



Memorandum

Subject: Mental Health Counselor Job Description

Date: 06/01/02

Job Summary

RCW 18.225.010 Definitions.

(1) "Mental health counseling" means the application of principles of human development, learning theory, psychotherapy, group dynamics, and etiology of mental illness and dysfunctional behavior to individuals, couples, families, groups, and organizations, for the purpose of treatment of mental disorders and promoting optimal mental health and functionality. Mental health counseling also includes, but is not limited to, the assessment, diagnosis, and treatment of mental and emotional disorders, as well as the application of a wellness model of mental health. [2001 c 251 § 1.]

RCW 18.19.020 Definitions.

(1) "Counseling" means assisting or attempt to assist an individual or individuals in the amelioration or adjustment of mental, emotional, or behavioral problems, and includes therapeutic techniques to achieve sensitivity and awareness of self and others and the development of human potential.

[2001 c 251 § 18; 1991 c 3 § 19; 1987 c 512 § 3.]

Job Responsibilities

WAC 246-810-030 Client disclosure information.

Counselors must provide disclosure information to each client in accordance with chapter 18.19 RCW prior to implementation of a treatment plan. The disclosure information must be specific to the type of counseling service offered; in language that can be easily understood by the client; and contain sufficient detail to enable the client to make an informed decision whether or not to accept treatment from the disclosing counselor.

Firms, agencies, or businesses having more than one counselor involved in a client's treatment, may provide disclosure information general to that agency. In these cases, the counselor would not be required to duplicate the information disclosed by the agency.

The disclosure information may be printed in a format of the counselor's choosing, but must include all required disclosure information per WAC 246-810-031.

[Statutory Authority: RCW 18.19.050(1), 97-17-113, § 246-810-030, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-810-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.060, 89-14-070 (Order PM 840), § 308-190-040, filed 6/30/89. Statutory Authority: RCW 18.19.050, 88-11-024 (Order PM 728), § 308-190-040, filed 5/11/88.]

WAC 246-810-031 Required disclosure information.

- (1) The following information shall be provided to each counseling client:
 - (a) Name of firm, agency, business, or counselor's practice.
 - (b) Counselor's business address and telephone number.
 - (c) Washington state registration or certification number.
 - (d) The counselor's name and type of counseling they provide.
 - (e) The methods or techniques the counselor uses.
 - (f) The counselor's education, training, and experience.
 - (g) The course of treatment where known.
 - (h) Billing information, including:
 - (i) Client's cost per each counseling session;
 - (ii) Billing practices, including any advance payments and refunds.
 - (i) The following language must appear on every client's disclosure statement:

"Counselors practicing counseling for a fee must be registered or certified with the department of health for the protection of the public health and safety. Registration of an individual with the department does not include a recognition of any practice standards, nor necessarily implies the effectiveness of any treatment."
 - (j) Clients are to be informed of the purpose of the Counselor Credentialing Act. The purpose of the law regulating counselors is: (A) To provide protection for public health and safety; and (B) to empower the citizens of the state of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct.
 - (k) Clients are to be informed that they as individuals have the right to choose counselors who best suit their needs and purposes. (This subsection is not intended to provide new rights by superseding those adopted by previous statutes.)
 - (l) Clients are to be informed of the extent of confidentiality provided by RCW 18.19.180 (1) through (6).
 - (m) Clients are to be provided a list of or copy of the acts of unprofessional conduct in RCW 18.130.180 with the name, address, and contact telephone within the department of health.
- (2) Signatures are required of both the counselor providing the disclosure information and the client following a statement that the client had been provided a copy of the required disclosure information and the client has read and understands the information provided. The date of signature by each party is to be included at the time of signing.
- (3) The department of health publishes a brochure for the education and assistance of the public. The department brochure may be photocopied and provided to each client in conjunction with the disclosure information required in this section. The brochure published by the department is insufficient, by itself, to meet the requirements of this section.

[Statutory Authority: RCW 18.19.050(1), 97-17-113, § 246-810-031, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-810-031, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.060, 89-14-070 (Order PM 840), § 308-190-041, filed 6/30/89.]

RCW 18.19.060 Information disclosure to clients.

