

CONNECTICUT ASSOCIATION FOR THE TREATMENT OF SEXUAL OFFENDERS

CODE OF ETHICS

Clinical Members of the Connecticut Association of the Treatment of Sexual Offenders are trained in the assessment and treatment of sexual offenders. The members constitute a professional discipline which has a membership committed to establishing and maintaining the highest level of professional standards relating to the assessment and treatment of sexual offenders. Clinical Members are aware of their special skills and professional boundaries. Duties are performed with the highest level of integrity and appropriate confidentiality, within the scope of statutory responsibilities. Members will not hesitate to seek assistance from other professional disciplines when necessary. Members are committed to protect the public from, and will not hesitate to expose, unethical, incompetent, or dishonorable practices. Members commit themselves to the following principles:

SECTION I: PROFESSIONAL CONDUCT

- A. Each member provides professional service to anyone, regardless of race, religion, sex, political affiliation, social or economic status, or choice of a lifestyle. A member will not allow personal feelings related to a client's alleged or actual crimes to interfere with professional judgment and objectivity. When a therapist cannot offer service to a client for any reason, he or she will make a proper referral. Members are encouraged to devote a portion of their time to work for which there is little or no financial return.
- B. Each member will refrain from using his or her professional relationship, related to assessment or treatment of a client, to further personal, religious, political or economic interests, other than customary fees.
- C. The proper conduct of each member is a personal matter, to the same degree as it is with any individual, except when such conduct compromises the fulfillment of professional responsibilities or reduces the public trust in this specialty area. Consequently, members are sensitive to predominant community standards and the potential impact that either conformity to, or deviation from, these standards can have on the quality of their own performance, as well as that of their colleagues.
- D. Each clinical member has an obligation to engage in continuing education and professional growth including active participation in meetings and affairs of relevant professional affiliations.
- E. Each member will refrain from diagnosing, treating or advising on problems outside the recognized boundaries of his/her competence.
- F. Affiliate membership, either agency or individual, is not intended to imply clinical expertise in the assessment and treatment of sex offenders nor should it be used to advertise or represent such clinical expertise to others.

SECTION II: CLIENT RELATIONSHIPS

- A. Each member, while offering dignified and reasonable support to a client, is cautious in making a prognosis and will not exaggerate the efficacy of his or her service.
- B. Each member recognizes the importance pertaining to financial matters with clientele. Arrangements for payments are to be settled at the beginning of an assessment or of a therapeutic relationship.
- C. Each member will attempt to avoid relationships with clientele which may impair professional

judgment or pose a risk of exploiting them. Examples of such relationships include, but are not limited to, the following: Treatment of the clinician's family members, close friends, employees, or supervisees.

- D. Sexual intimacy with clientele is unethical, during treatment and for a period of ten years following treatment.
- E. A member shall conclude service to clientele and the professional relationship with them when service and the professional relationship is no longer required, no longer serves the client's needs or interest, or is no longer appropriate because of risk management issues.
- F. Each member who serves the clients of a colleague during a temporary absence or emergency will serve those clients with the same consideration of that afforded any client.
- G. In their professional role, members will avoid any action which will violate or diminish the legal and civil rights of clients or others who may be affected by their actions.

SECTION III: CONFIDENTIALITY

- A. Members keep records of each client, storing them in such a way as to ensure safety and confidentiality in accordance with the highest professional and legal standards.
- B. Each member is responsible for informing clients of the limits of confidentiality. Clients should be informed of any circumstances which may trigger an exception to the agreed upon confidentiality. The client being evaluated or treated then has the option of deciding what information to reveal and what risks to confidentiality he or she may wish to bear.
- C. Members in criminal justice settings, or elsewhere, should inform all parties with whom they are working of the level of confidentiality which applies. They should clarify any circumstances which would constitute exceptions to confidentiality, in advance of the service being rendered. Each member should be clear to the client regarding any “conflicts of interests” or dual-client relationships which effect their current relationship with a client.
- D. Written permission shall be granted by the clients or legal guardian before any data may be divulged to other parties.
- E. Members shall abide by standards defined by state and federal laws on confidentiality and disclosure of information.
- F. When responding to an inquiry for information and when a written release by the client is obtained, written and oral reports should present data germane to the purpose of the inquiry. Every effort should be made to avoid an undue invasion of privacy for the client.
- G. As noted above, information is not communicated to others without this consent, unless the following circumstances occur:
 - 1. There exists a clear and immediate danger to person(s) from the client.
 - 2. There is an obligation, depending upon one's profession, to comply with specific statutes

requiring reports of suspected abuse to authorities. Each member is responsible for becoming fully aware of all statutes which pertain to the conduct of his or her professional practice.

