

# Psychosexual Evaluations & Consultation Services

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## Testimony in Support of HB2472

Chair Williamson, Vice Chair Gorsek and Sprenger, and Members of the Committee

My name is Elena Balduzzi. I am a psychologist licensed in Oregon, a Certified Sex Offender Therapist (CSOT) under the Sex Offender Treatment Board (SOTB), and a Subject Matter Expert (SME) for the Oregon Health Licensing Office. In the more than 25 years that spans my career, I have worked with juvenile sex abusers; “sexually dangerous” offenders; mentally disordered and developmentally disabled sexual abusers, as well as, criminal defendants facing sex offense allegations. Today, I am writing in support of HB2472, which amends ORS 675.360 to 675.410.

Passing HB2472 would establish that only certified licensed practitioners provide sex offense-specific treatment. As a psychologist, I am aware that some members of my discipline reject the notion that doctoral-level practitioners should be required to obtain additional “certification” to provide sex offense-specific treatment, citing ethical guidelines already in place with regard to practicing within one's scope of competence. While I agree that most psychologists would adhere to such codes of ethics, there is nothing that precludes a psychologist from claiming specialized knowledge and skills should they judge themselves competent to do so. Passing HB2472 would ensure that even psychologists meet minimum qualifications for treating sexual abusers and would compel all practitioners who choose to work with this challenging population to obtain relevant continuing education in order to stay current with rapid developments in the treatment and assessment of sexual abusers.

Additionally, passing HB2472 would rename the “Sex Offender Treatment Board” to the “Sex Offense Treatment Board.” This would bring the Board into alignment with current trends in nomenclature that focus on behavior rather than labels. Individuals, even those whose behaviors are deserving of broad social rebuke, are more than their worst actions. As such, it is appropriate that the Board's name reflect a cultural shift away from labeling people based on a single attribute.

Two other relatively minor changes reflect an effort to increase opportunities to those who wish to enter the field and increase access to treatment in rural communities. Specifically, it would establish an intern track to accomplish the former and rename the “secondary associate sex offender therapist” to “secondary clinical sex offender therapist” to better convey the clinical nature of the work.

In sum, by passing this legislation, the newly named Sex Offense Treatment Board would continue to regulate all mental health practitioners in Oregon who choose to provide sex offense-specific treatment to sexual abusers. Creation of a practice act would ensure that all sexual abusers receive treatment from individuals who have met minimum qualifications demonstrating competence in sex offense-specific treatment and compel certified practitioners to obtain a minimum of continuing education focused specifically on topics relevant to our specialized field. Passage of HB2472 advances the original intent of the legislators who created the SOTB to increase public safety by strengthening standards of practice for all those who choose to work with sexual abusers. I respectfully urge you to support HB2472. Thank you.

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