



# Oregon

Tina Kotek, Governor

## Psychiatric Security Review Board

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<b>SUBJECT:</b>	Expectations Regarding Sex Offender Treatment	<b>NUMBER:</b>	19-202
<b>AGENCY:</b>	Psychiatric Security Review Board	<b>EFFECTIVE DATE:</b>	April 30, 2020
<b>APPROVED:</b>	Alison Bort, JD, Ph.D., Executive Director		

### POLICY

**APPLICATION:** All PSRB Stakeholders, Including Community Providers and Attorneys

The Psychiatric Security Review Board requires that only providers certified by the Oregon Sex Offender Treatment Board (SOTB) and licensed as a mental health professional provide sex offense-specific treatment to clients the Board orders to receive such treatment. The PSRB strives to ensure that its clients receive services that address risk factors associated with recidivism, and best support reintegration into the community after discharge from the Board's jurisdiction.

The Board expects that all treatment interventions consider the client's level of care, access to potential victims, and that they adhere to the established practice standards and ethical guidelines provided by the Association for the Treatment of Sexual Abusers (ATSA). Sex offense-specific treatment for PSRB clients shall adhere to best practice "risk-need-responsivity" principles to ensure that clients with histories of perpetrating sexual abuse receive treatment commensurate with their identified risk and needs.

Treatment providers working with PSRB clients should be experienced and practiced in delivering services to specialized populations: specifically, those diagnosed with intellectual and/or developmental disabilities and/or severe and persistent mental illness.

In sum, the PSRB expects treatment providers to:

1. Review the client's exhibit file and consult with previous sex offender treatment providers before beginning individual treatment;
2. Use validated, actuarial measures and structured guides to assess the risk and needs associated with reoffending and to inform treatment recommendations.



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3. Provide individualized treatment plans for each client at the outset of treatment and periodically provide documentation of treatment progress. As clients progress through treatment, documentation should communicate when the client has achieved treatment goals and/or has successfully completed a program.
4. In cases involving recommended aftercare, indicate its appropriate duration, as well as the clinical rationale for all physiological and behavioral assessment procedures recommended during and after treatment. These include, but are not limited to: penile plethysmograph; aversive conditioning; visual reaction time; and polygraph.
5. Advise clients participating in all treatment modalities of the risks and benefits of the treatment intervention and obtain their written, informed consent to participate in treatment. When a client has a legal guardian, the guardian shall provide informed consent and the client shall offer his/her assent to participate in the treatment intervention(s).
6. On a regular basis, submit thorough documentation and clinical notes outlining the client's treatment goals and progress (or lack thereof) to the PSRB. The Board expects that all documentation related to treatment planning and progress meets professional standards: specifically, that they be clear and contain substantive content. The Board does not accept handwritten notes.