

**Oregon Health Licensing Agency / Sex Offender Treatment Board**  
**Oregon Administrative Rules**  
**Chapter 331, Divisions 800 - 850**

**DIVISION 800**  
**GENERAL ADMINISTRATION**

**331-800-0010**

**Definitions**

The following definitions apply to OAR 331-800-0010 to OAR 331-850-0010:

(1) "*Active certificate*" means a certificate issued when all requirements are met, fees paid and certificate is not expired, suspended or revoked.

(2) "*Affidavit of licensure*" means an original document verifying licensing history and status, issued by the licensing authority in the state which issued the license with an official seal or stamp affixed to the document; it is not the certificate or license form issued which authorizes the holder to practice.

(3) "*Agency*" means the Oregon Health Licensing Agency (OHLA). The agency is responsible for the budget, personnel, performance-based outcomes, consumer protection, fee collection, mediation, complaint resolution, discipline, rule making, and record keeping.

(4) "*Authorization*" means the official document, the certificate, issued by the Oregon Health Licensing Agency.

(5) "*Board*" means pursuant to ORS 675.395, the entity that advises the agency in matters relating to the practice of sex offender treatment, including practice standards, education and training requirements, and advises the agency on all disciplinary issues in accordance with ORS 676.612. The Oregon Health Licensing Agency Director controls the regulatory operations and has decision-making authority on all substantive matters.

(6) "*Certified clinical sex offender therapist*" means a person who is certified by the agency to provide services for the treatment and rehabilitation of sex offenders and who may supervise certified associate sex offender therapist; also referred to as "clinical therapist".

(7) "*Certified associate sex offender therapist*" means a person who is certified by the agency to provide services for the treatment and rehabilitation of sex offenders while under the direct supervision of a certified clinical sex offender therapist; also referred to as "associate therapist".

(8) "*Continuing education hours*" means the actual academic classroom or course work time, including but not limited to workshops, symposiums, seminars, excluding personal travel time to and from the training site, registration or check-in periods breaks or lunch periods.

(9) "*Credential*" or its derivative means the process of licensing, registration, certification or the equivalent through which a person is legally recognized by a state agency as lawfully authorized to practice a health profession.

(10) "*Direct supervision*" means a minimum of two hours of supervision by a certified clinical sex offender therapist for each 45 hours of direct clinical contact with a sex offender as specified in ORS 675.365(4).

(11) "*Direct treatment services*" means face-to-face individual, group or family therapy, provided by a clinical or associate therapist, to a client.

(12) "*Director*" means, pursuant to ORS Chapter 676.610, the individual who has sole responsibility for the administrative, fiscal, human resource and regulatory functions of the agency.

(13) "*Ethical*" means conforming to professional standards, as adopted by the Association for the Treatment of Sexual Abusers' Practice Standards (ATSA) and Guidelines adopted in 2005, and Professional Code of Ethics adopted in 2001, regarding professional practices authorized under ORS 675.360 to 675.410 and rules adopted by the agency.

(14) "*Evaluation*" means a comprehensive psychosexual assessment or intake assessment conforming to professional standards as adopted by the Association for Treatment of Sexual Abusers' Practice Standards and Guidelines adopted in 2005, to determine a client's risk to re-offend, identify dynamic risk factors, and develop appropriate treatment and supervision plans. Evaluation includes a written report including, but not limited to the following:

(a) Useful guidance to others, such as the courts, in making decisions affecting a client's future and whether the client's risk can be managed in a community setting;

(b) Comprehensive description of the client's abusive and non-abusive sexual behavior;

(c) Amenability to treatment;

(d) Recommendations regarding the intensity and type of intervention that is required;

(e) Risk management strategies;

(f) Responsiveness to treatment, such as culture, ethnicity, age, IQ, learning style, neuropsychological disorders, personality style, mental and physical disabilities, medication, and motivation.

(15) "*Health care information*" means any information, whether oral or recorded in any form or medium that identifies or can readily be associated with the identity of, and relates to the health care of, a patient or client.

(16) "*Informed consent*" means consent obtained following a thorough and easily understood explanation to the client, or the client's guardian, of the proposed treatment plan, any available alternative procedures and any risks associated with the proposed plan. The therapist provides clients with information about the purpose, goals, techniques, procedures, limitations, and consequences of not consenting, the limits of confidentiality, and alternatives to the services offered, potential risks and benefits of services to be performed. Supervisors ascertain the client's ability to understand and utilize the information.

(17) "*Functionally disabled*" means a severe and chronic disability that is attributable to a mental or physical impairment or a combination of physical and mental impairments which result in substantial functional limitations in three or more of the major life activities.

(18) "*Mental health professional*" means a person licensed to practice without supervision in the state of Oregon as a physician, psychiatrist, psychiatric nurse practitioner, psychologist, psychological associate, licensed professional counselor, licensed clinical social worker, or licensed marriage and family therapist, who provides sex offender treatment of adults, juveniles or functionally disabled individuals.

(19) "*Official transcript*" means an original document certified by an accredited educational institution, delivered from the school to the agency by mail or courier, which includes:

- (a) School name and location;
- (b) Student's name, address and date of birth;
- (c) Enrollment and termination dates;
- (d) Hours and types of course work;
- (e) Degree issued;
- (f) School seal or stamp;
- (g) Signature of authorized school representative or registrar.

(20) "*Oregon Health Licensing Agency*" (OHLA) means the agency assigned to carry out the administrative, programmatic and daily operations, and regulatory functions of ORS 676.606.

(21) "*Professional mental health licensing or certification agency*" means the entity charged with the administrative functions and responsibilities for protecting the public through the licensing and regulating of certain professions practiced in Oregon, or in a county, other state, country or territory. The entity has the responsibility for decisions on qualifications, standards of practice, licensing, discipline and other discretionary functions relating to professional activities in the professional licensing boards, councils, or programs; also known as regulatory authority.

(22) "Reciprocity" means, according to ORS 675.380, certification, registration or licensure in another state based on standards of training, education and experience that are similar to those required for certification in Oregon as a certified clinical sex offender therapist or a certified associate sex offender therapist as specified in ORS 675.375.