SECTION IV: ASSESSMENTS

- A. Members make every effort possible to promote the client's victim-free behavior while, at the same time, acting in the best interest of the client, so long as others are not placed at identifiable risk. They guard against the misuse of assessment data. They respect their client's rights to know the results, the interpretations made and the basis for the conclusions and recommendations. They endeavor to ensure that assessment techniques are used appropriately by others as well.
- B. Unless the client agrees to an exception in advance, each member respects the right of the client to have a full explanation of the nature and purpose of the techniques, and any foreseeable side effects of the assessment, in language which the client is able to understand. Prior to the assessment being initiated, clinical members should present this written explanation to the client of his/her rights, as defined by the treatment program, for his/her signature.
- C. The responsible use of assessment measures is of paramount concern and a serious responsibility of each member. Assessments regarding a person's degree of sexual dangerousness, suitability for treatment, or other forensic referral questions shall not be determined solely on the basis of one assessment device. Rather, such data must be properly integrated within a comprehensive assessment, components of which are determined by a person who has specific training and expertise in making such assessments.
- D. Assessment should not be used to confirm or deny whether an event or crime has taken place.
- E. In reporting assessment results, members indicate any reservations that might exist regarding validity or reliability because of the circumstances of the assessment or the absence of comparative norms for the person who is being tested. In other words, each member endeavors to ensure that assessment results and interpretations are not misunderstood or misused by others. Proper qualifications will be made with regard to prediction and "generalizability-of-data" issues, in order to not mislead the consumer of the report.
- F. Since it is not within the professional competence of members to offer conclusions on matters of law, unless they are trained to do so, members should resist pressure to offer such conclusions (E.g., while it would be appropriate to address an issue regarding the probability of a client committing certain criminal acts within a certain period of time, it would be inappropriate to state that "an individual is too dangerous to be released.")
- G. Each member should be very cautious in offering predictions of criminal behavior for use in imprisoning or releasing individuals. If a member decides that it is appropriate, on the basis of a thorough evaluation, in a given case to provide a prediction of criminal behavior, he or she should clearly specify:
 - 1. The acts being predicted.
 - 2. The estimated probability that these acts will occur during a given period of time, and the facts on which these predictive judgments are based.

- H. Each member should be thoroughly familiar with the assessment or treatment procedures and data used by another member before providing any public comment or testimony pertaining to the validity, reliability or accuracy of such information.

SECTION V: PROFESSIONAL RELATIONSHIPS

- A. Each member will refrain from knowingly offering services to a client who is in treatment with another professional without initial consultation among both parties involved.
- B. Each member will act with proper regard for the needs, special competencies, and perspectives of not only colleagues who treat sexual abusers, but other professionals as well.
- C. Each member is encouraged to affiliate with professional groups, clinics, or agencies operating in the assessment and treatment of sexual offenders. Similarly, interdisciplinary contact and cooperation are encouraged.
- D. Each member will neither offer nor accept payment for referrals.

SECTION VI: RESEARCH AND PUBLICATION

- A. Each member is obligated to protect the welfare of his/her research subjects. Provisions of the human subjects experimentation policy shall prevail, as specified by the Department of Health, Education and Welfare guidelines.
- B. Each member will carefully evaluate the ethical implications of possible research and have full responsibility to ensure that ethical practices are enforced in conducting such research.
- C. The practice of informed consent prevails. The research participant shall have full freedom to decline to participate in, or withdraw from the research, at any time without any prejudicial consequences.
- D. The research participant shall be protected from physical and mental discomfort, harm and danger that may result from research procedures to the greatest degree possible.
- E. Publication credit is assigned to those who have contributed to a publication in proportion to their contribution, and in accordance with customary publication practices.

SECTION VII: SPECIAL PROCEDURES

- A. Biomedical Treatment (Adapted from the Standards of Care for the Treatment of Sex Offenders, Association for the Treatment of Sexual Abusers): Treatment providers follow the Principles of Biomedical Treatment, as adopted by the Association for the Treatment of Sexual Abusers.

