

Writing Examinations for PSRB's EDRT Population

ORS 426.701 / ORS 426.702

Recorded training • September 16, 2026

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**EDRT = Extremely Dangerous
and Resistant to Treatment**

a.k.a. PSRB Civil Commit • EDPs • 701s



PURPOSE

A practical guide to PSRB examinations

This recording is about how to prepare focused, timely, useful examinations under the updated rules.

1

Why the examination matters

The EDRT pathway, growth in this population, and why the written record carries so much weight.

2

The examiner's role

Treating clinician and professional source of objective information for the Board.

3

Timing + written record

Predictable due dates, no required fill-in template, and why reports do work testimony cannot.

4

How to organize the report

Jurisdictional analysis plus placement and community management, with reasoning that is easy to follow.

5

Jurisdictional criteria

Substantially similar, resistant to treatment, extreme risk, foreseeable future, and but-for commitment.

6

Placement + procedures

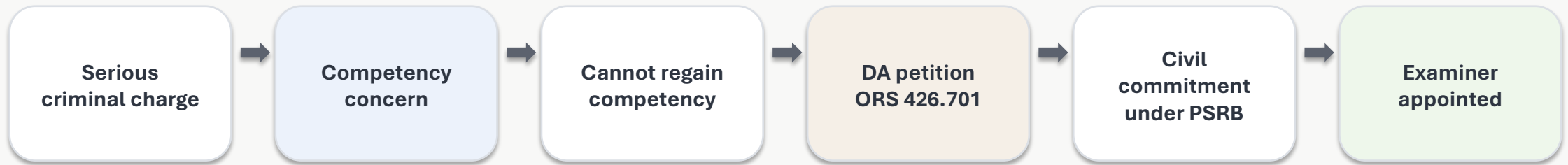
Evaluation requests, conditional release, existing CR plans, discharge/non-certification, and certification protests.

Goal: explain the clinical picture, show the reasoning, and help the Board and parties understand the decision before them.

PURPOSE

EDRT begins where the criminal process cannot continue

A narrow pathway for a distinct population.



The examination helps explain what remains, what has changed, and what is producing current stability.

PURPOSE

Small caseload • rapid growth • repeated commitments

A small population can still create a recurring examination workload.

57 Clients

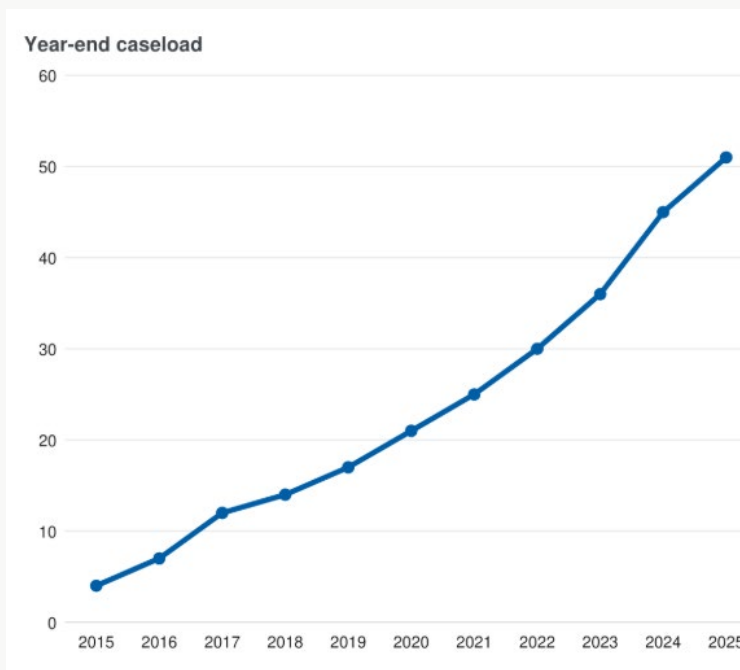
as of 8/31/2026

9 New Cases

in 2026 so far

40%

active cases with 3+ terms



Not one-off requests

Examinations are becoming a predictable part of the system.

Multiple partners

Hospital, community, Board, counsel, DAs, and courts rely on the written record.

