**Section 1905.90 Treatment Guidelines**

a) Licensed treatment providers shall utilize sexual abuser-specific treatment that is guided by ethical principles and current empirical research in order to maximize treatment effectiveness, promote public safety, facilitate prosocial goals for clients, and maintain the integrity of the profession.

1) Treatment providers utilize sexual abuser-specific treatment in accordance with any additional ethical standards, codes, laws or other expectations for the respective profession or discipline of practice. This includes ethical standards pertaining to, but not limited to, the following:

A) Informed consent;

B) Specialized training, knowledge, expertise and scope of practice;

C) Documentation and retention of records;

D) Currency of research;

E) Confidentiality;

F) Professional relationships; and

G) Conduct.

2) Treatment providers appreciate that treatment for individuals who have sexually abused or are at risk for sexually abusing others is an evolving science.

3) Treatment providers remain apprised of contemporary research and engage in professional development activities to ground their provision of research-supported and evidence-based interventions for sexual abusers accordingly.

4) Treatment providers encourage, support and, whenever possible, participate in ongoing empirical research efforts designed to identify and refine effective interventions for sexual abusers and those at risk to sexually abuse others.

5) Treatment providers working with sexual abusers collaborate with other professionals who are involved in the management of clients, including judges, probation/parole officers, correctional and other facility staff, child welfare workers, and victim therapists in order to facilitate information sharing and further the goals of treatment. This collaboration/cooperation is consistent with and limited to activities and behavior appropriate to treatment providers' professional roles.

6) Treatment providers recognize that correctional staff and community supervision practitioners who are well-trained and skilled in using evidence-based behavioral techniques and interventions (e.g., prosocial modeling, skill practice, rehearsal of strategies, redirection, positive reinforcement) can complement treatment activities in correctional and other facilities and post-release.

b) Assessment-Driven Treatment

Treatment providers shall recognize the importance of individualized, assessment-driven treatment services and deliver treatment accordingly.

1) Treatment providers ensure that, prior to initiating treatment services for individuals who have sexually abused or are at risk of sexually abusing others, a psychosexual evaluation of a client's recidivism risk and intervention needs has been conducted, is current and is comprehensive.

2) Treatment providers rely on research-supported assessment methods that are designed to identify dynamic risk factors present for a given client.

3) Treatment providers develop and implement an individualized, written treatment plan for each client, outlining clear and specific treatment goals and objectives that are consistent with the results of a current psychosexual evaluation.

4) Treatment providers routinely review and update treatment plans based on multiple methods of assessment.

5) Treatment providers offer treatment that is appropriate for a client's assessed level of risk and intervention needs.

6) Treatment providers offer treatment only when they have the resources necessary to provide an adequate and appropriate level of intervention for a client's risk and needs.

7) Treatment providers refer a potential client to other treatment providers or agencies when they cannot provide an adequate and appropriate level of intervention. This may involve a full transfer or sharing of clinical responsibility.

8) Treatment providers recognize the importance of primary and secondary prevention by making treatment services available to, or making appropriate referrals for, individuals who may be at risk for engaging in sexually abusive behaviors and are seeking nonmandated assistance.

9) Treatment providers recognize that some individuals may present for sexual abuser treatment in the absence of legal or other mandates and that appropriate services should be made accessible to those individuals.