Specifically:

“The physician prescribing medication to a person for the purpose of altering the paraphiliac fantasies and the control of these fantasies must warn the patient of possible side effects and negative complications which may arise. The physician should conduct routine relevant blood chemistries and routine physical examination to ensure that any medications which are given are not contraindicated given the

patient's medical condition . . . The clinician making recommendation for bio-medical treatment will have known the patient for such time as needed for an adequate assessment and diagnosis of the condition. Since many medications which have been found useful for treating sex offenders have not been federally approved for that specific purpose, physicians would carefully document the rationale for compassionate use of this medication in treating a given patient. The patient should also be aware of this exception and fully consent to this procedure with a written document and a signature of consent.”

“Lastly, with the advent of effective chemotherapies which alter the eroto-sexual response, the necessity of psychosurgeries has been rendered archaic and barbaric.”
(From Principle 13, Standards of Care for the Treatment of Sex Offenders, A.T.S.A.).

DEFINITIONS:

“Biomedical treatment refers to the use of pharmacological treatment or psychosurgery formed for the purpose of altering the eroto-sexual fantasies or the sexual impulses.”

“Chemotherapy has included (but not limited to) the use of antiandrogens, anti-depressants, antianxiety, antiepileptic or other medication appropriate to treat the medically defined organic basis of the paraphiliac fantasy, behavior and impulse control.”

“Biomedical surgical treatment could involve brain surgery to correct temporal lobe seizures, castrations, etc. With the advent of effective chemotherapies which alter the eroto-sexual response, the necessity of psychosurgeries has been rendered archaic and barbaric.”

- B. Plethysmography: CATSO providers using the plethysmograph as part of their assessment armamentarium and treatment regimen will adhere to Section IV, Assessments, above. Providers shall adhere to A.T.S.A. Guidelines for use of penile plethysmograph (The ATSA Practitioners Handbook, pp. 11-14). Providers using the plethysmograph will have had specialized training in its use and in the collection and interpretation of data. The usefulness of the plethysmograph with sex offenders is currently under investigation; therefore, prudence dictates a very limited use of this instrument for treatment and assessment purposes.
- C. Sex Offender Specific Polygraph Examination: Use of the polygraph by C.A.T.S.O. providers should be guided by three considerations: (1) Scientific questions about the validity and reliability of this instrument; (2) Ethical concerns about appropriate treatment of examination subjects; (3) Legal constraints about its use. The Sex Offender Specific Polygraph Examination means the employment of any instrumentation used for detecting deception or verifying the truthfulness of any person under supervision and/or treatment for the commission of a sexual offense. The Sex Offender Specific Polygraph Examination is specifically intended to assist in the treatment and supervision of sex offenders (adapted from Recommended Guidelines of Clinical Polygraph Examination of Sex Offenders, Texas Council on Sex Offender Treatment, 1996). C.A.T.S.O. providers using Sex Offender Specific Polygraph Examinations as part of their programs must abide by the following practice guidelines.
1. Qualifications of Examiners:

C.A.T.S.O. providers administering the Sex Offender Specific Polygraph Examination must be certified for the use of the polygraph and be members in good standing with the American Polygraph Association. C.A.T.S.O. providers who wish to incorporate this methodology into their treatment programs must use polygraph examiners who are members in good standing with the American Polygraph Association and knowledgeable with regard to assessment and treatment of sexual offenders. Individual examiners should coordinate the examination with the subject's treatment provider and should not be providing clinical treatment to the person who is undergoing a Sex Offender Specific Polygraph Examination.

2. Methodology:

Polygraph methodology must follow the most current guidelines provided by the Association for the Treatment of Sexual Abusers: for example. Appendix C: Polygraph Examinations: Ethical Standards and Principles for the Management of Sexual Abusers, 1st Revision, Association for the Treatment of Sexual Abusers, 1997; Recommended Guidelines for Clinical Polygraph Examination of Sex Offenders, Texas Council on Sex Offender Treatment, 1996.

3. Categories of Sex Offender Specific Polygraph Examinations:

a. Specific Issue examinations under indictment or pending court action.

To date, the polygraph has not been shown to be a reliable instrument in determining guilt or innocence in judicial settings. Therefore, C.A.T.S.O. recommends that members not use the polygraph for this purpose.

b. Disclosure Examinations within a treatment context following adjudication.

These examinations are designed to assist in evaluating denial and to enhance the effectiveness of treatment and supervision (adapted from Appendix C cited above). These examinations should be used within an overall context of accepted methodology for sex offender specific treatment.

c. Sexual History Examinations within a treatment context following adjudication.

