

Kari Hempel, PhD, LPC  
280 Court St. NE, Suite 205  
Salem, OR 97301  
503-208-4083  
[kari@effectivefoundationsllc.com](mailto:kari@effectivefoundationsllc.com)

## Testimony on HB 2472

This testimony is in **support** of HB 2472

Senator Prozanski, Vice Chair Thatcher, and Members of the Committee:

My name is Kari Hempel and I am a Licensed Professional Counselor and a Certified Clinical Sex Offense Therapist. I have been providing sex offense specific treatment to adults who have engaged in sexual offense behavior since 2008 and have co-owned and directed a sexual offense specific treatment program, Effective Foundations, since 2014. I have also served as a board member of the Oregon chapter of the Association for the Treatment of Sexual Abusers (OATSA) since November 2013 and have held the secretary office on that board since April 2015. I am testifying on behalf of myself.

Since its establishment with HB 3233, the purpose of the Sex Offender Treatment Board has always been to outline evidence-based standards of practice for sexual offense specific therapists and provide protections against unethical practice for all individuals receiving sexual offense specific treatment services. Creating the multi-tiered certification process for sexual offense specific providers has been a foundational step towards guarding against unethical clinical practices with this specialized population, but because it has remained a title act to this point, professionals can still engage in sexual offense specific treatment as long as they do not give themselves the title Sex Offender Therapist. HB 2472 would take us much farther toward the goal of preventing and addressing unethical clinical practices with those who have committed sexual offenses, by prohibiting anyone who is not certified through the SOTB from providing sexual offense specific treatment. HB 2472 recognizes that sexual recidivism, and hence public safety, is most successfully addressed when those who have committed sexual offenses receive treatment from professionals who are trained in *both* general mental health treatment, as well as the specialized risk assessment and treatment needs of this population.

To be clear, this legislation is *not* prohibiting a licensed mental health professional from providing treatment services to patients/clients whom present with sexual issues or concerns. The prohibition is narrow and specific to those providing sexual abuse specific treatment - defined as the evaluation, assessment, and reformation of sexual offense issues - to individuals referred or mandated to sexual abuse specific treatment by governmental agencies (e.g., Board of Parole & Post Prison Supervision, community corrections agencies, Department of Human Services) or similar entities (e.g., university/college).

HB 2472 also establishes an intern certification level for providing sex offense specific treatment, which addresses a gap in the current certification system between when a person graduates from their master's program but does not yet have enough clinical experience or

training hours to earn their Associate level certification. Intern tracks are common in all mental health licensing processes and in order to make it financially and logistically feasible to bring new clinicians into this sub-field, such an intern certification level must be made available. This will be especially necessary once this becomes a practice act, as is the goal with HB 2472.

The intern certification level, along with the Secondary Clinical Sex Offense Therapist certification level, also both increase the demographic breadth of clientele who can be ethically served by sexual offense specific treatment. Our sub-field currently struggles with minimal cultural diversity amongst our treatment providers, which is a poor match for our highly diverse client demographics. The intern certification level allows for more accessibility into the field as a new clinician, thus hopefully providing more cultural diversity amongst providers. Likewise, the Secondary Clinical level allows for more seasoned general mental health providers who may be a better cultural match with a client to provide sexual offense specific treatment while under the supervision of a Clinical level therapist.

Finally, HB 2472 makes two language revisions. First, renaming “Secondary Associate Sex Offender Therapist” to “Secondary Clinical Sex Offender Therapist” in order to better identify that it represents a level of training and experience greater than the Associate level but less than the Clinical level, i.e. it is secondary to the clinical level, rather than secondary to the associate level. And second, renaming “Sex Offender Treatment Board” to Sex Offense Treatment Board” and replacing all uses of the term sex “offender” throughout the certification level system to sex “offense.” This language adjustment reflects a previous change in the purview of the Sex Offender Treatment Board, which extends its oversight to providers working with anyone who has engaged in sexual offense behavior, even if they have not been convicted of a sexual offense and hence earned the legal status of “sex offender.”

Respectfully submitted,



Kari Hempel, PhD, LPC