(23) "*Sex offender specific treatment*" means treatment modalities that are based on empirical research with regard to favorable treatment outcomes and are professionally accepted in the field of sex offender treatment of adults, juveniles, and functionally disabled individuals, with sexual behavior problems. Offense specific treatment is a comprehensive set of planned treatment experiences and interventions that modify sexually deviant thoughts, fantasies, and behaviors and that utilize specific strategies to promote change and to reduce the chance of re-offending.

(24) "*Treatment plan*" means an individualized written statement of intended care and services as documented in the evaluation that details how the client's treatment needs will be met while protecting the community during the course of treatment.

Stat. Auth.: ORS 675.410, 676.615

Stat. Implemented: ORS 675.360 through 675.410

Hist.:

## **331-800-0020**

### **Fees**

(1) Fees established by the Oregon Health Licensing Agency are as follows:

(a) Application for certification:

(A) Clinical and associate therapist: \$350.

(B) Grandfathering provision – time limited to March 14, 2009: \$650.

(b) Original certificate – one year: \$50.

(c) Application for renewal: \$250.

(d) Renewal certificate –two year: \$50.

(e) Replacement certificate, including name change: \$25.

(f) Delinquency fee: \$25 per month in expired status.

Stat. Auth.: ORS 675.405, 675.410, 676.625

Stat. Implemented: ORS 675.405

Hist:

**DIVISION 810  
QUALIFICATIONS AND TRAINING**

**331-810-0020**

**Clinical Sex Offender Therapist Requirements**

To qualify for certification as a clinical sex offender therapist, an applicant shall provide satisfactory evidence to the agency that requirements of ORS 675.375(3) have been met regarding education, training, and experience in the evaluation, treatment, and management of individuals who sexually offend, in addition to other requirements specified in this rule. Required documentation includes the following:

- (1) Affidavit of licensure form prescribed by the agency, received from the appropriate Oregon professional mental health licensing or certifying agency, substantiating active status in good standing as a licensed mental health professional defined in OAR 331-800-0010;
- (2) Record of at least 2,000 hours of professional clinical experience, of which 1,000 hours relates to providing direct treatment services as defined in OAR 331-800-0010, within a period of not less than three nor more than six years immediately preceding the date of application.
- (3) Record of 500 hours of evaluations as defined in OAR 331-800-0010, that includes but is not limited to the following types of professional activities:
  - (a) Evaluation experience credit:
    - (A) Primary or secondary responsibility for interviewing the client;
    - (B) Preparation of the written evaluation report;
    - (C) All contact with clients; and
    - (D) Preparation of limited assessments for the purpose of:
      - (i) Institution classification;
      - (ii) Treatment monitoring; and
      - (iii) Reporting.
  - (b) Treatment experience credit:
    - (A) Face-to-face treatment hours performed by affiliates under the supervision of certified therapists;
    - (B) Time spent as a co-therapist. Both therapists shall have formal responsibility for the group session; and
    - (C) Time spent maintaining collateral contacts and written case/progress notes.
- (4) Record of 500 hours of professionally related activities, associated with the following type of work:
  - (a) At least 340 hours of documented activities, including but not limited to:
    - (A) Client charting or case management;
    - (B) Research;
    - (C) Peer review, consultations, or meetings with attorneys, parole officers or other officials;
    - (D) Court time or testimony;
    - (E) Profession related committee work or attendance at sex offender treatment related meetings; and

(b) At least 160 hours of professional activities engaged in as a sex offender therapist, while under the direct supervision of a qualified mental health professional; refer to OAR 331-810-0050.

(5) Record of 60 hours of formal training directly related to the treatment and evaluation of sex offenders or victims of abuse that was completed within the last three years immediately preceding the date of application.

(a) Completion of formal training shall include documenting 75%, or 45 hours of the total required hours, in the following essential subjects:

(A) Assessment and diagnosis;  
(B) Cognitive therapy;  
(C) Counseling and psychotherapy;  
(D) Cultural/ethnic issues;  
(E) Ethics applicable to working with a forensic population;  
(F) Human development with special attention to sexual development and healthy sexuality;

(G) Interviewing skills;  
(H) Knowledge of family dynamics as related to sex offending;  
(I) Psychometric and psycho-physiological testing;  
(J) Psychopathology;  
(K) Relapse prevention;  
(L) Relationship and social skills training;  
(M) Risk assessment;  
(N) Sexual arousal control;  
(O) Social support networks;  
(P) Victim awareness and empathy.

(b) Completion of formal training shall include documenting 25%, or 15 hours of the total required hours, in the following areas of training and knowledge:

(A) Supervision;  
(B) Assessment and treatment of mental illness including neuropsychological disorders;  
(C) Couples and family therapy;  
(D) Family reunification;  
(E) Pharmacological therapy;  
(F) Substance abuse treatment.

Stat. Auth.: ORS 675.375, 675.400, 676.615

Stat. Implemented: ORS 675.375, 675.400

Hist.:

### **331-810-0030**

#### **Associate Sex Offender Therapist Requirements**

To qualify for certification as an associate sex offender therapist, an applicant shall provide satisfactory evidence to the agency that requirements of ORS 675.375(4) have been met regarding education, training and experience, in addition to other requirements listed in this rule. Required documentation includes the following:

(1) Official transcripts from college, university and post graduate records, showing attainment of at least a Bachelors of Science degree in the mental health field;

(2) Record of at least 1,000 hours of professional experience related to direct treatment services, as defined in OAR 331-800-0010, completed within three years

preceding the date of application. Documentation shall include the number of hours involved in the following:

- (a) Direct client contact;
- (b) Review of treatment plans and provision of direct treatment services under supervision;
- (c) Charting or case management;
- (d) Research;
- (e) Peer review, consultation, or meetings with attorneys, parole officers, or other officials;
- (f) Court time or testimony;
- (g) Profession related committee work or attendance at sex offender treatment related meetings; and

(3) Record of at least 30 hours of formal training directly related to the treatment and evaluation of sex offenders or victims of abuse that was completed within the last three years immediately preceding the date of application.

