WAC 246-930-310 Standards for professional conduct and client relationships. (1) General considerations. Sex offender treatment providers shall:

(a) Not discriminate against clients with regard to race, religion, gender or disability; and

(b) Treat clients with dignity and respect, regardless of the nature of their crimes or offenses.

(2) Competence in practice. Providers shall:

(a) Be fully aware of the standards of their area of credentialling as health professionals and adhere to those standards;

(b) Be knowledgeable of statutes and scientific data relevant to specialized sex offender treatment and evaluation practice;

(c) Be familiar with the statutory requirements for assessments, treatment plans and reports for the court under SSOSA and SSODA;

(d) Perform professional duties with the highest level of integrity, maintaining confidentiality within the scope of statutory responsibilities;

(e) Be committed to community protection and safety;

(f) Be aware of all statutes related to client confidentiality;

(g) Not make claims regarding the efficacy of treatment that exceed what can be reasonably expected;

(h) Make appropriate referrals when they are not qualified or are otherwise unable to offer services to a client; and

(i) Exercise due prudence and care in making referral to other professionals.

(3) Confidentiality. Providers shall:

(a) Insure that the client fully understands the scope and limits of confidentiality, and the relevance to the client's particular situation. The provider shall inform the client of the provider's method of reporting disclosures made by the client and to whom disclosures are reported, before evaluation and treatment commence;

(b) Inform clients of any circumstances which may trigger an exception to the agreed upon confidentiality;

(c) Not require or seek waivers of privacy or confidentiality beyond the requirements of evaluation, treatment, training, or community safety. Providers shall evaluate the impact of authorizations for release of information upon their clients; and

(d) Understand and explain to their juvenile clients the rights of their parents and/or guardians to obtain information relating to the client.

(4) Conflict of interest. Providers shall:

(a) Refrain from using professional relationships to further their personal, religious, political, or economic interest other than accepting customary fees;

(b) Avoid relationships with clients which may constitute a conflict of interest, impair professional judgment and risk exploitation. (For example, bartering, service for service, and/or treating individuals where a social, business, or personal relationship exists); and

(c) Have no sexual relationships with a client.

(5) Fee-setting and client interaction. Providers shall:

(a) Prior to commencing service, fully inform the client of the scope of professional services to be provided and the fees associated with the services;

(b) Review any changes in financial arrangements and requirements with the client pursuant to the rules initially specified;

(c) Neither offer nor accept payment for referral; and

(d) Provide clients or their responsible person timely statements accurately indicating all services provided, the fees charged, and payments made.

(6) Termination or alteration of therapist/client relationship. Providers shall:

(a) Not unreasonably withdraw services to clients, and shall take care to minimize possible adverse effects on the client and the community;

(b) Notify clients promptly when termination or disruptions of services are anticipated, and provide for a transfer, referral, or continuation of service consistent with client needs and preferences, when appropriate; and

(c) Refrain from knowingly providing treatment services to a client who is in mental health treatment with another professional without consultation with the current provider.

(7) The department neither requires nor prohibits the use of psychological or physiological testing. The use of these and other treatment and evaluation techniques is at the discretion of the provider, subject to the terms of the court order in a particular case. The following standards apply when such techniques are used.

(a) Psychological testing: Psychological testing may provide valuable data during the assessment phase and in determining treatment progress. However, psychological testing should not be conducted by a provider who is not a licensed psychologist, unless the specific test(s) standardized administration procedures provide for administration by a nonpsychologist.

Psychological assessment data provided by a psychologist, other than the examiner, shall not be integrated into an assessment report unless the provider is familiar with the psychological instruments used and aware of their strengths and/or limitations.

The interpretation of psychological testing through blind analysis has significant limitations. Providers reporting psychological test data derived in this manner shall also report the way in which the information was derived and the limitations of the data.

It is important to report any information which might influence the validity of psychological test findings. Examples of such information include, but are not limited to, the context of the evaluation, the information available to the professional who interpreted the data, whether the interpretations were computer derived and any special population characteristics of the person examined.

(b) Use of polygraph: The use of the polygraph examination may enhance the assessment, treatment and monitoring processes by encouraging disclosure of information relevant and necessary to understanding the extent of present risk and compliance with treatment and court requirements. When obtained, the polygraph data achieved through periodic examinations is an important asset in monitoring the sex offender client in the community. Other alternative sources of verification may also be utilized. Sex offender treatment providers shall be knowledgeable of the limitations of the polygraph and shall take into account its appropriateness with each individual client and special client populations. Examinations shall be given in accordance with the treatment plan. Sex offender treatment providers shall not base decisions solely on the results of the polygraph examination.

(c) Use of plethysmography: The use of physiological assessment measures, such as penile plethysmography, may yield useful information regarding the sexual arousal patterns of sex offenders. This data can be useful in assessing baseline arousal patterns and therapeutic pro-

gress. Decisions about the use of plethysmography should be made on a case-by-case basis with due consideration given to the limitations and the intrusiveness of the procedure. Consideration also should be given to the available literature on the usefulness of the information obtained as it relates to a specific sex offender population.

When obtained, physiological assessment data shall not be used as the sole basis for offender risk assessment and shall not be used to determine if an individual has committed a specific sexually deviant act. Providers shall recognize that plethysmographic data is only meaningful within the context of a comprehensive evaluation and/or treatment process. Sex offender treatment providers shall ensure that physiologic assessment data is interpreted only by sex offender treatment providers who possess the necessary training and experience. Sex offender treatment providers shall insure that particular care is taken when performing physiological assessment with juvenile offenders and other special populations, due to concerns about exposure to deviant materials. Given the intrusiveness of this procedure, care shall be given to the dignity of the client.

[Statutory Authority: RCW 18.155.040. WSR 94-13-179, § 246-930-310, filed 6/21/94, effective 7/22/94; WSR 92-12-027 (Order 275), § 246-930-310, filed 5/28/92, effective 6/28/92; WSR 91-23-076 (Order 212), § 246-930-310, filed 11/19/91, effective 12/20/91.]