



CSG

Psychotherapy and Consulting Services

SEX OFFENDER TREATMENT PROGRAM PLAN

DATE: _____
NAME: _____

I PRESENTING DIFFICULTIES

A. CLIENT GOALS

- 1)
- 2)
- 3)
- 4)
- 5)

B. THERAPIST GOALS

- 1)
- 2)
- 3)
- 4)
- 5)

II GOALS OF THERAPY (GROUP / INDIVIDUAL)

A. SHORT-TERM

- 1)
- 2)
- 3)

SEX OFFENDER TREATMENT PROGRAM PLAN

II GOALS OF THERAPY (GROUP / INDIVIDUAL) (continued)

B. LONG-TERM

- 1)
- 2)
- 3)

III THERAPEUTIC METHODS

- 1)
- 2)
- 3)

IV ADJUNCT / SUPPORT SERVICES

- 1)
- 2)
- 3)

Therapist: _____

Date: _____

Patient Signature: _____

©The Consulting for Solutions Group (CSG), 1998

<http://www3.telus.net/cfsg>