(a) Completion of formal training shall include documenting 75%, or 22.5 hours of the total required hours, in the following essential subjects:

- (A) Assessment and diagnosis;
- (B) Cognitive therapy;
- (C) Counseling and psychotherapy;
- (D) Cultural/ethnic issues;
- (E) Ethics applicable to working with a forensic population;
- (F) Human development with special attention to sexual development and healthy sexuality;
- (G) Interviewing skills;
- (H) Knowledge of family dynamics as related to sex offending;
- (I) Psychometric and psycho-physiological testing;
- (J) Psychopathology;
- (K) Relapse prevention;
- (L) Relationship and social skills training;
- (M) Risk assessment;
- (N) Sexual arousal control;
- (O) Social support networks;
- (P) Victim awareness and empathy.

(b) Completion of formal training shall include documenting 25%, or 7.5 hours of the total required hours, in the following areas of training and knowledge:

- (A) Supervision;
- (B) Assessment and treatment of mental illness including neuropsychological disorders;
- (C) Couples and family therapy;
- (D) Family reunification;
- (E) Pharmacological therapy;
- (F) Substance abuse treatment.

(4) Verification of and compliance with the requirements of direct supervision by a certified clinical sex offender therapist, according to OAR 331-810-0055.

Stat. Auth.: ORS 675.375, 675.400, 676.615

Stat. Implemented: ORS 675.375, 675.400

Hist.:

### 331-810-0035

#### Time Limited Grandfathering Provision

(1) **Time Limitation.** Pursuant to ORS 675.410(2)(b), an applicant who possesses all the qualifications for certification as a clinical sex offender therapist, but does not hold a certificate, license or registration as an Oregon mental health professional, required under ORS 675.375(3)(c) and defined in OAR 331-800-0010, may qualify for certification under a time limited grandfather provision within one year from the effective date of this rule.

(2) In the absence of an applicant holding an Oregon professional mental health certification, license, or registration, an applicant shall meet the training, education and experience qualification requirements and be otherwise eligible to apply for and attain such an authorization to practice.

(3) **References.** An applicant shall submit professional references from three individuals familiar with their work in sex offender treatment, such as personnel associated with Oregon State Department of Corrections, judicial system, direct supervisor, or a coworker.

(4) **Transcripts.** An applicant shall cause to be submitted to the agency official transcripts from a college, university and post graduate records, showing attainment of at least a masters or higher level degree in behavioral sciences.

(5) **Qualification Pathways.** An applicant for certification under the time limited grandfathering provision shall provide documentation verifying required clinical experience, evaluation and treatment experience, and formal training listed in subsections (6) through (9) of this rule under one of the following timelines:

(a) Pathway one: An applicant shall meet all qualification criteria within a period of six years immediately preceding the date of application; or

(b) Pathway two: An applicant shall meet qualification criteria within a period of ten years immediately preceding the date of application, with the 120 hours of required formal training completed at a minimum of 30 hours per year during the previous 4 years preceding the date of application.

(6) **Professional Clinical Experience.** An applicant must provide a record of at least 6,000 hours of professional clinical experience, of which 3,000 hours relates to providing direct treatment services as defined in OAR 331-800-0010.

(7) **Professional Evaluation and Treatment Experience.** An applicant must provide a record of 1,500 hours of evaluations, as defined in OAR 331-800-0010, which includes but is not limited to the following types of professional activities:

(a) Evaluation experience credit:

(A) Primary or secondary responsibility for interviewing the client;

(B) Preparation of the written evaluation report;

(C) All contact with clients; and

(D) Preparation of limited assessments for the purpose of:

(E) Institution classification;

(F) Treatment monitoring; and

(G) Reporting.

(b) Treatment experience credit:

(A) Face-to-face treatment hours performed by affiliates under the supervision of certified therapists;

(B) Time spent as a co-therapist. Both therapists shall have formal responsibility for the group session; and

(C) Time spent maintaining collateral contacts and written case/progress notes.

(8) **Professional Activities.** An applicant must provide a record of 1,500 hours of professionally related activities, associated with the following type of work:

(a) At least 1,200 hours of documented activities, including but not limited to:

(A) Client charting or case management;

(B) Research;

(C) Peer review, consultations, or meetings with attorneys, parole officers or other officials;

(D) Court time or testimony;

(E) Profession related committee work or attendance at sex offender treatment related meetings; and

(b) At least 300 hours of professional activities engaged in as a sex offender therapist, while under the direct supervision of a qualified mental health professional; refer to OAR 331-810-0055.

(9) **Professional Formal Training.** An applicant must provide a record of at least 120 hours of formal training directly related to the treatment and evaluation of sex offenders or victims of abuse:

(a) Completion of formal training shall include documenting 75%, or 90 hours of the total required hours, in the following essential subjects:

(A) Assessment and diagnosis;

(B) Cognitive therapy;

(C) Counseling and psychotherapy;

(D) Cultural/ethnic issues;

(E) Ethics applicable to working with a forensic population;

(F) Human development with special attention to sexual development and healthy sexuality;

(G) Interviewing skills;

(H) Knowledge of family dynamics as related to sex offending;

(I) Psychometric and psycho-physiological testing;

(J) Psychopathology;

(K) Relapse prevention;

(L) Relationship and social skills training;

(M) Risk assessment;

(N) Sexual arousal control;

(O) Social support networks;

(P) Victim awareness and empathy.

(b) Completion of formal training shall include documenting 25%, or 30 hours of the total required hours, in the following areas of training and knowledge:

(A) Supervision;

(B) Assessment and treatment of mental illness including neuropsychological disorders;

(C) Couples and family therapy;

(D) Family reunification;

(E) Pharmacological therapy;

(F) Substance abuse treatment.

Stat. Auth.: ORS 675.375, 675.400, 675.410, 676.615

Stat. Implemented: ORS 675.375, 675.400

Hist.:

### **331-810-0040**

#### **Reciprocity; Equivalencies**

Pursuant to ORS 675.380, an applicant who is recognized as a clinical sex offender therapist or associate sex offender therapist in another state may be issued Oregon certification as a sex offender therapist if the applicant's education, experience and formal training meet similar requirements for Oregon certification under ORS 675.375 and OAR 331-810-0020.

(1) Educational equivalency includes completion of the following:

- (a) A masters or doctoral degree in social work, psychology, counseling, or educational psychology from a regionally accredited institution of higher education; or
- (b) A masters or doctoral degree in an equivalent field from a regionally accredited institution of higher education and documentation of thirty graduate semester hours or forty-five graduate quarter hours in approved subject content listed in subsection (2) of this section.

