of the following in the file IN THE LAST SIX MONTHS</b>	<b>1=yes 0=no  (TXDOCA)</b>	<b>IF YES, HOW MANY TIMES WAS THIS DOCUMENTED 0 = 0 1 = 1-2 2 = 3 or more  (TXDOCB)</b>
<b>TXDOC1A-B. Clients treatment progress</b>		
<b>TXDOC2A-B. Clients lack of treatment progress</b>		
<b>TXDOC3A-B. Attendance (attended/not attended)</b>		
<b>TXDOC4A-B. Failed assignments</b>		
<b>TXDOC5A-B. Rule violations</b>		
<b>TXDOC6A-B. Specific Achievements</b>		
<b>TXDOC7A-B. Other:</b>		



## DOES THE TREATMENT PLAN/PROGRAM MATCH NEEDS

**TMATCH1.** Based on the information recorded above and your review of the file, does the level and intensity of treatment described in the active treatment plan match or program match offender needs as described in the MH SOS or other assessments? *Provide an overall rating. Note: this is not an evaluation of the treatment provided but rather the treatment matches the needs.*

To a great extent 5 4 3 2 1 0 Not at All

8 Cannot determine. Why not?

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You must document your rating: TMATCH1A-C (Code up to three reasons)

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## RELAPSE PLAN/SAFETY PLAN

3.140 F.14 *A treatment provider shall require offenders to develop a written relapse prevention plan for preventing re-offense; the plan should identify antecedent thoughts, feelings, circumstances, and behaviors associated with sexual offenses*

**TREL1.** Does the file contain a relapse prevention plan as described above?

1 Yes

0 No

8 Can't determine

2 Relapse prevention plan appears to be in progress

Note: If there have been any safety plans for specific events, etc.: \_\_\_\_\_

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# DENIAL

Guiding principles 1., 2., 3.5., 7., 8, 10, 11

3.620 When a sex offender in strong or severe denial must be in the community (e.g., mandatory parole), offense-specific treatment shall begin with an initial module that specifically addresses denial and defensiveness. Offense-specific treatment for denial shall not exceed six months.....

**TDENIAL1. At the start of treatment, was this offender in denial (see treatment plan and SO MH evaluation)?**

- 0 No
- 8 Cannot determine
- 1 Yes



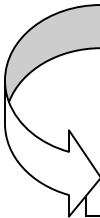
**TDENIAL2. Was treatment offered to the offender specifically addressing denial?**

- 1 Yes
- 0 No
- 8 Can't determine

3.650 Offenders who are still in strong or severe denial and/or are strongly resistant after this six (6) month phase of treatment shall be terminated from treatment and revocation proceedings should be initiated if possible. Other sanctions and increased levels and types of supervision, such as home detention, electronic monitoring, etc., should be pursued if revocation is not an option.....

**TDENIAL3. Was the offender still in denial six months after treatment started?**

- 2 Offender not in denial at the beginning of treatment
- 1 Yes
- 0 No
- 8 Can't determine



**TDENIAL4. If offender was in denial after six months, was treatment terminated?**

- 2 Offender not in denial at six months
- 1 Yes
- 0 No
- 8 Can't determine

**TDENIAL 5. Were sanctions/consequences imposed for denial at the end of six months or throughout the six month period that the offender was in denial?**

- 1 Yes, what were they: \_\_\_\_\_ (Code up to 4) TDENA-D
- 0 No
- 8 Can't determine
- 9 Not applicable