

WAC 388-60B-0405 Treatment planning—What must the treatment plan include and when must it be updated? Each program certified for any level of domestic violence intervention treatment must adhere to the following treatment planning standards:

(1) The program must develop an individualized written treatment plan for each participant who is accepted into the domestic violence intervention treatment program;

(2) The initial treatment plan must be completed before the participant begins treatment;

(3) The initial treatment plan and all updates to the plan must be signed and dated by the participant and direct service staff member who updated the plan;

(a) The program must document that a copy of the original and any updated treatment plans have been given to the participant and the referral source unless the recipient has opted out of receiving it; and

(b) If the referral source or participant has opted out of receiving a copy, documentation of them opting out must be documented in the participant's file;

(4) The program must base the participant's treatment on:

(a) The interview and assessment completed by a Washington state certified domestic violence intervention treatment program;

(b) The risks, needs, and responsivity form (available for download at <https://www.dshs.wa.gov/ca/domestic-violence/certification-process>) which the program completed for the participant; and

(c) Ongoing risk and assessment information obtained throughout treatment from the participant, collateral, and third party sources;

(5) The treatment plan must:

(a) Adequately and appropriately address any criminogenic needs, as well as high risk, critical, and acute factors of the individual participant;

(b) Identify the program's general responsivity by documenting the evidence-based or promising treatment modality the program will use to address the participant's risks and needs in order to assist them in meeting their goals or objectives;

(c) Identify the program's specific responsivity, taking into account the participant's characteristics such as their strengths, learning style, personality, motivation, bio-social factors, and culture;

(d) Include individualized goals or objectives which are behaviorally specific and measurable;

(e) Document required referrals to other treatments or classes such as mental health, substance use, or parenting, which are necessary in order for the participant to be successful in domestic violence intervention treatment;

(f) Document recommended referrals to other treatment programs and resources; and

(g) Document which treatment gets priority and the sequence of treatment for the participant if more than one treatment service is indicated on the plan; and

(6) The treatment plan must be updated when indicated by:

(a) Significant changes in the participant's behavior or circumstances;

(b) Factors associated with victim safety;

(c) A change in the participant's treatment risks, needs, goals, or objectives; or

(d) If the participant is moving to a higher or lower level of treatment.

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