(2) Approved subject content includes at least five graduate semester hours or seven graduate quarter hours in counseling, psychotherapy, and personality theory, and five graduate semester hours or seven graduate quarter hours in at least two of the following content areas:

- (a) Counseling and psychotherapy;
- (b) Personality theory;
- (c) Behavioral science and research;
- (d) Psychopathology/personality disorders;
- (e) Assessment/tests and measurement;
- (f) Group therapy/family therapy;
- (g) Human growth and development/sexuality; and
- (h) Corrections/criminal justice.

(3) Applicants must arrange for an affidavit of licensure form prescribed by the agency, to be received directly from the appropriate state agency, professional mental health licensing or certifying agency in the state where the applicant is currently licensed or certified, substantiating active status in good standing as a certified sex offender therapist defined in ORS 675.365.

(4) Applicants must document active practice as a certified sex offender therapist in another state during the previous two years immediately preceding application for Oregon certification.

(5) Applicants shall provide required documentation listed in OAR 331-030-0000, OAR 331-820-0010 and other information as may be requested by the agency to determine equivalent education, experience and formal training for Oregon certification as a sex offender therapist.

Stat. Auth.: ORS 675.375, 675.380, 675.400, 676.615

Stat. Implemented: ORS 675.375, 675.380, 675.400

Hist.:

### **331-810-0050**

#### **Supervision Purpose Statement**

(1) The importance of ongoing supervision is crucial to the development of an associate sex offender therapist. ORS 675.365(4) defines the “minimum” number of hours of direct supervision as being two hours of supervision by a certified clinical sex offender therapist for each 45 hours of direct clinical contact with a sex offender. The Board is charged with ensuring consumer protection, through setting appropriate practice standards and professional accountability for Oregon certification, and therefore recommends approved supervisors take a more prudent and professional position attuned to industry standards when establishing supervision agreements.

(2) Supervision is a professional relationship between a qualified clinical therapist acting as supervisor and an associate therapist. A clinical therapist, who is approved as a “supervisor”, in contrast to the role of a consultant, carries the authority to direct caseload and treatment plans. Supervision, in contrast to treatment, will identify counter-transference issues and develop a plan for the associate therapist to work through those issues independently.

(3) Discussion between the supervisor and the associate therapist are based on case notes, charts, records, and available audio or visual tapes of clients. The certified associate sex offender therapist present assessments, diagnoses, and treatment plans of clients being seen. The focus is on the appropriateness of these treatment plans and the supervisee's therapeutic skill in promoting change in the client. The supervisor has the authority to decide the appropriateness of the associate therapist's client population against his or her level of expertise.

(4) Any variance from the requirements of OAR 331-810-0055 must be based on the individual circumstances and in the best interest of the associate and client, and in conformance with generally accepted standards of supervision and oversight. On such occasion, the therapist must document in writing the reasons for the variance in the contract or agreement. Failure to document the reasons for variance from stated requirements creates a presumption that the variance was not in the best interest of the supervisor, associate or client.

Stat. Auth.: ORS 675.375, 675.400, 675.410, 676.615

Stat. Implemented: ORS 675.375, 675.400, 675.410

Hist.:

### **331-810-0055**

#### **Supervision Requirements**

Supervision of a certified associate sex offender therapist is considerably different than consultation with other professionals. Consultation is solely advisory; consultants do not assume responsibility for those individuals with whom they consult. Supervision of associates requires that the supervisor take full ethical and legal responsibility for the quality of work of the associate therapist. A supervisor may not supervise more than two associate therapists at any time.

(1) An associate therapist shall establish and maintain a supervision contract with a clinical therapist which, at a minimum, meets the requirements of OAR 331-810-0050, in addition to the provisions of OAR 331-810-0040.

(2) A minimum of two hours supervision by a clinical therapist is required for each 45 hours of direct clinical contact an associate therapist has with a sex offender.

**NOTE:** The Board recommends one hour of supervision for each 10 hours of direct clinical contact with a sex offender.

(3) Documentation of the dates and content of supervision meetings shall be submitted to the agency to verify appropriate supervision requirements have been met.

(4) All supervision shall take place concurrently with practice hours.

(5) Supervision includes, but is not limited to:

(a) Discussion of services provided by the associate therapist;

(b) Case selection, diagnosis, treatment plan, and review of each case or work unit of the associate therapist;

(c) Discussions regarding theory and practice of the work being conducted;

(d) Review of Oregon's laws, rules, and criminal justice procedures relevant to the work being conducted;

(e) Discussion of the standards of practice for supervisors and associates as adopted by the agency and the ethical issues involved in providing professional services for sex offenders;

(f) Discussion regarding coordination of work with other professionals and parties;

(g) Discussion of relevant professional literature and research; and

(h) Periodic review of the contract.

(6) The supervisor shall:

(a) Avoid presenting to the associate therapist as having qualifications in areas that they do not have;

(b) Provide sufficient training and supervision to the associate therapist to assure the health and safety of the client and community;

(c) Have expertise and knowledge to directly supervise the associate therapist's work; and

(d) Assure that the associate therapist being supervised has sufficient and appropriate education, background, and preparation for the work he or she will be doing.

(7) The supervisor and associate therapist shall enter into a formal written contract that defines the parameters of the professional relationship. The contract shall be submitted to the agency for approval and shall include:

(a) Supervised areas of professional activity;

(b) Amount of supervision time and the frequency of supervisory meetings. This information may be presented as a ratio of supervisory time to clinical work conducted by the associate therapist;

(c) Supervisory fees and business arrangements, when applicable;

(d) Nature of the supervisory relationship and the anticipated process of supervision;

(e) Selection and review of clinical cases;

(f) Methodology for recordkeeping, evaluation of the associate, and feedback; and

(g) How the associate therapist will be represented to the public and the parties.

(8) Supervision of associate therapists shall involve regular, direct, face-to-face supervision. Depending on the associate therapist's skill and experience levels, the clinical therapist's supervision shall include direct observation of the associate therapist by sitting in session, audio tape recording, videotaping, or other means of observation.

(9) In some cases, such as geographic location or disability, more flexible supervision arrangements may be allowed. The supervisor shall submit requests for more flexible supervision arrangements to the agency for approval.

