

Service Summaries

Telehealth Psychotherapy

Accessible, private, and convenient counseling sessions conducted by video or by phone call, allowing clients to receive evidence-based psychological support from the comfort of their own space. Ideal for individuals balancing busy schedules, living in remote areas, or seeking a discreet option for mental health care.

Issues treated include:

- Anger Management
- Anxiety
- Attention-Deficit / Hyperactivity Disorder (ADHD)
- Behavioral Therapy
- Bipolar Disorder
- Bullying
- Depression
- Learning Problems
- Life Coaching
- Mental Health Consultation
- Mood Disorders
- Parenting Counseling
- School or Academic Problems
- Sleep Problems
- Social Anxiety
- Stress Management
- Women-s Issues Therapy
- Adjusting to involvement in the legal system
- Adjusting to life after involvement in the legal system

Juvenile Disposition & Competency to Proceed Evaluations

Juvenile forensic evaluations are developmentally informed, trauma-aware assessments that synthesize records, collateral interviews (e.g., caregivers, school personnel, probation), standardized measures, and behavioral observation to describe a youth-s functioning, strengths, needs, and context. The purpose is to provide clear, practical information that supports fair, developmentally appropriate decisions within the legal process.

Disposition (sentencing) evaluations identify the factors that led to legal involvement and outline strategies to prevent it from recurring. Typical domains include mental health symptoms, trauma history, substance use, peer influences, school engagement, family stressors, and community/system factors. Reports map risk and protective elements and offer concrete, individualized recommendations for services, supervision level, educational supports, prosocial structure, and family-focused interventions-with the explicit aim of reducing recidivism.

Competency-to-proceed evaluations determine whether a youth understands the charges and possible consequences, recognizes courtroom roles, can communicate with counsel, and can make informed decisions. The analysis considers age and developmental level, cognitive abilities, attention and learning

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needs, mental/behavioral symptoms, and communication supports. Opinions address competency status and, when indicated, recommend restoration services and practical accommodations (e.g., simplified language, visual aids, structured instruction, scheduled breaks) to protect due-process rights.

Diagnostic & Treatment-Oriented Psychological Evaluations

Diagnostic evaluations clarify what's going on, why it's happening, and what to do next. Typical referral questions include ruling in/out ADHD, differentiating anxiety/trauma from attentional or learning issues, screening for autism spectrum features, clarifying mood and personality presentations, and understanding the impact of medical or neurological factors. Evaluations are available for children, adolescents, and adults.

The process is multi-method and multi-informant. It may include record review; clinical interviews; collateral input from caregivers, schools, or other providers; and standardized testing. Domains commonly assessed include cognitive abilities, academic skills, attention and executive functioning, memory, language, processing speed, visuospatial skills, adaptive functioning, social communication, and emotional/behavioral functioning. When appropriate, performance and symptom validity procedures are included to support interpretive accuracy.

Deliverables include a clear, plain-language report with diagnostic impressions (if indicated), a case formulation that ties findings to real-world functioning, and targeted recommendations for treatment planning (e.g., therapy focus and goals), medication consultation talking points for prescribers, school supports (504/IEP accommodations), and workplace or testing accommodations. On-site evaluations are available-the evaluation can be performed at the client's location (e.g., home, school, clinic, or residential/detention facility), with coordination for space and scheduling as needed.

Crisis Response & Critical Incident Debriefings

Time-sensitive support for individuals and teams following high-stress or traumatic events. Services are available on-site (e.g., agency facilities, incident command posts, hospitals, schools, workplaces) or by secure video/phone when in-person response isn't feasible. The focus is on stabilizing acute stress reactions, normalizing common responses, identifying immediate needs, triaging to additional care when necessary, and supporting healthy short-term coping and recovery.

Operational consultation can be provided during live or unfolding events. Examples include hostage or barricaded-subject situations, extended negotiations, mass-casualty or disaster scenes, high-risk warrants, suicides or suicide-by-cop calls, and other critical operations. Consultation centers on behavioral considerations, communication strategies, decision-fatigue mitigation, and real-time stress management for involved personnel-coordinated with command, negotiation teams, and medical/EMS as appropriate.

Post-incident services include same-shift defusings and structured debriefings (typically within 24-72 hours) for events such as officer-involved shootings, line-of-duty deaths, child fatalities, severe assaults, catastrophic accidents, and other high-impact exposures. Formats may include small-group debriefs, peer-supported sessions, and brief 1:1 check-ins. Content covers psychoeducation, normalization of stress responses, identification of risk/protective factors, practical coping strategies, referral pathways, and optional

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follow-up monitoring. Services are operational and supportive in nature and are not fitness-for-duty evaluations or investigative interviews.

Violence & Sexual Violence Risk Assessments

Risk assessments estimate the likelihood of future violence or sexual offending under specified conditions and timeframes; they are not determinations of guilt or guarantees of future behavior. Evaluations are appropriate pre-trial, at sentencing, for probation/parole planning, in treatment settings, for civil commitment or SVP matters, and during re-entry. Both risk factors (static and dynamic) and protective factors are considered, with attention to responsivity and practical risk-management options.

The process typically includes record review; clinical and collateral interviews; behavioral observation; and, when indicated, structured tools. Depending on the case, assessments may incorporate structured professional judgment guides and actuarial scales such as HCR-20 V3 (general violence), SARA-V3/ODARA (intimate partner violence), SAM (stalking), Static-99R/Static-2002R, STABLE-2007/ACUTE-2007, VRS-SO, or youth-focused tools like SAVRY, J-SOAP-II, and ERASOR. Selection of measures is case- and population-specific.

