

SOMB CHECKLIST

Please endorse each of the following items as they apply to the client: "0" means "does not apply at all" to a "5" meaning "applies very much". **Please complete the entire form and fax it to DCJ at 303-239-4491.**

Date _____ CR# _____ SS# _____

Client Name _____

SOMB Evaluator _____

Referring Probation Officer _____

	<i>Not at all...Very Much</i>
DENIAL	
Denies actual facts of offense.	0 1 2 3 4 5
Denies wrongness of actions.	0 1 2 3 4 5
Minimizes prior sex offenses.	0 1 2 3 4 5
Portrays self as victim.	0 1 2 3 4 5
Blames others for the crime.	0 1 2 3 4 5
Holds grudges against "system".	0 1 2 3 4 5
Says victim "wanted it".	0 1 2 3 4 5
Says therapy is unnecessary.	0 1 2 3 4 5

DEVIANT SEXUAL PRACTICES	
Has no socially appropriate sexual outlet.	0 1 2 3 4 5
Engages in many forms of deviant sexuality.	0 1 2 3 4 5
Obsessed with deviant sexual practices.	0 1 2 3 4 5
Engages in bizarre sexual practices.	0 1 2 3 4 5
Poor control of sexual behavior.	0 1 2 3 4 5
Talks constantly about sex.	0 1 2 3 4 5
Nothing seems "off limits" sexually.	0 1 2 3 4 5
Masturbation is compulsive or excessive.	0 1 2 3 4 5

MOTIVATION	
Verbalizes desire for treatment.	0 1 2 3 4 5
Agrees with court order for intervention.	0 1 2 3 4 5
Pays attention to evaluator.	0 1 2 3 4 5
Arrives for appointments on time.	0 1 2 3 4 5
Is positive about evaluator's testing.	0 1 2 3 4 5
Actively participates in evaluation.	0 1 2 3 4 5
Completes evaluation requirements.	0 1 2 3 4 5
Seeks additional help.	0 1 2 3 4 5

SOCIAL SKILLS	
Socially appropriate.	0 1 2 3 4 5
Appropriate social connectedness.	0 1 2 3 4 5
Pleasant in conversation.	0 1 2 3 4 5
Non-hostile interaction.	0 1 2 3 4 5
Dresses appropriately.	0 1 2 3 4 5
Forms genuine bonds with others.	0 1 2 3 4 5
Appropriate social network.	0 1 2 3 4 5
Appropriately helpful to others.	0 1 2 3 4 5

Not at all...Very Much

	<i>Not at all...Very Much</i>
POSITIVE SOCIAL SUPPORT	
Has many pro-social friends.	0 1 2 3 4 5
Has close friends.	0 1 2 3 4 5
Interacts with friends regularly.	0 1 2 3 4 5
Has healthy family.	0 1 2 3 4 5
People are interested in his progress.	0 1 2 3 4 5
People have offered to help him.	0 1 2 3 4 5
Has friends/family he could live with.	0 1 2 3 4 5
Has lived in same community for years.	0 1 2 3 4 5

READINESS TO CHANGE	
Verbalizes desire to change.	0 1 2 3 4 5
Sees other ways of behaving.	0 1 2 3 4 5
Appears tired of old ways.	0 1 2 3 4 5
Shows detrimental effects on victim.	0 1 2 3 4 5
Has plan for change.	0 1 2 3 4 5
Willingness to discuss sexual history.	0 1 2 3 4 5
Can see future in changing.	0 1 2 3 4 5
Eliminates deviant sexual behavior.	0 1 2 3 4 5

TAKING CARE OF BUSINESS	
Work/school stability.	0 1 2 3 4 5
Keeps up on financial obligations.	0 1 2 3 4 5
Maintains stable family life/living situation.	0 1 2 3 4 5
Completes homework.	0 1 2 3 4 5
Takes responsibility for life incidents.	0 1 2 3 4 5
Reports/journals about stressful situations.	0 1 2 3 4 5
Reports/journals about anger.	0 1 2 3 4 5
Reports/journals about high risk situations.	0 1 2 3 4 5

Not at all...Very Much

Although only three of these items are used in the SORS Risk Scale, all of these items were found to statistically correlate with revocation/treatment failure. Because scores can change over time, this checklist may be used by therapists or supervising officers as a set of dynamic indicators of supervision/treatment outcome.