Persons registered under this chapter shall provide clients at the commencement of any program of treatment with accurate disclosure information concerning their practice, in accordance with guidelines developed by the department, that will inform clients of the purposes of and resources available under this chapter, including the right of clients to refuse treatment, the responsibility of clients for choosing the provider and treatment modality which best suits their needs, and the extent of confidentiality provided by this chapter. The disclosure information provided by the counselor, the receipt of which shall be acknowledged in writing by the counselor and client, shall include any relevant education and training, the therapeutic orientation of the practice, the proposed course of treatment where known, any financial requirements, and such other information as the department may require by rule. The disclosure

information shall also include a statement that registration of an individual under this chapter does not include a recognition of any practice standards, nor necessarily imply the effectiveness of any treatment.

[2001 c 251 § 22; 1987 c 512 § 6.] NOTES: Severability -- 2001 c 251: See RCW 18.225.900.

RCW 18.19.180 Confidential communications.

An individual registered under this chapter shall not disclose the written acknowledgment of the disclosure statement pursuant to RCW 18.19.060 nor any information acquired from persons consulting the individual in a professional capacity when that information was necessary to enable the individual to render professional services to those persons except:

- (1) With the written consent of that person or, in the case of death or disability, the person's personal representative, other person authorized to sue, or the beneficiary of an insurance policy on the person's life, health, or physical condition;
- (2) That a person registered under this chapter is not required to treat as confidential a communication that reveals the contemplation or commission of a crime or harmful act;
- (3) If the person is a minor, and the information acquired by the person registered under this chapter indicates that the minor was the victim or subject of a crime, the person registered may testify fully upon any examination, trial, or other proceeding in which the commission of the crime is the subject of the inquiry;
- (4) If the person waives the privilege by bringing charges against the person registered under this chapter;
- (5) In response to a subpoena from a court of law or the secretary. The secretary may subpoena only records related to a complaint or report under chapter 18.130 RCW; or
- (6) As required under chapter 26.44 RCW.

[2001 c 251 § 24; 1991 c 3 § 33; 1987 c 512 § 11.] NOTES: Severability -- 2001 c 251: See RCW 18.225.900.

WAC 246-810-032 Failure to provide client disclosure information.

Failure to provide to the client any of the disclosure information as set forth in WAC 246-810-030 and 246-810-031, and as required by the law shall constitute an act of unprofessional conduct as defined in RCW 18.130.180(7).

[Statutory Authority: RCW 18.19.050(1), 97-17-113, § 246-810-032, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-810-032, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050, 88-11-024 (Order PM 728), § 308-190-050, filed 5/11/88.]

WAC 388-805-325 What are the requirements for patient record content?

The service provider must ensure patient record content includes:

- (1) Demographic information;
- (2) A chemical dependency assessment and history of involvement with alcohol and other drugs;
- (3) Documentation the patient was informed of the diagnostic assessment and options for referral or the reason not informed;
- (4) A report of a physical examination by a medical practitioner in accord with a nonresidential provider's policy on medical oversight, when a patient is at risk of withdrawal from barbiturates or benzodiazepines, or used intravenous drugs within thirty days of admission;
- (5) Documentation the patient was informed of federal confidentiality requirements and received a copy of the patient notice required under 42 CFR, Part 2;
- (6) Treatment service rules, translated when needed, signed and dated by the patient before beginning treatment;
- (7) Voluntary consent to treatment signed and dated by the patient, parent or legal guardian, except as authorized by law for protective custody and involuntary treatment;

- (8) Evidence of counselor disclosure information, acknowledged by the provider and patient by signature and date;
- (9) Evidence of a tuberculosis test and results;
- (10) Evidence of the HIV/AIDS brief risk intervention;
- (11) Initial and updated individual treatment plans, including results of the initial assessment and periodic reviews, addressing:
 - (a) Patient biopsychosocial problems;
 - (b) Short- and long-term treatment goals;
 - (c) Estimated dates for completion of each treatment goal;
 - (d) Approaches to resolve the problems;
 - (e) Identification of persons responsible for implementing the approaches;
 - (f) Medical orders, if appropriate.
- (12) Documentation of referrals made for specialized care or services;
- (13) At least weekly-individualized documentation of ongoing services in residential services, and as required in intensive outpatient and outpatient services, including:
 - (a) Date, duration, and content of counseling and other treatment sessions;
 - (b) Ongoing assessments of each patient's participation in and response to treatment and other activities;
 - (c) Progress notes as events occur, each shift in detox, and treatment plan reviews as specified under each treatment service of chapter 388-805 WAC; and
 - (d) Documentation of missed appointments.
- (14) Medication records, if applicable;
- (15) Laboratory reports, if applicable;
- (16) Properly completed authorizations for release of information;
- (17) Copies of all correspondence related to the patient, including reports of noncompliance;
- (18) A copy of the continuing care plan signed and dated by the CDP and the patient; and
- (19) The discharge summary.