(10) The supervisor shall assure that the associate therapist is prepared to conduct professional work, and shall assure adequate supervision of the associate therapist. The supervisor should meet face-to-face with the associate therapist one hour for every ten hours of supervised professional work; but shall meet minimally 2 hours for every 45 hours of direct contact with sex offenders. Supervision meetings shall regularly occur at least every other week.

(11) A supervisor may not undertake a contract that exceeds the supervisor's ability to comply with supervision standards.

(12) The agency recognizes the needs of certain locales, particularly rural areas, and may allow a variance from the standards of this rule. Any variance request shall be submitted to the agency for approval with the supervision contract. Variances will be granted or denied in writing within thirty days.

(13) The nature of the associate therapist and clinical therapist supervisory relationship shall be communicated to the public, other professionals, and all clients served.

(14) An associate therapist shall represent himself or herself as an associate when performing clinical work and shall provide the name of the contracted supervisor.

(15) The supervisor shall cosign all written reports and correspondence prepared by the associate therapist. The written reports and correspondence shall include a statement that indicates the work has been conducted by the associate therapist acting under the clinical therapist's supervision.

(16) Both the supervisor and associate therapist shall maintain full documentation of the work done and supervision provided. The agency may audit the supervisor and associate therapist's records to assure compliance with laws and rules.

(17) All work conducted by the associate therapist is the responsibility of the supervisor. The supervisor shall have authority to direct the practice of the associate therapist.

(18) It is the supervisor's responsibility to correct problems or end the supervision contract if the associate therapist's work does not protect the interests of the clients and community. If the supervisor ends the contract, he or she shall notify the agency in writing within thirty days of ending the contract. A new contract must be filed with the agency.

(19) Supervision is a power relationship. The supervisor shall not use his or her position to take advantage of the associate therapist. This subsection is not intended to prevent a supervisor from seeking reasonable compensation for supervisory services.

(20) A supervisor shall only delegate responsibilities to an associate therapist, who has been assessed to have the competency to perform the delegated professional tasks.

(a) Supervision arrangements for associate therapists shall be agreed upon in writing and shall specify:

(b) Expected associate therapist duties;

(c) The scope and focus of the supervision; and

(d) The frequency and durations of meetings between the supervisor and the associate therapist to review the associate therapist's professional performance.

(e) The supervision of the associate therapist shall provide proper training to persons who delegate professional tasks and take reasonable steps to see that such persons perform services responsibly, completely, and ethically.

(f) The supervisor shall not engage in sexual relationships with an associate therapist over whom the supervisor has evaluative or direct authority, as such relationships are likely to impair judgment or be exploitative.

Stat. Auth.: ORS 675.375, 675.400, 675.410, 676.615

Stat. Implemented: ORS 675.375, 675.400, 675.410

Hist.:

## **Division 820 Licensure and Renewal**

### **331-820-0010**

#### **Application Requirements**

(1) An individual applying for certification as a sex offender therapist under ORS 675.370 shall submit an application form prescribed by the agency, which contains information listed in OAR 331-030-0000, payment of required application and certification fees, and satisfactory evidence of meeting qualification criteria according to one of the following certification pathways:

(a) Clinical sex offender therapist: required documentation pertaining to education, training and experience listed in OAR 331-810-0020;

(b) Associate sex offender therapist: required documentation pertaining to education, training, experience and supervision listed in OAR 331-810-0030;

(c) Individuals applying under a time limited grandfather provision: required documentation pertaining to education, training and experience listed in OAR 331-810-0035; or

(d) Individuals applying under ORS 675.380 reciprocal or equivalent credentials: required documentation pertaining to education, training and experience listed in OAR 331-810-0040.

(2) An application for certification shall be accompanied by a proposed professional disclosure statement, required under ORS 675.375(1), and the applicant's fingerprint and criminal background check forms prescribed by the agency.

Stat. Auth.: ORS 675.375, 675.400, 676.607, 676.615,

Stat. Implemented: ORS 675.375, 675.400, 675.410

Hist.:

### **331-820-0020**

#### **License Issuance and Renewal**

(1) Certified clinical sex offender therapists and certified associate sex offender therapists are subject to the provisions of OAR 331-030-0010 regarding the issuance and renewal of a certificate, and to the provisions of OAR 331-030-0020 regarding the authorization to practice, identification and the requirements for issuance of a duplicate authorization.

(2) Notwithstanding ORS 675.375(5) and OAR 331-030-0010(1), the certificate will be issued for a two-year period from the date all qualifications have been met.

(3) Renewal of a certificate shall be made in advance of the certification expiration date by submitting the following to the agency:

(a) Renewal application form;

(b) Renewal fees;

(c) Signed attestation of completion of required continuing education according to OAR 331-830-0010; and

(d) Satisfactory documentation recording at least 100 hours of clinical experience per year preceding renewal, of which 50 hours is related to direct clinical contact with sex offenders. Refer to OAR 331-830-0010 .

(4) A completed certificate renewal application received by the agency or postmarked after a certificate has expired, but within three years from the expiration date, may be approved upon payment of the application for renewal and delinquency fees for each year in expired status, signed attestation of having obtained required

continuing education pursuant to the provisions of ORS 675.375(5)(c) and OAR 331-810-0020 or 331-810-0030, and completion of the prescribed number of hours of clinical experience required in ORS 675.375(5)(b) for each year in expired status.

(5) A certificate that has been expired for more than three years shall be deemed invalid and may be reactivated by submitting to the agency the following requirements:

(a) Application form and information required according to OAR 331-030-0000 and 331-820-0010;

(b) Payment of application, reactivation and certificate fees;

(c) Completion of prescribed continuing education during period of inactive certification.

(6) Evidence of required continuing education shall be provided at the time of renewal by means of a prescribed self-attestation form certifying participation in approved continuing education.

(7) Continuing education documentation shall be accumulated and held by the certificate holder for a period of 3 years following renewal, or until submitted to the agency at the time of audit within the three year period.

