

Violent Offender Treatment Intervention and Progress Scale (VOTIPS)

Individual: _____ Scorer: _____

Evaluation Date: _____ Setting: Community Residential

Months in Weekly Treatment: _____ Time of Evaluation: Initial

Months in Aftercare Treatment: _____ During Treatment

Total: _____ End of Treatment

Rating Guide (use definitions in scoring manual):
 0 = minimal or no need for improvement
 1 = some need for improvement
 2 = considerable need for improvement
 3 = very considerable need for improvement

Risk Responsibility and Management	<i>0</i>	<i>1</i>	<i>2</i>	<i>3</i>
1. Violent Offense Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Risk Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminality	<i>0</i>	<i>1</i>	<i>2</i>	<i>3</i>
3. Criminal and Rule-Breaking Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Criminal and Rule-Breaking Attitudes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment and Supervision Cooperation	<i>0</i>	<i>1</i>	<i>2</i>	<i>3</i>
5. Stage of Change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Cooperation with Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cooperation with Community Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Management	<i>0</i>	<i>1</i>	<i>2</i>	<i>3</i>
8. Emotion Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Impulsivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Stability and Supports	<i>0</i>	<i>1</i>	<i>2</i>	<i>3</i>
11. Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Residence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Social Influences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub-totals				
Total				