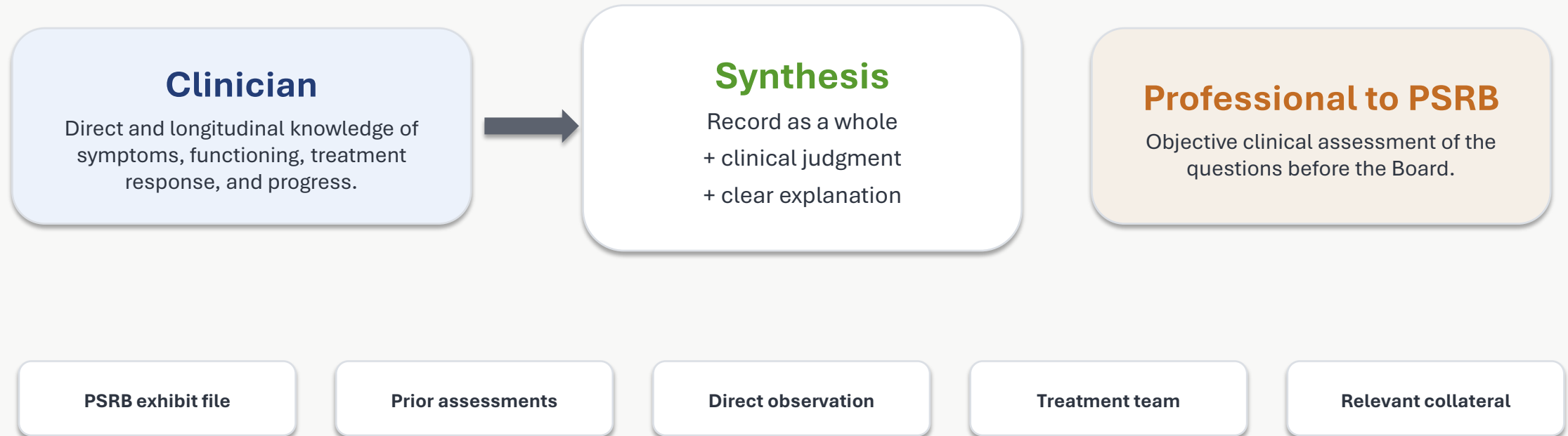
Repeated cycles

Initial and certification examinations recur across terms.

THE ROLE

The examiner has a dual professional role

Treating clinician and professional source of objective information for PSRB.



The goal is not advocacy. The goal is a fair, complete, clinically grounded account of the record.

What an examination is — and what it is not

The examination is not just another clinical record or risk tool. It is a synthesis for the PSRB decision.

NOT THE SAME AS

Progress note: Snapshot in time: care, symptoms, interventions, and current encounter.

Risk assessment / START / VRA: Structured information about risk and protective factors; useful, but not the examination itself.

Competency evaluation: Different legal question: ability to understand criminal proceedings and assist counsel.

Legal document: Not a legal brief, re-investigation, or substitute for Board findings.

PSRB EXAMINATION

Current professional synthesis of the relevant information

Uses clinical record, direct knowledge, prior assessments, risk information, and team observations

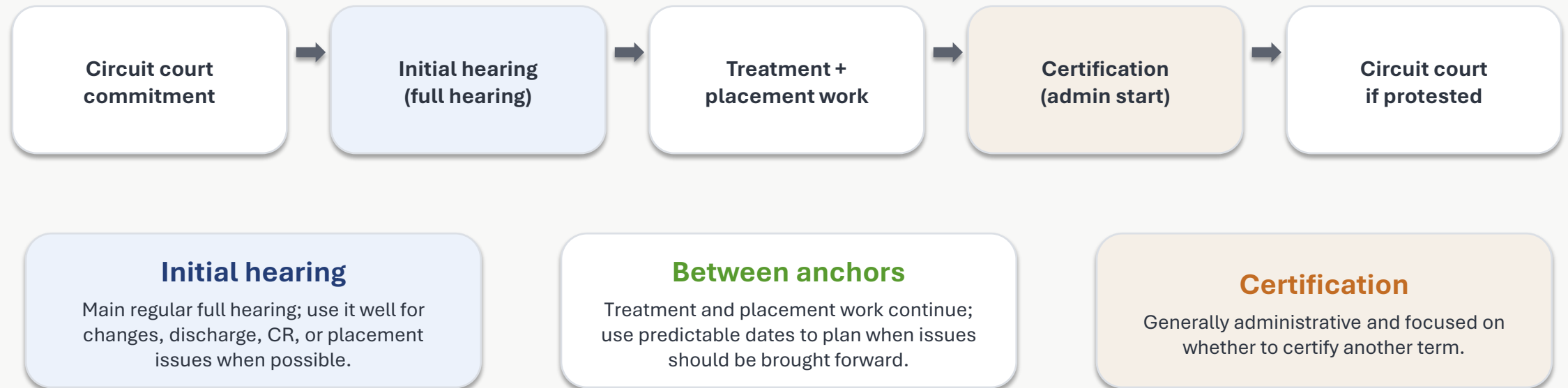
Explains symptoms, impairments, functioning, risk, supports, and treatment response

Provides a clear professional opinion and makes the reasoning visible

Use the records and tools available — but the examination must explain what they mean.