Stat. Auth.: ORS 675.375, 675.400, 675.410, 676.615

Stats. Implemented: ORS 675.375, 675.400, 675.410

Hist.:

## **Division 830 Continuing Education**

### **331-830-0005**

#### **Continuing Education Purpose Statement**

The aim of continuing education for sex offender treatment therapists is to ensure that professionals practicing in this specialty field are knowledgeable of current scientific and practice principles that affect the supervision and treatment of sex offenders in community-based treatment. Since the treatment of sex offenders in communities raises significant public safety concerns, continuing education is required to help sex offender treatment therapists deliver the highest quality of professional service by being familiar with current developments in a rapidly changing profession.

Stat. Auth.: ORS 675.375, 675.400, 675.410, 676.615

Stat. Implemented: ORS 675.375, 675.400, 675.410

Hist.:

### **331-830-0010**

#### **Continuing Education Requirements**

(1) To ensure continuing efforts on the part of Oregon certified clinical sex offender therapists and certified associate sex offender therapists to remain current with new developments in the treatment of sexual abusers and the mental health profession, and to encourage diversified training and qualifications in the profession, continuing education is required as a condition of certification.

(2) Continuing education experiences are programs beyond the basic education required to obtain certification which are designed to promote and enrich knowledge, improve skills, and develop attitudes for the enhancement of the practices of sex offender therapists, thus improving sex offender therapies provided to the public.

(3) To be in compliance with the provisions of ORS 675.360 to ORS 675.410 and the rules adopted by the agency, clinical therapists and associate therapists shall complete a minimum of 15 hours continuing education in the field of sex offender treatment during each year within a renewal cycle.

(4) Continuing education includes training related to sex offender treatment consisting of the following subject matter:

- (a) Assessment and diagnosis;
- (b) Cognitive therapy;
- (c) Counseling and psychotherapy;
- (d) Cultural/ethnic issues;
- (e) Ethics applicable to working with a forensic population;
- (f) Human development with special attention to sexual development and healthy sexuality;
- (g) Interviewing skills;
- (h) Knowledge of family dynamics as related to sex offending;
- (i) Psychometric and psycho-physiological testing;
- (j) Psychopathology;
- (k) Relapse prevention;
- (l) Relationship and social skills training;
- (m) Risk assessment;
- (n) Sexual arousal control;

- (o) Social support networks;
  - (p) Victim awareness and empathy.
  - (q) Supervision;
  - (r) Assessment and treatment of mental illness including neuropsychological disorders;
  - (s) Couples and family therapy;
  - (t) Family reunification;
  - (u) Pharmacological therapy;
  - (v) Substance abuse treatment.
- (5) An instructor, discussion leader, or speaker shall be given two hours of credit for subject preparation for each hour of presentation time, plus one additional hour of credit for each hour of actual presentation time. For example, a qualified instructor who conducts a one hour qualified program shall be given credit of three hours; a qualified instructor who conducts a one and one-half hour qualified program shall be given credit of four and one-half hours.
- (6) Credit shall not be given for more than 5 hours of continuing education credit in a reporting period for lectures (preparation and teaching) and published material combined.
- (6) The agency shall accept any continuing education that reasonably falls within the categories listed in subsection (4) of this rule. The agency relies upon each individual therapist's integrity with meeting the intent of continuing education requirements.
- (7) Continuing education requirements apply whether the applicant renewing a certificate is living or working within Oregon or outside of the state while Oregon certification is maintained.
- (8) The agency may grant exemptions in whole or part from continuing education requirements, including extension of deadlines, in documented hardship cases.

Stat. Auth.: ORS 675.375, 675.400, 675.410, 676.615  
 Stat. Implemented: ORS 675.375, 675.400, 675.410  
 Hist.:

### **331-830-0020**

#### **Continuing Education: Audits, Required Documentation & Sanctions**

- (1) The Oregon Health Licensing Agency will select a prescribed percentage of certification records for audit to verify compliance with continuing education requirements.
- (2) Licensees notified of selection for audit of continuing education attestation shall submit to the agency, within 30 calendar days from the date of issuance of the notification, satisfactory evidence of participation in required continuing education.
- (3) Documentation of a certificate of completion of attendance at a program or course provided by the sponsor shall include:
- (a) Name of sponsoring institution/association or organization;
  - (b) Title of presentation and description of content;
  - (c) Name of instructor or presenter;
  - (d) Date of attendance and duration in hours;
  - (e) Course agenda;
  - (f) Official transcript, diploma, certificate, statement or affidavit from the sponsor, attesting to attendance.

(4) If documentation of continuing education is invalid or incomplete, the certificate holder shall correct the deficiency within 30 calendar days from the date of notice. Failure to correct the deficiency within the prescribed time shall constitute grounds for disciplinary action.

(5) Misrepresentation of continuing education or failing to meet continuing education requirements or documentation may result in disciplinary action, which may include but is not limited to assessment of a civil penalty and suspension or revocation of the certification.

Stat. Auth.: ORS 675.375, 675.385, 675.400, 675.410, 676.615, 676.992

Stat. Implemented: ORS 675.375, 675.400, 675.410

Hist.:

## DIVISION 840 CODE OF PROFESSIONAL CONDUCT

### 331-840-0010

#### Standards of Practice

Sex offender therapists are also credentialed health professionals, and are subject to the standards of practice of their primary field of practice. However, standards of practice vary from profession to profession, and sex offender evaluation and treatment represents significant differences in practice from general mental health interventions.

(1) The standards set forth in OAR chapter 331, division 840 apply to all certified clinical sex offender therapists and certified associate sex offender therapists, hereafter referred to as certified sex offender therapist as specified in ORS 675.365(3).

(2) Standards of practice are necessary due to the unique characteristics of this area of specialized practice, the degree of control that a certified sex offender therapist exercises over the lives of clients, and the community protection issues inherent in this work.

(3) Failure to comply with these standards may constitute unprofessional conduct, which is subject to discipline under ORS 676.612.

(4) Any deviation from the standards of OAR 331-840-0020 must be based on the individual circumstances and in the best interest of the client, and in conformance with generally accepted standards of sex offender treatment and client care. On such occasion, the therapist must document in writing the reasons for the deviation in the client's records. Failure to document the reasons for the deviation from stated standards creates a presumption that the deviation was not in the best interest of the client.