[Statutory Authority: RCW 70.98A.060 and chapter 70.96A RCW. 00-23-107, § 388-805-325, filed 11/21/00, effective 1/1/01.]

WAC 388-805-330 What are the requirements for reporting patient noncompliance?

The following standards define patient noncompliance behaviors and set minimum time lines for reporting these behaviors to the appropriate court. Service providers failing to report patient noncompliance with court ordered or deferred prosecution treatment requirements may be considered in violation of chapter 46.61 or 10.05 RCW reporting requirements and be subject to penalties specified in WAC 388-805-120, 388-805-125, and 388-805-130.

- (1) For emergent noncompliance: The following noncompliance is considered emergent noncompliance and must be reported to the appropriate court within three working days from obtaining the information:
 - (a) Patient failure to maintain abstinence from alcohol and other non-prescribed drugs as verified by patient self-report, identified third party report confirmed by the agency, or blood alcohol content or other laboratory test;
 - (b) Patient reports a subsequent alcohol/drug related arrest;
 - (c) Patient leaves program against program advice or is discharged for rule violation.
- (2) For non-emergent noncompliance: The following noncompliance is considered non-emergent noncompliance and must be reported to the appropriate court as required by subsection (3) and (4) of this section:
 - (a) Patient has unexcused absences or failure to report. Agencies must report all patient unexcused absences, including failure to attend self-help groups. Report failure of patient to provide agency with documentation of attendance at self-help groups if under a deferred prosecution order or

required by the treatment plan. In providing this report, include the agency's recommendation for action.

- (b) Patient failure to make acceptable progress in any part of the treatment plan. Report details of the patient's noncompliance behavior along with a recommendation for action.
- (3) If a court accepts monthly progress reports, non-emergent noncompliance may be reported in monthly progress reports, which must be mailed to the court within ten working days from the end of each reporting period.
- (4) If a court does not wish to receive monthly reports and only requests notification of noncompliance or other significant changes in patient status, the reports should be transmitted as soon as possible, but in no event longer than ten working days from the date of the noncompliance.

[Statutory Authority: RCW 70.96A.090 and chapter 70.96A RCW. 00-23-107, § 388-805-330, filed 11/21/00, effective 1/1/01.]

WAC 388-805-520 What are the requirements for behavior management?

- (1) Upon application for a youth's admission, a service provider must:
 - (a) Advise the youth's parent and other referring persons of the programmatic and physical plant capabilities and constraints in regard to providing treatment with or without a youth's consent;
 - (b) Obtain the parent's or other referring person's agreement to participate in the treatment process as appropriate and possible; and
 - (c) Obtain the parent's or other referring person's agreement to return and take custody of the youth as necessary and appropriate on discharge or transfer.
- (2) The administrator must ensure policies and procedures are written and implemented which detail least to increasingly restrictive practices used by the provider to stabilize and protect youth who are a danger to self or others, including:
 - (a) Obtaining signed behavioral contracts from the youth, at admission and updated as necessary;
 - (b) Acknowledging positive behavior and fostering dignity and self respect;
 - (c) Supporting self-control and the rights of others;
 - (d) Increased individual counseling;
 - (e) Increased staff monitoring;
 - (f) Verbal de-escalation;
 - (g) Use of unlocked room for containment or seclusion;
 - (h) Use of restraints; and
 - (i) Emergency procedures, including notification of the parent, guardian or other referring person, and, when appropriate, law enforcement.
- (3) The provider must ensure staff is trained in safe and therapeutic techniques for dealing with a youth's behavioral and emotional crises, including:
 - (a) Verbal de-escalation;
 - (b) Crisis intervention;
 - (c) Anger management;
 - (d) Suicide assessment and intervention;
 - (e) Conflict management and problem solving skills;
 - (f) Management of assaultive behavior;
 - (g) Proper use of restraint; and
 - (h) Emergency procedures.
- (4) To prevent a youth's unauthorized exit from the residential treatment site, the provider may have:
 - (a) An unlocked room for containment or seclusion;
 - (b) A secure perimeter, such as a non-scalable fence with locked gates; and
 - (c) Locked windows and exterior doors.
- (5) Providers using holding mechanisms in subsection (4) of this section must meet current Uniform Building Code requirements, which include fire safety and special egress control devices, such as alarms and automatic releases.