Use the hearing cycle as the anchor for examinations

Initial and certification examinations are predictable because the hearing cycle is predictable.



PREDICTABLE TIMING

Two dates should already be on the calendar

Calendar backward when the hearing or commitment term is set—not when the reminder arrives.

Initial hearing

Hearing date – 60 days
Required examination due

Certification

Term end – 120 days
Required examination due

OTHER TIMING POINTS

PSRB will send reminder emails, but will not use a required fill-in template.

Providers may develop their own format if the report contains required content and reasoning.

Discharge request: examination submitted with the request.

Generally no separate examination for OSH conditional release, modification, or revocation unless combined with an initial or discharge proceeding.

Why a written report if there may be a hearing?

The report does work that oral testimony cannot.

01 Fair notice + credibility

Parties and Board know the opinion and basis before hearing.

02 Required notices + decisions

Some opinions trigger pre-hearing processes and party decisions.

03 Carries forward

The examination remains in the working record; oral testimony may not.

04 Focused hearing

Testimony can clarify, update, and test the written analysis.

Oral testimony should elaborate and clarify the written record - not replace it.

Start with the PSRB exhibit file

The report should reflect the course over time—not only one interview or one note.

1

Review

Read the available record and prior assessments.

2

Integrate

Add direct observation, clinical knowledge, and relevant collateral.

3

Disclose

Identify and provide relevant outside documents relied upon.

4

Qualify

State significant limits in the information available.

The examination should synthesize the longitudinal record for the question before the Board.

Organize the examination around the Board questions

No required template — but the written report must make the reasoning easy to follow.

1. Jurisdictional analysis

Qualifying mental disorder

Treatment response

Substantially similar symptoms/behaviors

Risk, foreseeability, and but-for commitment analysis

2. Placement + community management

Why hospital structure remains necessary — or — why
community controls remain adequate

Connect CR opinions to the evaluation pathway

A concise report that explains the reasoning is more useful than a long report that repeats the record.

Do not treat the criteria like checkboxes

The Board needs a coherent description of how the pieces work together.

PROBLEM 1

Old templates encouraged box-by-box answers

Diagnosis + treatment resistance + risk is not enough

The report needs a clinical story

WORK TOWARD THE WHOLE PICTURE

QMD

Substantially
similar

RTT

Extreme +
foreseeable
risk

But for
commitment

Each concept informs the others, especially the but-for-the-commitment question.

PROBLEM 2

Using familiar clinical connotations

Ignoring rule definitions

Skipping written-content prompts

Underexplaining supports and risk

Use the rules and written-content prompts to describe the clinical pathway — not just the labels.

Substantially similar means clinically connected — not identical

Look for the meaningful pattern that links current symptoms or behaviors to the qualifying act.

AVOID

Requiring the exact same delusion, threat, or behavior
Treating improvement as the end of the inquiry
Using “no recent incident” as the whole analysis

ASK WHETHER THE RISK PATHWAY STILL RESEMBLES THE PRIOR PATTERN

Before
the act



Current
presentation



Clinical
resemblance
?

Less intense, partially treated, or more contained may still be clinically similar in the way that matters for risk.

EXPLAIN

Symptoms or behaviors that preceded the act
What is present now and what has changed
Why similarities or differences matter clinically
How current supports affect the presentation

TAKEAWAY: Substantially similar is a clinical-pattern question, not an identical-presentation test.

Resistant to treatment is broader than persistent symptoms

Explain treatment response and remaining functional impairment — do not rely on clinical shorthand.

NOT ENOUGH

- Difficult diagnosis
- Several medication trials
- Persistent symptoms alone
- “Treatment resistant” as a label
- Competent decision-making treated as trial competency

THE FUNCTIONAL QUESTION

After treatment is exhausted — or refused — what impairment remains?

Competent decision-making ≠ competency to stand trial
informed + safe decisions about illness, treatment, behavior, and risk

Awareness + control of dangerous behavior
recognize symptoms or risk and act to reduce/control risk to others

DESCRIBE

- Diagnosis/formulation and current symptoms
- Interventions attempted and duration
- Response: gains and remaining impairments
- Refusal, disengagement, or inconsistent participation
- Whether gains persist when support changes

TAKEAWAY: Explain what treatment changed, what impairment remains, and how that affects risk but for the commitment.