Stat. Auth.: ORS 675.390, 675.400, 675.410, 676.607, 676.612, 676.615

Stats. Implemented: ORS 675.390, 675.400

Hist.:

### 331-840-0020

#### Professional Conduct and Client Relationships

(1) The Sex Offender Treatment Board adopts the 2001 Association for the Treatment of Sexual Abusers (ATSA) Professional Code of Ethics, *Ethical Principles*, to the extent it does not conflict with ORS 675.360 through 675.410, ORS 676.605 through 676.625, and any rules adopted by the agency.

(2) A copy of the Professional Code of Ethics may be accessed at the web site: <http://www.atsa.com/pdfs/COE.pdf>. The information may also be available by contacting ATSA at the following address: 4900 S.W. Griffith Drive, Suite 274, Beaverton, Oregon U.S.A. 97005, Phone: (503) 643-1023, Fax: (503) 643-5084, E-mail: [atsa@atsa.com](mailto:atsa@atsa.com).

(3) Therapists shall adhere to ATSA ethical principles relating to professional conduct, payment of services, training and expertise, personal problems and conflicts, supervisory relationships, client relationships, multiple relationships, confidentiality, professional relationships, research and publications, and public information and advertising.

(4) Therapists shall not engage in sexual contact or sexual activity with their clients, former clients, or any person participating in the treatment process of a client while therapy is ongoing.

(5) Sexual misconduct includes but is not limited to:

- (a) Sexual intercourse;
- (b) Touching the breasts, genitals, anus or any sexualized body part except as consistent with accepted community standards of practice for examination, diagnosis and treatment and within the health care practitioner's scope of practice;
- (c) Rubbing against a patient or client or key party for sexual gratification;
- (d) Kissing;
- (e) Hugging, touching, fondling or caressing of a romantic or sexual nature;
- (f) Examination of or touching genitals without using gloves;
- (g) Not allowing a patient or client privacy to dress or undress except as may be necessary in emergencies or custodial situations;
- (h) Not providing the patient or client a gown or draping except as may be necessary in emergencies;
- (i) Dressing or undressing in the presence of the patient, client or key party;
- (j) Removing patient or client's clothing or gown or draping without consent, emergent medical necessity or being in a custodial setting;
- (k) Encouraging masturbation or other sex act in the presence of the health care therapist;
- (l) Masturbation or other sex act by the health care therapist in the presence of the patient, client or key party;
- (m) Suggesting or discussing the possibility of a dating, sexual or romantic relationship after the professional relationship ends;
- (n) Terminating a professional relationship for the purpose of dating or pursuing a romantic or sexual relationship;
- (o) Soliciting a date with a patient, client or key party;
- (p) Discussing the sexual history, preferences or fantasies of the health care therapist;
- (q) Any behavior, gestures, or expressions that may reasonably be interpreted as seductive or sexual;
- (r) Making statements regarding the patient, client or key party's body, appearance, sexual history, or sexual orientation other than for legitimate health care purposes;
- (s) Sexually demeaning behavior including any verbal or physical contact which may reasonably be interpreted as demeaning, humiliating, embarrassing, threatening or harming a patient, client or key party;
- (t) Photographing or filming the body or any body part or pose of a patient, client, or key party, other than for legitimate health care purposes; and
- (u) Showing a patient, client or key party sexually explicit photographs, other than for legitimate health care purposes

Stat. Auth.: ORS 675.390, 675.400, 675.410, 676.607, 676.612, 676.615

Stats. Implemented: ORS 675.390, 675.400

Hist.:

### **331-840-0030**

#### **Communications with other Professionals**

Certified sex offender therapists may establish professional relationships with corrections or probation officers and other mental health professionals for the purpose of effective supervision and monitoring of an offender's behavior in the community. When appropriate, the therapist shall seek an authorization for release of information from the client to communicate with such agencies for treatment or monitoring

purposes.

(1) Any violation of the treatment plan or contract, including court orders or parole agreements, or conditions of supervision shall be reported to the parole officer or other supervising officer.

(2) Therapists shall make periodic progress reports to the supervising officer as mutually agreed upon. Additional information regarding treatment progress shall be provided in a timely manner when requested by the court or other supervising officer.

(3) Prior to implementation, plans for contact with the victim, potential victims and plans for family reunification or return (where appropriate) should be reviewed with the supervising officer.

(4) Where appropriate and consistent with the adult offender's informed consent, certified sex offender therapists shall communicate with the victim's therapist, guardian ad litem, custodial parent, guardian, caseworker, other family members, or other involved professional in making decisions regarding family reunification or return, or victim contact with the offender.

Stat. Auth.: ORS 675.390, 675.400, 675.410, 676.607, 676.612, 676.615

Stats. Implemented: ORS 675.390, 675.400

Hist.:

### **331-840-0040**

#### **Mandatory Reporting**

(1) Pursuant to ORS 675.390, the Sex Offender Treatment Board is required to report to the Oregon Health Licensing Agency any conviction, determination, or finding of which they have personal knowledge that any person certified as a clinical sex offender therapist or associate sex offender therapist has committed an act which constitutes unprofessional conduct under ORS 676.612 and the provisions of OAR 331-840-0010.

(2) The following persons are required to report the information identified in subsection (1) of this section:

(a) Persons certified as a clinical sex offender therapist or certified as an associate sex offender therapist;

(b) The president, chief executive officer, or designated official of any professional association or society whose members are a certified sex offender therapist;

(c) Prosecuting attorneys and deputy prosecuting attorneys;

(d) Community corrections officers employed by the Oregon Department of Corrections;

(e) Juvenile probation or parole counselors who provide counseling or supervision to juveniles;

(f) The president, chief executive officer, or designated official of any public or private agency which employs a certified sex offender therapist;

(g) The president, chief executive officer, or designated official of any credentialing agency for health professionals.

(3) Reports under this section shall be made in writing, and shall include the name, address, and telephone number of the person making the report, the name and address of the person about whom the report is made, and complete information about the circumstances giving rise to the report.

Stat. Auth.: ORS 675.390, 675.400, 675.410, 676.607, 676.612, 676.615

Stats. Implemented: **ORS 163, 419B**, 675.390, 675.400

Hist.:

### **331-840-0050**

#### **Client Confidentiality; Disclosure and Informed Consent**

For the purpose of clarifying requirements, the term "client" as used in this rule, means the sex offender which is receiving the treatment from the certified clinical sex offender therapist or certified associate sex offender therapist, referred to as "therapist" in this rule unless otherwise specifically noted.

