



OREGON YOUTH AUTHORITY
Policy Statement
Part I – Administrative Services



Subject:

Assessment and Treatment Eligibility for Youth with Sexually Harmful Behavior

Section – Policy Number:

A: General Administration – 12.0

Supersedes:

Title/wording
change only
I-A-12.0 (4/14)
Number change
II-E-5.1 (7/11)

Effective Date:

11/19/2018

*Date of Last
Review/Revision:*

None

**Related
Standards
and
References:**

- ORS [419C.486](#) (Consideration of recommendations of committing court; case planning)
- ORS [420A.125](#) (Youth offenders; intake assessments; reformation plan; placement)
- Oregon Sex Offender Treatment Board: [Practice Standards and Guidelines for the Evaluation, Treatment, and Management of Juvenile Sex Offenders](#)
- [OYA policy](#): I-A-11.0 Assessment, Multidisciplinary Teams, and Case Planning
II-E-5.0 Youth Assessment for Risk of Sexual Reoffending - Facility
III-C-3.0 (Youth Assessment for Risk of Sexual Reoffending - Community)


**Related
Procedures:**

- None

Policy Owner:

Development Services Assistant Director

Approved


 Joseph O'Leary, Director

I. PURPOSE:

This policy provides guidelines for OYA staff to determine which OYA youth (on community supervision or housed in OYA facilities) may participate in assessment and treatment of sexually harmful behavior. It also delineates criteria and an authorization process for certain atypical assessment and treatment modalities.

II. POLICY DEFINITIONS:

Aversion therapy: A type of behavior therapy designed to modify undesirable or antisocial habits or addictions by creating a strong association with a disagreeable stimulus.

Clinical services team: A team of mental health practitioners who work collaboratively to make specific youth treatment decisions. Team members include a consulting psychologist, OYA Treatment Services supervisors, and applicable OYA Treatment Services coordinators.

Multidisciplinary team (MDT): A team of individuals working collaboratively to develop and maintain a comprehensive individualized case plan that is culturally competent and gender-specific for each youth committed to OYA. The MDT is based on a core team membership consisting of the youth, OYA primary case manager, placement representative, QMHP (facility)/treatment provider (community), tribal representative (for youth enrolled in one of Oregon's federally recognized tribes) and the parents/guardians. Additional team members are identified by the core team based on the youth's Risk Needs Assessment, identified criminogenic needs, and placement.

Penile Plethysmography (PPG): A type of phallometric testing to assess a person's sexual arousal patterns using non-pornographic audio and/or visual stimuli.

Visual Reaction Time Instruments: Instruments that use a person's visual reaction time to non-pornographic images to assess the person's sexual interest and calculate probability values that reflect the likelihood that the person has sexually deviant interests.

III. POLICY:

OYA strives to protect the public and reduce crime by holding youth accountable and providing opportunities for reformation in safe environments. Providing OYA youth with correctional behavioral treatment targeted at changing their high risk behaviors is essential.

OYA provides safe and effective intervention for youth who have demonstrated sexually harmful behavior, and follows the Oregon Sex Offender Treatment Board's [Practice Standards and Guidelines for the Evaluation, Treatment, and Management of Juvenile Sex Offenders](#) when feasible. The Standards and Guidelines cover a wide spectrum of treatment modalities; however, OYA is limited to what treatment may be provided in a juvenile corrections environment. OYA has adopted a standard juvenile sex offender treatment modality in its facilities.

Staff must obtain prior authorization to refer a youth for certain atypical treatment modalities or assessments mentioned in this policy.

IV. GENERAL STANDARDS:

A. Assessment and Treatment Eligibility for Youth with Sexually Harmful Behavior

A youth committed to OYA legal or physical custody may be assessed for and participate in treatment for youth with sexually harmful behavior if the youth was -

1. adjudicated for, or convicted of, a sex crime¹; or
 2. referred for a sex crime but adjudicated for, or convicted of, a non-sex crime, **and** the court made an acknowledgement or finding that there was sexual activity involved in the crime.
- B. Staff must follow OYA policy II-E-5.0 (Youth Assessment for Risk of Sexual Reoffending - Facility or III-C-3.0 (Youth Assessment for Risk of Sexual Reoffending - Community) when assessing a youth who meets the criteria described in section A.

