

EXHIBIT 1
Sample Treatment Plan



NEUROCOUNSELING
& Consulting Services, PLLC

JUVENILE TREATMENT PLAN

Client: John Smith

Date of Treatment Plan: 11/1/2020

Supervising Officer: John Garcia

Date to Review Treatment Plan: 5/1/2021

Areas to be addressed in the treatment plan:

- | | |
|------------------------------------------------------------------|---------------------------------------------------------|
| <input checked="" type="checkbox"/> Sexual Deviant Behaviors | <input type="checkbox"/> Coercion |
| <input checked="" type="checkbox"/> Healthy Social Relationships | <input checked="" type="checkbox"/> Psychosocial Skills |
| <input type="checkbox"/> Offender Victimization | <input type="checkbox"/> Trauma |
| <input checked="" type="checkbox"/> Parenting Skills | <input type="checkbox"/> Family Reunification |
| <input type="checkbox"/> Family Conflict | <input type="checkbox"/> Drug/Alcohol Use |
| <input checked="" type="checkbox"/> Communication | <input checked="" type="checkbox"/> Self-esteem |
| <input checked="" type="checkbox"/> Anger | <input type="checkbox"/> Behavior at home/school |
| <input type="checkbox"/> Safety in the home | <input checked="" type="checkbox"/> Consent |
| <input type="checkbox"/> Other | |

If other, please list here:

1. Depression/low moods
2. Impulse Control
3. Preparing for maintenance

Needs Identified:

1. Psychiatric medication management for depression
2. Accommodations for school due to intellectual disability
3. Psychoeducation with parents on healthy communication styles

Resources Provided:

1. Emergence Health Network – psychiatric medication & case management
2. 504 to be scheduled with SPED department to determine accommodations
3. Healthy communication styles will be addressed during family sessions and further evaluation will determine the need for additional services/sessions, such as marital counseling.

Natural Supports:

1. John Doe – Soccer coach
2. Lacy Pena – Paternal Aunt

3. Maria Ramos – Family Friend

Risk Factors:

1. Initial denial of the offense
2. Poor impulse control in multiple areas of functioning to include being physically aggressive, inappropriate sexual touching and stealing
3. Lack of motivation to participate in sessions

Youth's Strengths and Protective Factors:

1. John enjoys playing soccer and spending time with his teammates
2. John feels that he has the support of his parents to succeed
3. John wants to attend college and have a family when he gets older

Family's Strengths and Protective Factors:

1. John's parents are motivated to help John not reoffend
2. John and his parents enjoy playing board games together
3. John's parents want John to feel empathy towards his victim

Short Term Goal #1	John will learn the difference between "good touch" and "bad touch" John will write a "Clarification Letter" to his victim
	<input type="checkbox"/> Increase Motivation to Change <input checked="" type="checkbox"/> Learn how to Control and Manage Sexual Impulses and Thoughts <input checked="" type="checkbox"/> Improve Self-Image and Self-Esteem <input checked="" type="checkbox"/> Improve Problem Solving Skills <input type="checkbox"/> Assertive Communication <input type="checkbox"/> Stress Management <input type="checkbox"/> Reduce Conflict between Peers and Family <input type="checkbox"/> Other: _____
Long Term Goal #1	John will display healthy physical boundaries with others John will understand the impact that his behavior has on others
	<input checked="" type="checkbox"/> Accept Full Responsibility <input checked="" type="checkbox"/> Understand Thoughts and Feelings that Led to Sexually Acting Out <input checked="" type="checkbox"/> Learn to have Healthy Sexual Thoughts and Feelings <input checked="" type="checkbox"/> Develop Healthy Attitudes and Beliefs

	<input checked="" type="checkbox"/> Respect Other's boundaries <input checked="" type="checkbox"/> Identify High Risk Situations that can Lead to Inappropriate Sexual Behavior <input type="checkbox"/> Other: _____
Objectives: Within the next 6 months, John will increase his motivation to learn about his sexual behaviors and how he can prevent an offense in the future as evidenced by completing at least 1 assignment weekly, following probation and treatment guidelines, and asking questions when he doesn't understand a treatment concept	
<input checked="" type="checkbox"/> No More Victims <input checked="" type="checkbox"/> Impulse Control <input type="checkbox"/> Arousal Control <input type="checkbox"/> Reduce Sexual Deviancy <input checked="" type="checkbox"/> Re-Offense Prevention <input checked="" type="checkbox"/> Victim Empathy <input type="checkbox"/> Improve Social Skills <input checked="" type="checkbox"/> Development of age-appropriate relationships <input type="checkbox"/> Co-morbid issues <input type="checkbox"/> Other: _____	
Interventions: <input checked="" type="checkbox"/> Individual Counseling <input checked="" type="checkbox"/> Group Counseling <input checked="" type="checkbox"/> Family Counseling <input checked="" type="checkbox"/> CBT John will use <i>"Pathways: A Guided Workbook for Youth Beginning Treatment"</i> to complete treatment successfully.	
Expected Outcomes: 1. John will have no more victims 2. John will understand his motivation to act out sexually 3. John will identify and utilize strategies daily to prevent future offenses 4. John will learn what consent is 5. John will modify his distorted cognitions that promote inappropriate sexual behavior	