(1) The certified sex offender therapist is responsible for insuring that clients, consultation parties, family members, research participants, organizations or agencies, and all other professional and work related contacts fully understand issues related to confidentiality. This includes, but it not limited to:

(a) Informing clients of the limits of confidentiality;

(b) Informing clients of any circumstances that may cause an exception to the agreed-upon confidentiality;

(c) Specifically informing clients about mandatory reporting requirements; and

(d) Clarifying issues of confidentiality where multiple parties are involved.

(2) Therapists shall comply with the provisions of ORS 675.390, and shall notify clients of the limits of confidentiality imposed on therapists by the provisions of ORS 675.390 and rules adopted by the agency.

(3) Therapists shall comply with mandated reporting laws and statutes. No part of this rule shall be construed as releasing therapists from such obligations. If the circumstances allow, therapists shall inform clients that they will comply with the mandated reporting requirements.

(4) Unless reporting is mandated, written permission is required before any data maybe disclosed to persons beyond a therapist's staff. Clients shall be informed of the reason for the release of information.

(5) Therapists providing services within the criminal justice setting shall inform all parties involved of the level of confidentiality that applies.

(6) Therapist information shall not communicate to others without the written and informed consent of the client, unless the following circumstances apply:

(a) The client presents a clear and immediate danger to another individual or individuals.

(b) The client presents a clear and immediate danger to him/herself.

(c) There is an obligation to comply with the specific governmental statutes or regulations requiring reporting to authorities.

(7) Therapists shall ensure that a client is provided informed consent when an individual under the therapist's supervision is providing services to the client. The client must be informed of the name of the therapist who is supervising the associate therapist and any affect on confidentiality.

(8) Therapists shall clarify, in a manner that the client is capable of understanding, issues of confidentiality in cases involving functionally disabled individuals or minors, when sharing information with parents, guardians, or agencies that may have custody of the functionally disabled individual or minor.

(9) When working with clients incapable of giving informed consent, including functionally disabled individuals or minors, the therapist is still responsible to:

(a) Inform the client about any proposed assessments or interventions in a manner commensurate with the person's psychological, functional, or developmental capabilities;

(b) Seek their help and participation in such interventions; and

(c) Consider such persons' preferences and best interest.

(10) Therapists who provide service to several persons who have a relationship (such as husband and wife or family members), shall clarify at the outset how confidentiality will apply among participants and to any external individual or entity (e.g., criminal justice).

(11) Therapists shall obtain written informed consent from a legally authorized person or agency for providing services, for participation in research, and in video taping for educational purposes, in instances where persons are legally capable of giving informed consent.

(12) Therapists shall not share confidential information with colleagues that might reasonably lead to the identification of a sex offender, research participant, organization or other person with whom the therapist has a confidential relationship.

(13) Therapists shall protect the confidentiality of participants when utilizing audio tape or video tape information in the context of training, workshops or research studies. Such tapes will be used only with the written and informed consent of all individuals portrayed on the tapes for that particular use (i.e., training, workshops, and research studies).

(14) Live demonstrations of treatment techniques with current or former clients or their families is considered exploitative and compromises confidentiality beyond what can be justified relative to education benefits.

Stat. Auth.: ORS 675.390, 675.400, 675.410, 676.607, 676.612, 676.615

Stats. Implemented: **ORS 163, 419B**, 675.390, 675.400

Hist.:

### **331-840-0060**

#### **Client Records**

For the purpose of clarifying record keeping requirements, the term "client" as used in this rule, means the sex offender which is receiving the treatment from the certified sex offender therapist who will be providing treatment.

(1) Required Records. Therapists shall record, update and maintain documentation for each client relevant to health history, clinical examinations and treatment, and financial data. Documentation shall be written or electronic. Records shall include the following information:

(a) Basic client information, including name, address, telephone number and dates of service;

(b) Health history relevant to sex offender evaluation or treatment plan(s), including referral to other mental health care provider or physician.

(c) Date and description of services rendered in the form of "chart notes", including any complications. Chart notes shall include the recorder's initials, certification number and professional title if multiple practitioners provide service to the client.

(2) Record Format. Records and documentation shall be accurate, complete, and legible, typed or recorded using ink. Legible hand-written or electronic records are acceptable.

(3) Record Identifiers. Client records listed in subsection (1) of the rule shall include the therapist's name, license number, professional title or abbreviation, and signature or initials somewhere on the documentation as a means of identifying the person who is providing service to the client. This information may be affixed to the record(s) in the form of a professional stamp or handwritten entry.

(4) Record Retention. All client records and documentation, written or archived electronically by computer, shall be stored and maintained for a minimum of seven years after the therapist has last seen the client or past the age of minority, so that the records are safeguarded, readily retrievable, and available for inspection by the Oregon Health Licensing Agency's representative.

Stat. Auth.: ORS 675.390, 675.4100, 675.410, 676.615

Stats. Implemented: ORS 675.390, 675.400, 675.410

Hist:

**DIVISION 850  
DISCIPLINE AND ENFORCEMENT**

**331-850-0010**

**Investigative Authority**

The Oregon Health Licensing Agency may initiate and conduct investigations of matters relating to the practice of Sex Offender Treatment, pursuant to ORS 676.608, and may take appropriate disciplinary action in accordance with the provisions of ORS 676.612 and 675.385.

Stat. Auth.: ORS 675.385, 676.608 and 676.612

Stats Implemented: ORS 675.385, 676.608 and 676.612

Hist.:

**RESERVED DIVISION  
DIVISION 860  
ADULT MODEL TREATMENT PLAN**

**331-860-0010 – TBD Adult**

Stat. Auth.:  
Stats. Implemented:  
Hist.:

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**RESERVED DIVISION  
DIVISION 870  
JUVENILE MODEL TREATMENT PLAN**

**331-870-0010 – TBD Juvenile**

Stat. Auth.:  
Stats. Implemented:  
Hist.:

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**RESERVED DIVISION  
DIVISION 880  
FUNCTIONALLY DISABLED MODEL TREATMENT PLAN**

**331-880-0010 – TBD Functionally Disabled**

Stat. Auth.:  
Stats. Implemented:  
Hist.:

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