- (6) When less restrictive measures are not sufficient to de-escalate a behavioral crisis, clinical staff may contain or seclude a youth in a quiet unlocked room which has a window for observation and:
 - (a) The clinical supervisor must be notified immediately of the staff person's use of a quiet room for a youth, and must determine its appropriateness;
 - (b) A chemical dependency professional (CDP) must consult with the youth immediately and at least every ten minutes, for counseling, assistance, and to maintain direct communication; and
 - (c) The clinical supervisor or designated alternate must evaluate the youth and determine the need for mental health consultation.
- (7) Youth who demonstrate continuing refusal to participate in treatment or continuing to exhibit behaviors that present health and safety risks to self, other patients, or staff may be discharged or transferred to more appropriate care after:
 - (a) Interventions appropriate to the situation from those listed in subsection (2) of this section have been attempted without success;
 - (b) The person has been informed of the consequences and return options;
 - (c) The parents, guardian, or other referring person has been notified of the emergency and need to transfer or discharge the person; and
 - (d) Arrangements are made for the physical transfer of the person into the custody of the youth's parent, guardian, or other appropriate person or program.
- (8) Involved staff must document the circumstances surrounding each incident requiring intervention in the youth's record and include:
 - (a) The precipitating circumstances;
 - (b) Measures taken to resolve the incident;
 - (c) Final resolution; and
 - (d) Record of notification of appropriate others.

[Statutory Authority: RCW 70.96A.090 and chapter 70.96A RCW. 00-23-107, § 388-805-520, filed 11/21/00, effective 1/1/01.]

WAC 246-810-040 Reporting of suspected abuse or neglect of a child, dependent adult, or a developmentally disabled person.

As required by chapter 26.44 RCW, all counselors must report abuse or neglect of a child, dependent adult, or developmentally disabled person when they have reasonable cause to believe that such an incident has occurred.

The report shall be made to the local law enforcement agency or to the department of social and health services at the first opportunity, but no longer than forty-eight hours after there is reasonable cause to believe that the child or adult has suffered abuse or neglect.

[Statutory Authority: RCW 18.19.050(1). 97-17-113, § 246-810-040, filed 8/20/97, effective 9/20/97. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.060. 89-14-070 (Order PM 840), § 308-190-042, filed 6/30/89.]

WAC 246-810-049 Sexual misconduct.

- (1) A counselor shall not engage in sexual contact or sexual activity with current clients.
- (2) Counselors shall not accept as patients or clients individuals with whom they have engaged in sexual contact or activity.
- (3) A counselor shall not engage in sexually harassing or demeaning behavior with clients.
- (4) Sexual contact or activity with a client, or an individual who has been a client within the past two years, constitutes unprofessional conduct.
- (5) Counselors shall never engage in sexual contact or activity with former clients, if such contact or activity involves the abuse of the counselor-client relationship.
 - (a) The department may consider the following factors in evaluating if the counselor-client relationship has been abusive:

- (i) The amount of time that has passed where there is no contact of any kind between counselor and client since therapy terminated;
 - (ii) The nature and duration of the therapy;
 - (iii) The circumstances of cessation or termination of therapy;
 - (iv) The client's personal history;
 - (v) The client's current mental status, emotional dependence and vulnerability;
 - (vi) The likelihood of adverse impact on the client and others; and
 - (vii) Any statements or actions made by the counselor during the course of therapy suggesting or inviting the possibility of a post termination sexual or romantic relationship with the client.
- (b) If a counselor engages in sexual contact or activity with a client more than two years after the last therapeutic session, the counselor has had no contact with the client during the two-year period, and the sexual activity is not abusive of the counselor-client relationship the department will not consider the relationship to be unprofessional conduct.

[Statutory Authority: RCW 18.19.050(1), 97-17-113, § 246-810-049, filed 8/20/97, effective 9/20/97.]

Print Name

Signature

Date