Extreme risk: legal standard + clinical translation

The cases set the legal backdrop; the rules identify the clinical information the Board needs.

State v. T.L.B.

Legal standard

- “Extreme” = very high degree
- Future violence described as highly likely
- Scientific certainty not required

State v. T.L.E.

Evidentiary record

- Severe symptoms persisted in hospital
- Symptoms associated with prior homicide
 - Threatening/aggressive behavior
- Formal risk assessment not legally required

Court standard → Board rules translate it into clinical questions → **Examiner explains the evidence and reasoning**

No prescribed forensic instrument substitutes for strong evidence and clear clinical reasoning.

Foreseeable future asks what the evidence reasonably supports

No fixed duration; a period reasonably foreseen based on the available evidence.

NOT

- Predicting a specific act
- Predicting a specific victim
- Choosing a fixed number of months or years
- Requiring certainty
- Assuming current stability automatically persists

RULE DEFINITION

“A period of time that can be reasonably foreseen based on the available evidence.”

Relevant period: when extreme-risk behavior can reasonably be anticipated if the person is not committed.

USE EVIDENCE ABOUT

- Pattern of symptoms and recurrence
- Response to medication or treatment
- History when structure decreased
- Ability to recognize and seek help
- Supports likely to remain or end

Foreseeability bridges what the record shows now to what the record reasonably supports expecting without the commitment.

“But for the commitment”: what is doing the work?

Current stability matters most when the examination explains what the stability depends on.

WHY IS THIS PERSON STABLE NOW?

INTERNAL GAINS

Changes the person increasingly carries with them:
Insight, coping, self-management, help-seeking
Safer decisions about illness, treatment, behavior, and risk
Gains maintained as independence increases

May support less restriction, less monitoring, or ending commitment

COMMITMENT-SUPPLIED PROTECTIONS

Safety supplied by structure, authority, or environment:
Required treatment, medication monitoring, supervision
Structured placement, restrictions, immediate intervention
Supports that have not yet been tested with less structure

May support continued structure, supervision, monitoring, or jurisdiction

TAKEAWAY: The same outward stability can point in different directions depending on what is doing the work.

Apply the but-for question realistically

Do not assume every support disappears — and do not assume every protection continues unchanged.



TAKEAWAY: Compare the realistic world with the commitment to the realistic world without it, then explain why the difference matters clinically.

Community evaluation requests are an administrative process

If OSH supports a community evaluation, request it before the hearing.

What the community needs

Shared system inputs for a meaningful conditional-release evaluation:

Risk Review privilege

Recent START

Violence risk
assessment

IDT med practitioner
progress note

ADMIN REQUEST

No hearing
required

WHY THIS MATTERS

- Initial hearing occurs around 6 months
- If approaching readiness, request early
- If more time may be needed, tell PSRB early
- PSRB may be able to coordinate a later hearing date

REQUEST: Do not use hearing time on an evaluation request that could have been handled administratively.

At OSH, process status is not a clinical explanation

Explain why hospital structure remains necessary — not only where the person is in the process.

AVOID

“The patient has not yet been taken to Risk Review.”

That describes process status. It does not explain the need for continued hospital placement.



EXPLAIN INSTEAD

Current symptoms or risk-related concerns

Treatment needs or dependence on hospital-level structure

What must change or what data is needed before readiness privileges are sought

Why the risk review process is an important step in placement decisions

The examiner's job is the clinical bridge between hospital-level care and community management.

On conditional release: does the plan still work?

Evaluate the existing community plan and actual community experience.

