

**WAC 246-930-332 Treatment methods and monitoring.** (1) The treatment methods used by the provider or affiliate shall:

(a) Address the client's deviant sexual urges and recurrent deviant sexual fantasies;

(b) Educate the client and the individuals who are part of the client's support system about the potential for reoffense, and risk factors;

(c) Teach the client to use self-control methods to avoid sexual reoffense;

(d) Consider the effects of trauma and past victimization as factors in reoffense potential where applicable;

(e) Address the client's thought processes which facilitate sexual reoffense and other victimizing or assaultive behaviors;

(f) Modify client thinking errors and cognitive distortions;

(g) Enhance the client's appropriate adaptive/legal sexual functioning;

(h) Assure that the client has accurate knowledge about the effect of sexual offending upon victims, their families, and the community;

(i) Help the client develop sensitivity to the effects of sexual abuse upon victims;

(j) Address the client's personality traits and personality deficits which are related to increased reoffense potential;

(k) Address the client's deficits in coping skills;

(l) Include and integrate the client's family, guardian, and residential program staff into the treatment process when appropriate; and

(m) Maintain communication with other significant persons in the client's support system, when deemed appropriate by the provider.

(2) The provider or affiliate shall monitor compliance with treatment requirements by:

(a) Recognizing the reoffense potential of the client, the damage that may be caused by sexual reoffense or attempted reoffense, and the limits of self report by the client;

(b) Considering multiple sources of input regarding the client's out-of-office behavior;

(c) Increasing monitoring during those times of increased risk and notifying the supervising officer when:

(i) A client is in crisis;

(ii) Visits with victims or potential victims are authorized; and

(iii) A client is in high-risk environments.

(d) Working in collaboration with the supervising officer, when applicable, to verify that the client is following the treatment plan by reducing the frequency of those behaviors that are most closely related to sexual reoffense and that the client's living, work and social environments have sufficient safeguards and protection for victims and potential victims; and

(e) Discussing with the supervising officer the verification methods used so that each can fully collaborate to protect community safety and assist the client in successfully completing treatment.

[Statutory Authority: RCW 18.155.040. WSR 07-09-092, § 246-930-332, filed 4/18/07, effective 5/19/07.]