	John will practice daily journaling 5 times per week so he can identify his thinking errors.
Short Term Goal #2	<input checked="" type="checkbox"/> Increase Motivation to Change <input type="checkbox"/> Learn how to Control and Manage Sexual Impulses and Thoughts <input type="checkbox"/> Improve Self-Image and Self-Esteem <input checked="" type="checkbox"/> Improve Problem Solving Skills

	<input checked="" type="checkbox"/> Assertive Communication <input checked="" type="checkbox"/> Stress Management <input type="checkbox"/> Reduce Conflict between Peers and Family <input checked="" type="checkbox"/> Other: Address mental health concerns
	John will exhibit no more than one “angry episode” per month
Long Term Goal #2	<input type="checkbox"/> Accept Full Responsibility <input type="checkbox"/> Understand Thoughts and Feelings that Led to Sexually Acting Out <input type="checkbox"/> Learn to have Healthy Sexual Thoughts and Feelings <input checked="" type="checkbox"/> Develop Healthy Attitudes and Beliefs <input checked="" type="checkbox"/> Respect Other’s Boundaries <input type="checkbox"/> Identify High Risk Situations that can Lead to Inappropriate Sexual Behavior <input checked="" type="checkbox"/> Other: Talk about feelings with support system
<p>Objectives: John will use assertive communication when he’s speaking to others and will avoid acting out in hurtful, harmful ways when he’s feeling angry as evidenced by journaling 5 times a week, communicating with his parents when he feels in distress, and using positive self-talk daily</p> <div> <input checked="" type="checkbox"/> No More Victims <input type="checkbox"/> Impulse Control </div> <div> <input type="checkbox"/> Arousal Control <input type="checkbox"/> Reduce Sexual Deviancy </div> <div> <input checked="" type="checkbox"/> Re-Offense Prevention <input type="checkbox"/> Victim Empathy </div> <div> <input checked="" type="checkbox"/> Improve Social Skills <input checked="" type="checkbox"/> Development of age-appropriate relationships </div> <div> <input type="checkbox"/> Co-morbid issues </div> <div> <input type="checkbox"/> Other: _____ </div>	
<p>Interventions: <input checked="" type="checkbox"/> Individual Counseling <input checked="" type="checkbox"/> Group Counseling <input checked="" type="checkbox"/> Family Counseling <input checked="" type="checkbox"/> CBT</p> <p>The counselor will use evidenced-based worksheets and strategies to educate John on how to manage his anger and improve his mood.</p>	
Expected Outcomes:	

1. John will learn how to identify his feelings (positive and negative)
2. John will learn how to cope with his negative feelings
3. John will learn how his thinking errors and feelings are contributing factors to his sexual acting out
4. John will not have anger outbursts as often or as destructive
5. John will communicate his feelings to others in prosocial ways

	John's parents will learn how to communicate assertively between each other and with John
Parent Short Term Goal #1	<input type="checkbox"/> Improve Parenting Skills <input checked="" type="checkbox"/> Learn and Implement Appropriate Supervision Skills <input checked="" type="checkbox"/> Develop Healthy Communication Skills <input type="checkbox"/> Safety Planning for Youths with Sexual Behavior Problems <input type="checkbox"/> Other: _____
Parent Long Term Goal #1	John's parents will learn about John's motivation to act out sexually to prevent a future offense <input checked="" type="checkbox"/> Prevent Re-offense <input checked="" type="checkbox"/> Ongoing Supervision <input type="checkbox"/> Family Reunification <input type="checkbox"/> Preventing Out of Home Placement <input type="checkbox"/> Other: _____
Objectives: Within the next 6 months, John's parents will learn how they can be a key influence and support in John's life to prevent further victimization as evidenced by engaging in parent group, family sessions, and being honest with the counselor and probation officer <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input checked="" type="checkbox"/> Improve communication <input type="checkbox"/> Understand severity of the offense <input checked="" type="checkbox"/> Re-Offense Prevention </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> Be a positive influence <input checked="" type="checkbox"/> Use assertive communication </div> </div>	
Interventions:	

☐ Individual Counseling ☒ Parent Group ☒ Family Counseling ☒ CBT

The counselor will use the workbook *“Healthy Families”* to guide parent group and family counseling sessions.

Expected Outcomes:

1. John’s parents will understand John’s motivation to act out sexually
2. John’s parents will identify John’s high-risk behaviors
3. John’s parents will be supportive and will use assertive communication with John and each other
4. John’s parents will understand the importance of supervising John
5. John’s parents will learn and implement parenting strategies to prevent future victimization

Therapist Notes:

John’s parents will follow through with the therapist recommendations based on the needs identified for John.

