**Section 1905.120 Responsivity Factors and Special Populations**

Treatment providers shall acknowledge the diversity among individuals who sexually abuse others and that responsiveness to sexual abuser-specific treatment can vary as a function of client characteristics such as demographics, language, development, capabilities, functioning and motivation to change.

a) Treatment providers recognize that not all treatments have been developed or evaluated with various subpopulations of sexual abusers (e.g., individuals with intellectual and developmental disabilities, clients with serious mental illness, those with varied cultures and other demographics). The limitations of treatments with these populations should be identified prior to initiating treatment services.

b) Treatment providers appreciate that treatment for sexual abusers is more effective when responsivity factors are addressed and recognize the potential for unintended collateral consequences when services fail to take into account responsivity factors.

c) Treatment providers assess and identify responsivity factors, such as comprehension, cognitive capabilities, adaptive functional level, psychiatric stability, and other factors that may impact a client's ability to maximally benefit from sexual abuser-specific treatment.

d) Treatment providers strive to adjust approaches to interventions and match clients to appropriate services based on identified responsivity factors in order to facilitate clients' maximum benefit from services. This includes, for example, the provision of language interpreters, services for deniers, services for clients with cognitive or developmental limitations, and culturally competent programming.

e) Treatment providers strive to equip themselves with the knowledge and skills necessary to adequately address clients' responsivity factors and/or special needs by participating in professional development activities.

f) Treatment providers recognize their own strengths and limitations with respect to their ability to provide adequately responsive services to clients and refer clients to qualified providers skilled in addressing specific responsivity factors, when necessary.

g) Treatment providers understand that, for some subpopulations of sexual abusers, sexual abuser-specific treatment services are best provided subsequent to or in concert with other psychiatric, behavioral or responsivity-oriented interventions. Treatment providers offering sexual abuser-specific treatment collaborate with the providers of those services to ensure that sexual abuser-specific services are complementary and not contraindicated.

h) Treatment providers providing sexual abuser-specific treatment work closely with a client's partner, family members and other community support persons who can facilitate successful treatment outcomes because of their abilities to attend to a given client's specific responsivity factors.