This is “a thorough examination of an abuser’s lifetime sexual history” (excerpted from Appendix C above). Examiners must use caution when requiring clients to undergo sexual history examinations. C.A.T.S.O. recommends that members not use the polygraph for verification of sexual history until there are legislative changes which protect examinees from self-incrimination (for example, as of July 1998, Connecticut lacked a use immunity statute that protects examinees from prosecution for sexual crimes disclosed during polygraph examination). Also, Connecticut's child abuse reporting law requires providers to report sexual abuse of child victims whose identities are revealed.

d. Maintenance /Monitoring Examinations.

These are periodic examinations of an examinee's compliance with treatment and/or probation or parole restrictions. Such examinations should be used only in conjunction with other monitoring methods.

4. Persons Who Should Not Be Tested:

a. Individuals who refuse to sign a release of information to the supervising authority.

- b. Individuals who refuse to answer any type of question during the examination.
- c. Individuals who are extremely overweight.
- d. Individuals who report having less than six hours of sleep during the night before the examination.
- e. Individuals who have significant cognitive impairments.
- f. Individuals who are taking certain medications.
- g. Individuals who have certain medical conditions (e.g., chest pain, high blood pressure, pregnancy).
- h. Individuals with pending civil or criminal judicial proceedings (see item c. above), unless the client has already pleaded guilty, is awaiting sentencing and undergoes examination with the knowledge and approval of his or her legal representative.

5. Limitations of Use:

The results of a Sex Offender Specific Polygraph Examination, either a finding of deception or no deception, should not be the sole criterion for making a decision concerning treatment and/or community supervision.

SECTION VIII: COMPLIANCE PROCEDURES

A. Committees of Inquiry:

The Ethics Committee shall serve as the Committee of Inquiry for complaints or violations of the Code of Ethics. Members of the committee who are participating in the complaint, or who are employed by an agency which is a party in the complaint, shall not serve on the Committee of Inquiry for such complaint. Should this result in less than three members, the President of shall appoint members who are in good standing to serve pro tem. Each member is bound to accept the judgment of fellow members as to standards of professional ethics, subject to safeguards provided in this section. Membership implies consent to abide by acts of discipline herein set forth as enumerated by the Ethics Committee. It is the responsibility of each member to safeguard these standards of ethical practice. Should a fellow member appear to violate this code, he or she may be cautioned through friendly remonstrance, colleague consultation with the party in question, or finally a formal complaint may be filed in accordance with the following procedure.

B. Jurisdiction:

- 1. Complaints to be addressed:
 - a. Member complaint against another member.
 - b. Individual complaint against a member.
 - c. Outside agency complaint against a member.

2. Complaints which shall not be addressed:

- a. Anonymous complaints.
- b. Disputes over fees for service.
- c. Complaints against individuals or agencies who are not members.

C. Accepting the Complaint:

1. Complaint of unethical practice shall be submitted in writing to the Chair of the Committee of Inquiry. A copy of the complaint shall be furnished to the person or persons against whom it is directed, and to all members of the Committee of Inquiry.
2. If after reviewing a formal Declaration of Complaint the Committee of Inquiry finds that the complaint has been incorrectly executed or that additional information is required, the Declaration of Complaint may be returned to the complainant for revision or a written request sent to the complainant for further information. The relevant time limits may be adjusted accordingly.

D. Criteria for accepting a complaint: The Committee of Inquiry shall accept a complaint if:

1. The alleged unethical behavior complained about came to the complainant's attention no more than one (1) year prior to the date the substance of the complaint was first made known to the Committee of Inquiry. An exception to this limit may be granted by the Committee of Inquiry.
2. The complainant has personal knowledge of the alleged behavior complained about or is in a position to supply relevant, reliable testimony or other evidence on the subject.
3. The complainant is willing to give testimony.
4. The complainant agrees to furnish additional data and to maintain the confidentiality of the proceedings of the committee. The Committee of Inquiry may, at its own discretion, terminate its inquiry procedure at any stage if the complainant fails to comply with these conditions.
5. The Right of Appeal: The Committee's decision to accept or not to accept a complaint may be appealed.

E. Investigating a Complaint

1. Should the Committee of Inquiry decide to pursue the complaint, it shall notify the charged party (parties) in writing.
2. The investigation may include hearings and/or site visit(s) to investigate the complaint.
3. The charged party (parties) shall have free access to all charges and evidence cited against him/her, and full freedom to defend him/herself before the Committee of Inquiry.
4. Hearing: The purpose of a hearing is to determine the facts and decide whether such facts

constitute a violation of the Code of Ethics or a violation of personnel standards of the right of members to take professional action on behalf of clients.

