

ETHICS STATEMENT

(The following is a compilation from the Association for the Treatment of Sexual Abusers (ATSA) Standards; Network on Juveniles Offending Sexually, NOJOS; National Adolescent Perpetration Network, NAPN; Colorado Sex Specific Management Board; and the Center for Sex Specific Management).

Sex specific treatment providers shall:

1. Be committed to community protection and safety.
2. Not discriminate against clients with regard to race, religion, gender preferences or disability.
3. Treat clients with dignity and respect, regardless of the nature of their crimes or conduct.
4. Be knowledgeable of legal statutes and scientific data relevant to this area of specialized practice.
5. Perform professional duties with the highest level of integrity, maintaining confidentiality within the scope of statutory responsibilities.
6. **Either complete an SBRA Evaluation for a client or provide sex-specific therapy for a client but not both.**
7. Insure that the client fully understands the scope and limits of confidentiality in the context of his/her particular situation.
8. Refrain from using professional relationships to further their personal, religious, political, or economic interests other than accepting customary professional fees.
9. Not engage in relationships with clients.
10. Fully inform clients in advance of the fees for services.
11. Refrain from knowingly providing treatment services to a client who is in treatment with another professional without initial consultation with the current provider.
12. Make appropriate referrals when the therapist is not qualified or is otherwise unable to offer services to a client.
13. Insure that colleagues are qualified by training and experience before making a referral to them.
14. When withdrawing services minimize possible adverse effects on the client and community by continuing treatment until the client has been admitted elsewhere.
15. Take into account the legal/civil rights of the clients, including the right to refuse treatment.
16. Make no claims regarding the efficacy of treatment that exceed what can be reasonably expected and supported by empirical literature.
17. Avoid drawing conclusions or rendering opinions that exceed the present level of knowledge in the field or the expertise of the evaluator.
18. Attempt to resolve with the clinician and/or report to the appropriate licensing or regulatory authority unethical, incompetent, and dishonorable treatment or evaluation practices.

Sex-specific service providers assert that:

1. Community safety takes precedence over any conflicting consideration, and ultimately is in the best interest of the specific client and society.
2. Inappropriate or unethical treatment damages the credibility of all treatment and presents an unnecessary risk to the community.
3. Sex specific service providers shall have no history of criminal or deviant acts.
4. Criminal investigation, prosecution, and court orders for treatment may be components of effective intervention.

5. Where practical, therapists should actively involve community supervision officers, child protective service workers, and victim therapists in case management.
6. A voluntary client accepted for treatment should be held to the same standards of compliance, as are mandated clients.
7. It is imprudent to release an untreated sex specific without providing offense-specific evaluation and treatment or specialized supervision.
8. Youth with sexuality violations require comprehensive, long-term, offense-specific treatment.
9. The therapist shall have a written individualized treatment plan that identifies the issues, intervention strategies, and goals of treatment for each specific. Treatment plans should be reassessed periodically.
10. The treatment plan may include behavioral contracts that outline specific expectations of the specific, his/her family, and the specific's support systems. These contracts should include provisions to avert high-risk situations. These contracts should be reassessed periodically.
11. Progress, or lack thereof, should be clearly documented in treatment records. Specific achievements, failed assignments, and rule violations should be recorded. This information should be provided to the appropriate supervising officer in the justice system.
12. Progress in treatment must be based on specific, measurable objectives, observable changes, and demonstrated ability to apply changes in relevant situations. For most sex specific clients, progress requires changes in the specific's behavior, attitudes, social functioning, cognitive processes, and arousal patterns. These changes should demonstrate increased understanding by the youth of his/her own deviant behavior, sensitization to the effects on a victim, and ability to seek and apply help.
13. When the youth has made the changes required in treatment, there should be a gradual and commensurate decline of intervention, support, and supervision following an offense-specific treatment program. Ongoing support to maintain changes made in treatment is necessary and aftercare and monitoring are desirable.
14. There will be instances when the clinician should refuse to treat a youth because essential auxiliary resources do not exist to provide the necessary levels of intervention or safeguards.
15. The provider has an ethical obligation to refer the client to a more comprehensive treatment program and/or to the judicial system, when the treatment provider determines that a youth is not making the changes necessary to reduce his/her risk to the community.
16. Failure on the part of clients to abide by their treatment plans and/or contracts should result in referral back to the supervising officer in the judicial system.
17. A therapist may decide to decline further involvement with a client who refuses to address any critical aspect of treatment.
18. Sex specific service providers need to immediately notify the appropriate authority when a client drops out of court-ordered treatment.
19. Sex specific service providers are expected to continually update their education and professional training in order to remain familiar with current literature, including the focus and direction of both research and evaluation/treatment techniques.
20. The sex specific service providers should have completed graduate studies, training courses and/or gained significant experience in a majority of the following topics:
 - ☐ behavior modification
 - ☐ cognitive restructuring therapy
 - ☐ counseling and psychotherapy
 - ☐ culturally specific treatment needs
 - ☐ ethics and professional standards
 - ☐ etiology of sexual deviance

- federal, state, or local sexual abuse statutes
- human sexuality
- individual, dyad, group, couple, and family therapy
- personality theory and disorders
- pharmacological therapy
- physiological measurements
- psychometric assessment
- relapse prevention
- risk assessment
- sexual arousal assessment and reconditioning
- social competency training
- treatment of special needs clients

21. Failure to evaluate the on-going performance and qualifications of service providers jeopardizes the credibility of all sexual abuse providers and programs.

My signature below indicates that I have read the "Ethics" Statement and that I support and will comply with the best of my ability. I further understand that any substantial violation will result in my name being removed from the "Credential Providers" listing.

Name: _____

Date: _____