Commonwealth of Massachusetts
Sex Offender Registry Board

Sex Offender Treatment Status Report

This form is to be completed by the licensed clinician who is currently providing, or has provided, sex offender specific treatment to the client named below. This form must be submitted with a cover letter signed by the treatment provider on his or her letterhead. Please attach any additional information that you believe is important.

Client Name:

Therapist’s Name, Degree, and License Number:

Date Client Entered Treatment:

STRUCTURE OF TREATMENT
Modality of Treatment (list only those modalities that are sex offender specific):

Recommended Frequency of Each Modality (e.g., 2 times per week group, 3 times per week individual/family, etc.):

Recommended Duration of Treatment for Each Modality:

Dates of Missed Appointments in Each Modality of Treatment:

Date Treatment Terminated, if Applicable, and Reasons for Termination:

PARTICIPATION IN TREATMENT
Please circle your response for each item

1) Is generally an active participant who offers personal information. Yes Somewhat No Don’t Know N/A
2) Is rarely defensive or evasive when asked to participate. Yes Somewhat No Don’t Know N/A
3) Rarely minimizes/distorts his behavior in relation to his sexual offenses. Yes Somewhat No Don’t Know N/A
4) Can fully describe all four phases of deviant cycle. Yes Somewhat No Don’t Know N/A
5) Can identify triggers for sexually deviant thoughts and behaviors. Yes Somewhat No Don’t Know N/A
6) Can identify thinking errors regarding sexual behaviors. Yes Somewhat No Don’t Know N/A
7) Can identify high-risk behaviors that are related to sexual offending. Yes Somewhat No Don’t Know N/A
8) Demonstrates ability to control deviant arousal via behavioral techniques. Yes Somewhat No Don’t Know N/A
9) Has a specific, realistic, and detailed written relapse prevention plan. Yes Somewhat No Don’t Know N/A
10) Is actively working his relapse prevention plan. Yes Somewhat No Don’t Know N/A
11) Has demonstrated a capacity for victim empathy. Yes Somewhat No Don’t Know N/A
12) Displays appropriate sexual attitudes towards adults and children. Yes Somewhat No Don’t Know N/A
13) Describes both positive and negative aspects of his support systems. Yes Somewhat No Don’t Know N/A
14) Has engaged in sexual misconduct while in treatment. Yes Somewhat No Don’t Know N/A
15) Has established a stable living situation and work environment. Yes Somewhat No Don’t Know N/A

Please return to: Sex Offender Registry Board, PO Box 4547, Salem, MA 01970

Signature of Treatment Provider ________________________
Date ________________________

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