Hearings and/or site visits to investigate a complaint shall adhere to the following guide lines:

- a. All parties to the complaint shall be notified in writing of:
 - (i.) The members of the committee who will conduct the hearing.
 - (ii.) The time, place, and other arrangements for the hearing.
 - (iii.) The scope of the hearing by a clear statement of the allegations to be heard.
 - (iv.) Their right to present witnesses.
- b. Respondent's Comment: The respondent shall be requested to present a written statement outlining his/her view of the situation or conduct complained about to enable the committee to prepare for the hearing. This document shall be submitted to the Chair of the Committee 10 calendar days prior to the hearing date. A copy of the respondent's statement shall be sent to the complainant by the respondent.
- c. Hearing Sessions: Sessions of the hearing shall be called by the Committee of Inquiry. Although the complainant and respondent shall be notified of and be requested to be present at all sessions, the hearing may proceed whether or not they are present, at the Committee's discretion. At least three members of the Committee of Inquiry shall be present at each session.
- d. Time of Hearing: The Hearing shall commence as soon as possible after the decision to accept the complaint. If additional sessions are required, they shall be held as soon as possible. Hearings should be completed within sixty days of the acceptance of the complaint. If additional sessions are required, they shall be held as soon as possible. Hearings should be completed within sixty days of acceptance of the complaint. The report shall be completed within forty-five days of the conclusion of the hearings.
- e. Representation at the Hearing: The complainant and/or respondent may seek advice from any person, including an attorney, but may not be represented by counsel at the hearings of the Committee or its representatives. Either party may bring to the committee hearings one advocate to aid them in the presentation of their case.
- f. Responsibility of the Committee: The Committee of Inquiry shall have the responsibility to question the complainant and respondent and their witnesses and to examine documentary evidence in the course of the hearing to ascertain relevant facts. Should the testimony and documentary evidence fail to provide adequate information on which to base a decision, the committee shall request either the complainant or respondent or both to provide additional information. If either is unable to do so, the committee with notice to both parties, shall call additional witnesses or request access to pertinent documents.
- g. Responsibility of the Complainant and Respondent and Witnesses: The Complainant and

respondent shall present at the hearing all information relevant to the complaint. They may also present pertinent documents or oral testimony of individuals who have knowledge of the situation giving rise to the complaint. The parties may be required by the committee to provide, in the number needed by the committee, copies of any document they wish to present. The complainant and respondent shall have the right to be present when witnesses called by the committee are heard and to question them they shall be given the right to inspect documents examined by the committee and when feasible, shall receive copies of such documents.

h. Use of Written Testimony: If either the complainant or respondent is unable to appear, the Committee of Inquiry may, with the consent of both, accept written statements in lieu of oral testimony, provided that each receives a copy of the other's statements and has an opportunity for rebuttal.

5. Following the hearing, the Committee of Inquiry shall meet in a closed session to determine whether a violation of the ethical standards has occurred, *****.

F. Dispositions and Recommendations

1. The

a. The Committee of Inquiry may reject the complaint based on:

(i.) Lack of sufficient evidence to support complaint.

(ii.) Incorrect application of ethical standards.

b. Should the Committee of Inquiry find the complaint to be valid, any of the following actions may be recommended:

(i.) Require the respondent to cease and desist the challenged conduct.

(ii.) Reprimand or censure the respondent.

(iii.) Require that the respondent accept supervision.

(iv.) Require that the respondent seek rehabilitation, educational training, or psychotherapy.

(v.) Place the respondent on probation.

(vi.) Refer the matter to a relevant state or regional association and/or board of examiners.

2. The respondent shall have thirty days after notification to respond, in writing, to the Committee's determination.

3. If, within thirty days of receipt, the respondent accepts the Committee's determination, the Committee shall notify the complainant that the matter has been resolved through disposition within the Committee and including the principle(s) violated and the rationale for the Committee's decisions.

4. The Committee of Inquiry shall review compliance with recommendations after sixty days, at which time any of the following may occur:
 - a. Respondent has successfully complied with recommendations and shall be considered a member in good standing.
 - b. Respondent has not complied with recommendations, and any of the following actions may be taken:
 - (i.) Respondent may be permitted to resign membership.
 - (ii.) Respondent may be censored within.
 - (iii.) In cases of a serious violation, a letter describing the action taken may be submitted to respondent's employer, licensing board, and/or other professional organizations of which respondent is a member.

I accept and agree to abide by the above listed ethical principles

Signed: _____

Date: _____