Reports provide a transparent risk formulation, scenario planning (what increases vs. decreases risk), and concrete management strategies: treatment targets, supervision intensity, monitoring conditions, technology and contact restrictions, safety planning for potential victims, and timelines for re-assessment. On-site evaluations can be arranged in jails, detention or residential facilities, clinics, or community settings as needed.

Psychosexual Evaluations

Psychosexual evaluations address sexual behavior, interests, boundaries, and risk-offense-related or not-and translate findings into treatment and supervision recommendations. Typical referral questions include clarifying paraphilic interests, differentiating compulsive use of pornography from paraphilic problems, evaluating alleged sexual misconduct, understanding sexual functioning concerns, or assessing readiness for step-down in supervision.

Methods may include record review; clinical and collateral interviews; sexual development and relationship history; assessment of consent understanding, impulse control, fantasy and arousal patterns, and technology use; and standardized measures when appropriate. When risk is a concern, sexual-recidivism tools may be used (e.g., Static-99R/Static-2002R, STABLE-2007/ACUTE-2007, VRS-SO; for adolescents, J-SOAP-II or ERASOR). General psychological testing and validity/response style measures may be included to support interpretation. Physiological assessments (e.g., phallometry/PPG) or polygraph are not routine components but can be coordinated if legally required.

Deliverables include a clear formulation (diagnostic impressions if indicated), a transparent discussion of risk and protective factors, and specific recommendations: treatment focus (e.g., skills-based CBT elements, Good Lives Model components, trauma-informed care), supervision conditions, technology and contact boundaries, chaperone/safety plans, and criteria for progress and re-evaluation. On-site evaluations can be

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arranged in custodial or community locations.

Battered Woman Syndrome Evaluations

-Battered Woman Syndrome- is a legal construct rather than a DSM diagnosis. Evaluations in this area document the psychological effects of intimate partner violence and coercive control, explain how patterned abuse shapes perception and decision-making, and connect those effects to case-specific legal questions (e.g., self-defense, mitigation, asylum, custody).

The evaluation maps the timeline and dynamics of the relationship (patterns of intimidation, isolation, control of resources, threats, entrapment, escalation), considers lethality risk indicators, and assesses trauma-related symptoms and functional impact. Methods may include record review; clinical and collateral interviews; and standardized measures relevant to PTSD, depression, anxiety, dissociation, and trauma-related stress. Danger and coercive-control screening tools may be employed when appropriate.

Reports synthesize findings in clear language, explain survival-oriented behaviors that may appear counterintuitive to lay audiences, and offer practical recommendations (safety planning, therapeutic supports, advocacy linkages, and accommodations). The service is evaluative and explanatory in nature; it is not a threat assessment or fitness-for-duty examination. On-site interviews can be arranged when safety and confidentiality can be maintained.

Behavior Management Training for Parents

Behavior management training for parents provides structured coaching to reduce disruptive behavior, build skills, and improve family routines and relationships-especially helpful when ADHD, oppositional behavior, anxiety, autism-related needs, or trauma-related stress are present.

The approach is collaborative and skills-based. Sessions combine brief teaching with live practice, planning for home implementation, and progress monitoring. Content is individualized, developmentally appropriate, culturally responsive, and neurodiversity-affirming. Coordination with schools or other caregivers can be included to support consistency across settings.

Core skill areas may include:

- Setting up predictable routines and clear expectations
- Proactive strategies (antecedent management, visual schedules, transition plans)
- Positive attention and reinforcement; token or point systems; daily report cards
- Effective, brief consequences (e.g., response cost, time-out) used safely and sparingly
- Coaching emotion regulation and coping skills; de-escalation steps
- Collaborative problem-solving and communication skills
- Homework organization, screen-time and sleep routines, and community/public behavior plans

Services are available by video or phone and, when appropriate, on-site in homes, schools, or community locations with prior coordination.

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Lectures & Trainings on Mental Health Topics

Customizable presentations and skills-based workshops for schools, youth programs, first responder agencies, community organizations, courts, and workplaces. Delivery options include on-site or virtual; formats range from 60-90-minute talks to half-day, full-day, or multi-session series. Sessions use plain language, case examples, brief skills practice, and Q&A to keep content actionable.

Core topic areas (examples):

- Stress, resilience, and trauma-informed practice
 - Coping skills for first responders; shift work, sleep, and performance
 - Psychological first aid and acute stress management
 - Vicarious trauma, compassion fatigue, and burnout prevention
- Youth mental health & school-based supports
 - When to refer teens for psychological services and how to communicate with caregivers
 - ADHD, autism, and learning differences: classroom supports, 504/IEP basics
 - Social media, anxiety, and sleep: practical strategies for students and staff
- Risk, safety, and boundaries
 - Suicide risk awareness and safe referral pathways
 - De-escalation fundamentals for non-clinical staff
 - Responding to disclosures of abuse or assault; mandated-reporting basics
- Violence prevention and consent education
 - Self-defense and assault-prevention programming for middle school, high school, and college audiences (age-appropriate content)
 - Consent, bystander intervention, and healthy relationship skills
- Parent and caregiver offerings
 - Behavior management training for parents: routines and expectations, proactive strategies, reinforcement systems, effective consequences, emotion-coaching, school coordination, and screen-time/sleep plans; available as a one-time seminar or a 4-8 week skills series
 - Supporting anxious or depressed teens; communicating during conflict
- Workplace & helping-profession skills
 - Boundary-setting, difficult conversations, and conflict de-escalation
 - Team mental-health literacy and resource navigation

Customization and materials:

- Content tailored to audience role, age group, and setting; scenario examples drawn from participants-environment
- Clear learning objectives, takeaway handouts/checklists, and a resource list (local and national)
- Optional pre/post knowledge checks, attendance certificates upon request
- Trainings are educational and skills-focused; they are not psychotherapy, investigative interviews, or fitness-for-duty evaluations