By signing below, I acknowledge that this treatment plan was completed collaboratively with my Sex Offender Treatment Provider.

Youth Signature

Date

LAR Signature

Date

SOTP Signature

Date

EXHIBIT 1 continued
Sample Treatment Plan Review



NEUROCOUNSELING
& Consulting Services, PLLC

JUVENILE TREATMENT PLAN REVIEW

(to be completed every 6 months or earlier, if clinically appropriate)

Client: John Smith

Supervising Officer: John Garcia

Date of Initial Treatment Plan: 11/1/2020

Date of Reviewed Treatment Plan: 5/1/2021

Indicate the modules which the youth has successfully completed:

<input checked="" type="checkbox"/> Module 1: Initial Reactions	<input checked="" type="checkbox"/> Module 2: Starting the Treatment Process
<input checked="" type="checkbox"/> Module 3: Disclosing	<input checked="" type="checkbox"/> Module 4: Learning about Victims
<input checked="" type="checkbox"/> Module 5: Why did I do it?	<input checked="" type="checkbox"/> Module 6: Grooming/Maintenance Behaviors
<input checked="" type="checkbox"/> Module 7: Understanding my Behavior Cycle	<input checked="" type="checkbox"/> Module 8: Controlling/Expressing my Sexual Feelings
<input checked="" type="checkbox"/> Module 9: Relapse Prevention Plan	<input checked="" type="checkbox"/> Module 10: Understanding Sexual Abuse
<input checked="" type="checkbox"/> Module 11: Clarification	<input checked="" type="checkbox"/> Module 12: Steps to Sex Offender Accountability
<input checked="" type="checkbox"/> Module 13: Completing Treatment	

Pornography and Sexual Behavior: Has the youth engaged in watching pornography, viewing sexually explicit materials, etc.? Has the youth engaged in any consensual or non-consensual sexual behavior?

1. John has not reported any pornography use.
2. He has denied viewing any sexually explicit materials.
3. John was shown three inappropriate photographs on a peer's cell phone of a model at school, but he walked away and told the peer that he didn't want to see pictures like that again.
4. John has not engaged in any type of sexual behavior with others.

Engagement: Has the youth and family consistently participated in individual, group, and family sessions?

1. John has attended each individual and group session since starting treatment
2. John's parents have attended each family session and parent group since starting treatment

Needs identified: Was there follow-up with referrals provided to the youth, family, and/or LAR?

1. John is receiving medication management from a psychiatrist at Emergence Health Network
2. John has a 504 plan which has helped him improve his grades in school
3. There is no current need for John's parents to seek out marital counseling

Violations: Has there been any probation or treatment violations? If so, how have these violations been addressed?

1. No probation or treatment violations have been reported
2. John reported seeing the sexually explicit photograph at school to his probation office the day that it occurred

Chaperon Training: Has it been completed, if applicable? N/A

Goals	Progress Evidenced By	Lack of Progress Evidenced By
Short Term Goal #1:	John is able to give examples of what "good and bad" touching is	John has not completed the module yet where he will write his clarification letter
Long term Goal #1:	John has learned what physical, emotional, and social boundaries are	John has crossed physical and emotional boundaries with peers and his parents
Short Term Goal #2:	John has consistently written in his journal and is able to identify what this thinking errors are	John will continue learning what thinking errors he had before and during his sex offense
Long Term Goal #2:	John is able to talk about his feelings with his counselor and parents and has had minimal anger outbursts	John still feels angry sometimes and doesn't understand why
Parent Short Term Goal #3:	John's parents are able to give examples of assertive communication	Johns parents will continue practicing assertive communication daily to avoid arguments
Parent Long Term Goal #3:	John's parents have completed worksheets and lessons to understand John's sexual acting out	Johns parents will continue to ask questions and provide sufficient supervision to John to avoid another sex offense

Barriers:

1. John has expressed feeling angry at times and doesn't know why – he still has a hard time understanding the relationship between his thoughts, feelings and behaviors

2. John has made comments to his peers that have caused their feelings to be hurt
3. John has taken things from his parent's room without permission

Action plan to overcome barriers:

1. John will complete supplemental assignments that helps him identify the relationship between his thoughts, feelings and behaviors
2. John will provide examples weekly to his counselor on how he can be respectful of other's physical and emotional boundaries
3. John will practice what he learns daily

Needs identified: N/A

Referrals, resources, action plan for needs identified: N/A

Summary/Recommendations:

1. John has been engaged in treatment as evidenced by his attendance and completion of assignments
2. John has been truthful with his counselor, parent and probation officer as evidenced by self-reporting when he has crossed boundaries and when he was shown an explicit photo by a peer at school

Revisions to Treatment Plan: If goals, objectives, and interventions are needing to be modified, a new treatment plan will be completed with the youth, family, and probation officer.

By signing below, I acknowledge that this Treatment Plan Review was completed collaboratively with my Sex Offender Treatment Provider.

Youth Signature

Date

LAR Signature

Date

SOTP Signature

Date