C. Visual Reaction Time Instruments (e.g., Abel Assessment™ (AASI))

Staff must ensure the following criteria are met prior to referring a youth for this type of assessment:

1. The youth must be at least age 18;
2. The youth is in a community placement;
3. Staff must obtain the youth's consent to participate in the assessment as documented by the youth's signature in the case plan; and
4. The OYA clinical services team has authorized the assessment as described in section F.

D. Penile Plethysmography (PPG)

Staff must ensure the following prior to referring a youth for PPG:

1. The youth is at least age 18;
2. The youth is in a community placement;
3. The youth is post-pubescent and has at least one of the following indicators evidenced through legal history, an evaluation, or the youth's risk profile:
 - a) Pre-pubescent victims;
 - b) Three or more known victims;
 - c) Pairing of aggression and physiological arousal;
 - d) Self-report of deviant arousal; or
 - e) Offense history indicative of a persistent pattern of deviant sexual behavior.
4. The youth continues to report deviant sexual arousal after participating in sex offense-specific treatment;

5. The youth's multidisciplinary team (MDT) has reviewed the case and recommended a referral for PPG;
6. The youth has consented to participate in the assessment as documented by the youth's signature in the case plan;
7. The youth has agreed to pay for the PPG; and
8. The OYA clinical services team has authorized the PPG as described in section F.

E. Aversion Therapy

Staff must ensure the following prior to referring a youth for aversion therapy:

1. The youth has had a PPG or Visual Reaction Time assessment that has indicated deviant sexual arousal or deviant sexual interest;
2. The youth is in a community placement;
3. The youth is at least age 18;
4. The youth continues to report deviant sexual arousal after participating in sex offense-specific treatment;
5. The youth's multidisciplinary team (MDT) has reviewed the case and recommended a referral for aversion therapy;
6. The youth has consented to participate in the treatment as documented by the youth's signature in the case plan;
7. The youth has agreed to pay for the aversion therapy; and
8. The OYA clinical services team has authorized the aversion therapy as described in section F.

F. Approval for PPG, Aversion Therapy, and Use of Visual Reaction Time Instruments

1. Staff must provide the following information to the OYA sexually harmful behavior Treatment Services coordinator when seeking approval for a youth to participate in PPG, aversion therapy, or visual reaction time instruments:
 - a) A written request for PPG or aversion therapy describing how the youth meets the criteria established in sections C, D or E;
 - b) A summary of the youth's past treatment history;
 - c) A recommendation from the youth's current treatment

provider;

- d) A current mental health evaluation no older than one year;
 - e) If the youth is an adjudicated youth in a facility, the assigned juvenile parole/probation officer's (JPPO) input.
2. The OYA sexually harmful behavior Treatment Services coordinator must review the request with the OYA clinical services team.
 3. The OYA clinical services team may approve or deny the request. The approval or denial must be made in writing.
 4. Staff must record the approval or denial in the youth's JJIS notes.
- G. Any exception to this policy must be approved by the OYA director through the Development Services assistant director.

V. LOCAL OPERATING PROTOCOL REQUIRED: NO

¹ Youth adjudicated for (or convicted of) the following crimes are subject to assessments and treatment for sexually harmful behavior:

- Rape, sodomy, unlawful sexual penetration or sexual abuse in any degree;
- Incest with a child victim;
- Using a child in a display of sexually explicit conduct;
- Encouraging child sexual abuse in any degree;
- Transporting child pornography into the state;
- Paying for viewing a child's sexually explicit conduct;
- Compelling or promoting prostitution;
- Kidnapping in the first degree if the victim was under 18 years of age;
- Contributing to the sexual delinquency of a minor;
- Sexual misconduct;
- Possession of materials depicting sexually explicit conduct of a child in the first degree;
- Kidnapping in the second degree if the victim was under 18 years of age, except by a parent or by a person found to be within the jurisdiction of the juvenile court;
- Burglary, when committed with intent to commit any of the offenses listed above;
- Public or private indecency;
- Harassment, touch intimate part;
- Any attempt to commit any of the offenses listed above.