

Concrete/measurable objectives:		
Start Date:	Target Completion Date:	Objective Completed:
DOMAIN III: SEXUALITY		
Problem/Risk Factor:	<input type="checkbox"/> Sexual Preoccupation <input type="checkbox"/> Sexual Compulsivity <input type="checkbox"/> Sex as Coping <input type="checkbox"/> Deviant Sexual Interest/Preference <input type="checkbox"/> Presence of Paraphilias <input type="checkbox"/> Sexual Deviant Lifestyle <input type="checkbox"/> Sexual Preference for Children <input type="checkbox"/> Sexualized Violence <input type="checkbox"/> Sexual Offending Cycle <input type="checkbox"/> Other:	
Client's Stated Goal:		
Concrete/measurable objectives:		
Start Date:	Target Completion Date:	Date Completed:

DOMAIN IV: ATTITUDES, SCHEMAS, BELIEFS		
Problem/Risk Factor:	<input type="checkbox"/> Lacks responsibility taking <input type="checkbox"/> Uses cognitive distortions/thinking errors <input type="checkbox"/> Offense-supported attitudes <input type="checkbox"/> Lack of concern for others <input type="checkbox"/> Hostility towards women <input type="checkbox"/> Grievance thinking <input type="checkbox"/> Failure to Recognize Risk for Re-offense <input type="checkbox"/> Other:	
Client's Stated Goal:		
Concrete/measurable objectives:		
Start Date:	Target Completion Date:	Objective Completed:

DOMAIN V: GENERAL CRIMINALITY		
Problem/Risk Factor:	<input type="checkbox"/> Criminal & rule-breaking behavior <input type="checkbox"/> Criminal personality <input type="checkbox"/> Interpersonal aggression <input type="checkbox"/> Offense planning <input type="checkbox"/> Lack of cooperation with supervision <input type="checkbox"/> Insufficient Fear of Punishment or Consequences <input type="checkbox"/> Resistance to rules of supervision <input type="checkbox"/> Lack of cooperation with treatment	

	<input type="checkbox"/> Other:	
Client's Stated Goal:		
Concrete/measurable objectives:		
Start Date:	Target Completion Date:	Objective Completed:

Client Strengths/Protective Factors (check all that apply)
<input type="checkbox"/> Age over 40 <input type="checkbox"/> Age over 60 <input type="checkbox"/> Having a stable childhood with no family history of psychological or substance abuse <input type="checkbox"/> Having no history of a family with criminal issues <input type="checkbox"/> Having no history of criminal peer relations <input type="checkbox"/> Having no history of abuse <input type="checkbox"/> Having a family history that represents pro-social behavior <input type="checkbox"/> Having no history of discipline problems in school <input type="checkbox"/> Having no history with school performance <input type="checkbox"/> Able to function well in all employment and/or educational settings <input type="checkbox"/> Having no history of serious mental health issues <input type="checkbox"/> Having no history of impulsiveness or recklessness <input type="checkbox"/> Having emotional issues that are well managed <input type="checkbox"/> Having no history of violence <input type="checkbox"/> Having no history of substance abuse <input type="checkbox"/> Able to maintain sobriety <input type="checkbox"/> Having no <i>PRIOR</i> history of sexual offense <input type="checkbox"/> Having a satisfying and appropriate sexual relationship <input type="checkbox"/> Having a history of living with a lover for two or more years <input type="checkbox"/> Having a current romantic relationship that is well functioning <input type="checkbox"/> Engaging pro-social people in support network <input type="checkbox"/> Ability to avoid negative relationships <input type="checkbox"/> Having no prior or very limited arrest history <input type="checkbox"/> Having pro-social attitudes <input type="checkbox"/> Having no history of criminal peer relations <input type="checkbox"/> Having no history of treatment failure <input type="checkbox"/> Having no history of supervision failure <input type="checkbox"/> Having a positive attitude toward treatment <input type="checkbox"/> Having a positive attitude toward supervision <input type="checkbox"/> Successful completion of treatment <input type="checkbox"/> Successful completion of supervision <input type="checkbox"/> Engaging in healthy, pro-social recreational activities <input type="checkbox"/> Having recreational activities that are effective at reducing stress

LEVEL OF SERVICE PROVIDED			
Service Type	Intervention/ Modality	Length, Frequency, Duration	Professional Responsible

<input type="checkbox"/> Individual Therapy			
<input type="checkbox"/> Group Therapy			
<input type="checkbox"/> Family/Couples Therapy,			
<input type="checkbox"/> Polygraph			
<input type="checkbox"/> Other			

Reviews are required at 6 month intervals

Date of Review 1:	
Progress on Plan:	
Client's Response:	

Date of Review 2:	
Progress on Plan:	
Client's Response:	

<p>Discharge Criteria <u>Client will be discharged when:</u> (Check any or all that apply)</p> <p><input type="checkbox"/> Client has achieved the above mentioned treatment goals judged to be necessary in order to be discharged from treatment and has an identified relapse plan: <u>or</u></p> <p><input type="checkbox"/> Client's symptoms and level of functioning have improved to the point that he or she does not require psychotherapy sessions to maintain improved level of functioning: <u>or</u></p> <p><input type="checkbox"/> Client's clinical condition has become such that he or she requires a higher level or intensity of care: <u>or</u></p> <p><input type="checkbox"/> Client demonstrates lack of motivation to participate in the agreed-upon treatment plan of care as assessed by poor record of attendance at scheduled therapy sessions, non-compliance with treatment plan, no follow-through with referrals to community-based support groups, and noncompliance with pharmacotherapy: <u>or</u></p> <p><input type="checkbox"/> Other:</p>
After Care Plan:

Client will follow recommendations given by therapist, other treatment providers, and supervision agents for ongoing stability and functioning. Client will return to services as needed if negative symptoms become unmanageable and debilitating.

CLIENT'S INFORMED CONSENT FOR TREATMENT

My clinician has explained the treatment procedures described in this plan, including the potential benefits and risks for treatment, and I agree with this plan for treatment.

My rights and responsibilities as a client of _____ have been explained to me, and I understand that my protected health information will be disclosed only on a need-to-know basis for purposes of coordinating my treatment by staff, for obtaining payment, and for internal healthcare operations, and that my protected health information will not be disclosed to anyone who is not a member of my treatment team without my signed authorization, except as required by law.

I understand that the emergency mental health crisis plan would be to _____. If at any time you need immediate assistance contact 911 or visit your nearest emergency department. Additionally, OPTUM IDAHO provides a 24 hour crisis response support at 855-202-0973.

I have reviewed and offered a signed copy of the Idaho Professional Counseling and Marriage and Family Consent to the client (and his or her legal representative) if applicable.

I was offered a copy of my Treatment Plan but declined a copy of it.

By signing treatment plan, Client acknowledges agreement with the plan, and consents to treatment.

Client Signature:

Signature Date:

Clinician Name:

Signature Date: