



Sexual Wellness Program

Overview

Turning Leaf Therapy is an outpatient clinic which provides community-based treatment in the form of Individual, Family, and Group therapy to a variety of clients. The sexual wellness program serves adults who have engaged in maladaptive sexual behaviors. Our primary focus is on the safety of the community as well as the clients we serve. This program utilizes a hybrid approach based on the Good Lives Model and the Risk/Needs/Responsivity Model. Turning Leaf Therapy implements an interdisciplinary team approach in collaboration with correctional professionals and various team members.

Mission Statement

Our mission is to promote the health and wellbeing of individuals, families, and couples in the Twin Cities and surrounding areas by providing quality, individualized, mental health therapy to individuals, couples, and families. To provide services which emphasize the importance of compassion, trust, autonomy, and respect; and to prioritize the safety of the clients and the community through a systemic approach with open communication to decrease risk of re-offense while improving client's life satisfaction.

Community Served

Clients: Any clients who have committed sexual offenses or who have otherwise engaged in sexually maladaptive behaviors.

Referral sources: Probation officers, Judges, Attorneys, Social Workers, Department of Human Services, legal guardians, other collateral team members and third-party funding sources.

Sexual Wellness Program

Turning Leaf Therapy utilizes a best-practice / progressive therapy model preparing our clients for successful reintegration into the community with reduced risk of re-offense. The program follows three major treatment phases: Motivation/Engagement/Assessment, Primary Treatment, and Recovery/Reintegration, along with an aftercare component for maintenance.

Motivation/Engagement/Assessment phase: Focused on building rapport and trust with the client through discussion of client background and identification of motivators for change, while reducing shame and enhancing self-esteem. Also focused on assessment and identification of treatment needs.

Primary Treatment Phase: Dedicated to focus on reduction of dynamic risk factors determined in the assessment phase through increased healthy alternatives

Recovery/Reintegration Phase: Aimed to build community supports, solidify a re-offense prevention plan, and increase overall life satisfaction which is proven to decrease risk.



Systemic Approach

Turning Leaf Therapy is passionate about collaboration with team members and other professionals to ensure the highest level of support and safety for our clients as well as members of the community. In order to sustain this, therapists will have ongoing communication with team members regarding progress as well as risk. On a quarterly basis the therapist will also provide the client, their supervising agent, and other team members, with a progress report which outlines their progress on goals, areas of concern, and risk ratings.

We also believe it is important that clients have healthy relationships with partners and families and will offer/encourage couples and family therapy when appropriate.

Risk Assessment

Evaluating risk is an integral part of the therapeutic process. We will regularly review client level of risk of community re-offense as well as mental health concerns. We conduct the following assessments to help establish risk and treatment planning considerations: STATIC-99R, STABLE-2007, and ACUTE-2007. At times we may use additional assessments if appropriate.

We are committed to on-going research in developing and advancing our program.

Funding

At this time Turning Leaf Therapy is in-network with the following insurance plans:

- Medical Assistance
- BlueCross BlueShield
- UCare
- PreferredOne
- Hennepin Health/Metropolitan Health Plan
- Health Partners
- Medica
- UBH
- Aetna

We plan to continue to pursue additional funding sources within the community and through third party payers to assist with additional costs in the future.



Program Overview

Motivation / Engagement / Assessment

1. Client History
2. Risk / Needs Assessment
3. Sexual History
4. Development of Strengths and Goals
5. Initial Disclosure

* Polygraph to move into primary (Covering Sex History and Offense)

Primary Treatment (Only Areas of Need Determined)

1. Significant Social Influences
2. Capacity for Relationship Stability
3. Emotional ID with Children
4. Hostility toward women
5. General Social Rejection
6. Lack of Concern for others
7. Impulsivity
8. Poor Problem-Solving Skills
9. Negative Emotionality
10. Sex Drive / Preoccupation
11. Sex as Coping
12. Deviant Sexual Preference
13. Cooperation with Supervision

*Completion of Maintenance Polygraph (annually, or when moving to aftercare if before a year)

* Specific Item polygraphs as (needed)

Recovery / Reintegration

1. Re-offense Prevention Plan
2. Good Lives Goals / Plan

Aftercare

1. Sustained Safety and Stability in the Community



Treatment Expectations

Below is a list of expectations for participation in the Sexual Wellness Program:

- Attend scheduled appointments, on time, and participate in treatment goals
- Remain law abiding
- Comply with all items outlined in your conditions of probation / parole
- No possession or use of sexually explicit materials unless approved by treatment and/or supervising agent (including images of people you know)
- No sending or receiving sexually explicit emails or text messages unless approved by treatment and/or supervising agent
- No use of internet or possession of internet capable devices unless approved by treatment and/or supervising agent
- No possession or use of any non-prescription mood-altering chemicals unless approved by treatment and/or supervising agent
- No contact with minors unless approved of by treatment and/or supervising agent
- No contact with victims unless approved of by treatment and/or supervising agent
- You must disclose all sexual partners and discuss past and current sexual behaviors
- Comply with all treatment recommendations and referrals
- Make continuous progress on treatment goals

By signing this form, you are agreeing to comply with the treatment expectations outlined above. You are also stating that you understand that failure to comply with these expectations may result in suspension of services or discharge from treatment.

Client Signature

Date