

**WAC 246-930-330 Standards and documentation of treatment.** Effective sexual deviancy treatment involves a broad set of planned therapeutic experiences and interventions designed to ultimately reduce the client's risk of engaging in criminal sexual behavior. Treatment must be consistent with current professional literature and emphasize community safety.

**General considerations.**

(1) In most cases a provider or affiliate treats clients at least once per week for at least forty-five minutes for an individual or ninety minutes for a group.

(2) Changes in client circumstances or provider/affiliate schedule may require less frequent or shorter sessions. Changes to the number or duration of sessions may be made on a case-by-case basis, and must be reported to the department. A provider or affiliate must:

(a) Communicate permanent changes in the treatment plan or changes that may reduce community safety to the supervising officer, the prosecutor and the court before the changes may be implemented;

(b) Report other short term, temporary changes in the treatment plan due to illness, vacation, etc., in the regular progress report; and

(c) Report any reduction in frequency or duration of contacts that constitutes a variance from the treatment plan to the supervising officer, the prosecutor, and the court.

(3) The treatment methods employed by the provider or affiliate shall:

(a) Reflect concern for the well-being of clients, victims and the safety of potential victims;

(b) Take into account the legal/civil rights of clients, including the right to refuse therapy and return to court for review; and

(c) Be individualized to meet the unique needs of each client.

(4) Providers and affiliates shall maintain and safeguard client files consistent with the professional standards and with Washington state law regarding health care records. Providers and affiliates shall ensure that the client files include the following information for completion of required reports:

(a) Content of professional contact;

(b) Treatment progress;

(c) Sessions attended; and

(d) Any treatment plan changes.

[Statutory Authority: RCW 18.155.040. WSR 07-09-092, § 246-930-330, filed 4/18/07, effective 5/19/07; WSR 94-13-179, § 246-930-330, filed 6/21/94, effective 7/22/94; WSR 92-12-027 (Order 275), § 246-930-330, filed 5/28/92, effective 6/28/92; WSR 91-23-076 (Order 212), § 246-930-330, filed 11/19/91, effective 12/20/91.]