Functioning

Current stability, engagement, adherence, and community performance

Developments

Progress, concerns, destabilization, or changes relevant to ongoing control

Clinical opinion

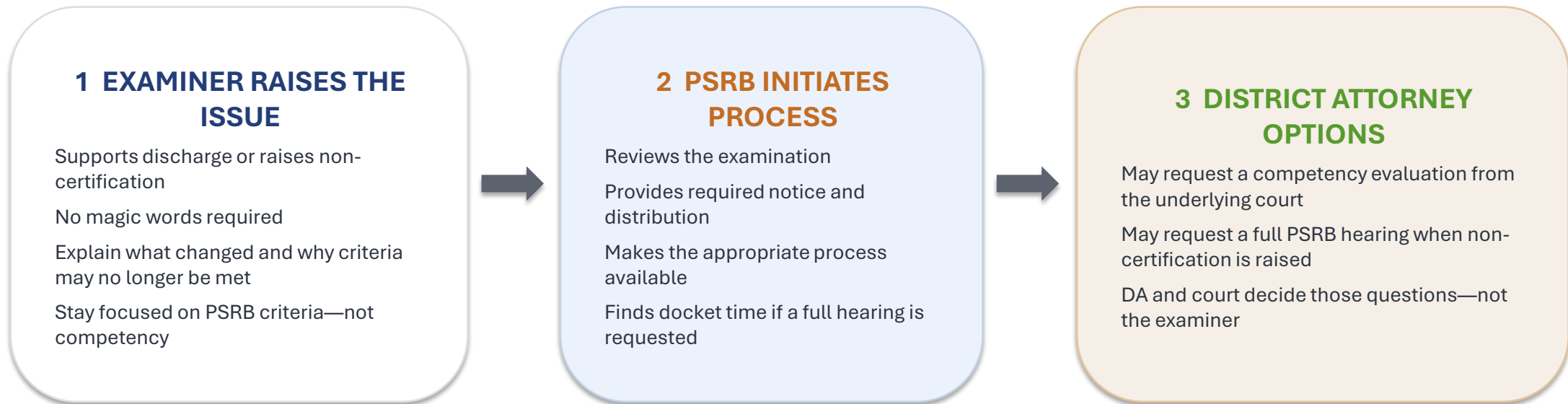
Whether continued conditional release remains clinically supported

A modification is a separate Board Request for Modification submitted by the delegated PSRB case monitor.

The examination may supply clinical context; it does not formulate the request.

When an examination supports discharge or non-certification

Explain your reasoning under this statute. PSRB and the parties determine what process follows.



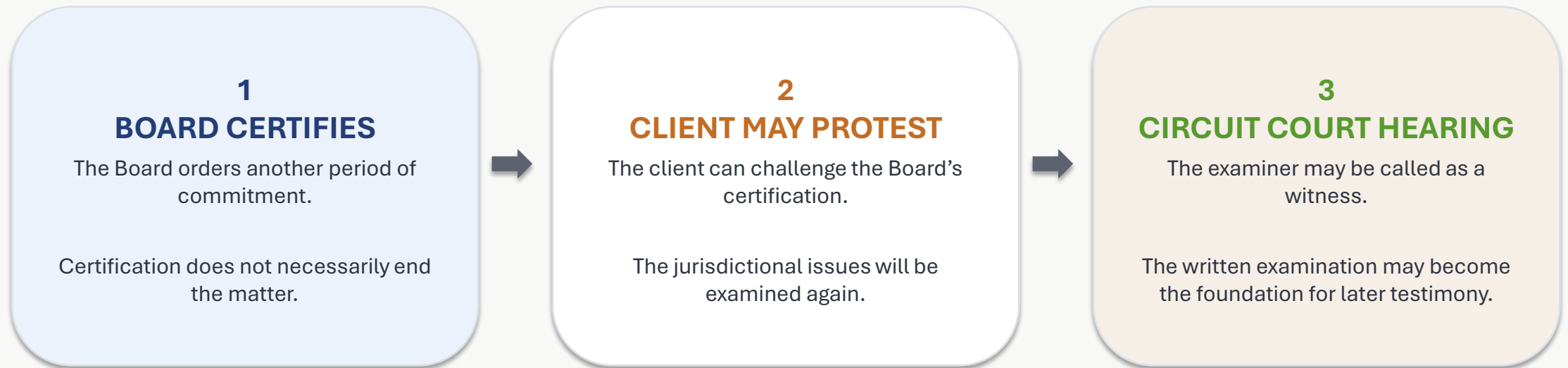
TIMING MATTERS: the parties need time to review, the DA needs time to decide, and PSRB needs time on the docket before the commitment ends.

Give the clinical analysis, give it on time, and leave the procedural decisions to PSRB and the parties.

CERTIFICATION

If the Board certifies, the client may protest the certification

A Board certification may be followed by a separate circuit court process on the same jurisdictional issues.



Write clearly and be prepared to testify consistently if certification is protested.

CLOSING

Thank you for the work you do

These examinations support recovery, due process, evidence-informed decisions, and public safety.

PARTNERSHIP

Training grew from questions raised by system partners
Clarifies what PSRB is looking for
Helps define each role in the process

RECOVERY

Identifies meaningful progress and internalized gains
Supports careful movement toward greater independence
Recognizes when less intervention may be appropriate

DUE PROCESS

Supports current, individualized evidence
Helps ensure continued commitment only while criteria are met
Gives parties a clearer record to understand and respond to

RESEARCH / DATA

Grounds opinions in the longitudinal record
Uses the best available clinical information
Makes reasoning visible, not label-driven

Together, these values support PSRB's public-safety mandate and accurate application of the commitment statute.