



## Adult Probation and Mental Health Diversion Referrals to the Sexual Behaviours Clinic (SBC)

### Who can refer?

- Probation officers and mental health diversion workers.
- For YCJA individuals, contact Intake Coordinator at 416-535-8501 ext. 32510 **BEFORE** referring
- The clinic **DOES NOT** accept referrals from CAS or lawyers.

### Intake Criteria:

- We only accept referrals for patients who score 1 and above on the STATIC-99R.

### Important to note:

- Phallometric testing is only completed if deemed clinically relevant and if the patient consents

### The SBC **DOES NOT** offer services to people:

- With pending sexual or sexually motivated offence charges, or who are appealing a conviction.
- Who are seeking a risk assessment or a parenting capacity assessment.

### Referrals must include:

- CAMH [electronic form](#) (list “Probation referral for Sexual Behaviours Clinic” as reason for referral)
- Complete **ALL** pages within this referral package.

### Other documents to include:

- Pre-sentence reports, risk assessments, psychiatric reports, psychological testing, probation orders, any other relevant documents or assessments.

### How to submit your referral?

Send to Access CAMH by completing the [electronic form](#) and attaching this referral package.

If you have questions about making a referral, please call 416-535-8501 Ext: 32510.

# What to Expect at the SBC

## Step 1:

Complete an Intake Assessment with one of our clinicians



## Step 2:

Schedule recommendations from your assessment, as you and your PO see fit.

These may include:

### Phallometric Testing



(See consent form for details)

### Medication Consultation



(Sex drive reducing medication only)

### Group Therapy



(Ask assessing clinician for details)

## Step 3:

Attend any of the above that you have been scheduled for

Follow-up on any other recommendations made in your Intake Assessment

## Legal History Sexual Behaviours Clinic (SBC)

Client/Patient name: \_\_\_\_\_ DOB: \_\_\_\_\_

Reminder to complete the Access CAMH referral form located here:  
[electronic form](#) and attach this package to it.

**\*\*Please TYPE and answer ALL questions\*\***  
*(Failure to do so may result in referral being delayed or refused).*

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### Referral Eligibility

- Reason(s) for Referral:  
 Assessment    Treatment    Sex drive reducing medication    Phallometric testing
- If treatment is recommended, will this patient be attending the SBC for treatment?  
 Yes    No
- Is the patient appealing their conviction? *Note: we **do not** accept referrals when the patient is appealing their conviction:*  
 Yes    No
- Does the patient have outstanding legal charges (i.e. charges with no disposition)? *Note: we **do not** accept referrals for outstanding charges that are **sexual** in nature:*  
 Yes    No

If yes, describe:

5. STATIC 99R score: \_\_\_\_\_

6. STABLE 2007 score: \_\_\_\_\_

### Current Conviction(s)

7. List out current conviction(s): \_\_\_\_\_

8. Length of custodial sentence: \_\_\_\_\_

9. Date of release from custodial sentence: \_\_\_\_\_  
(dd/mm/yyyy)

10. Length of probation sentence: \_\_\_\_\_

11. Date probation will be completed: \_\_\_\_\_  
(dd/mm/yyyy)

12. Number of victims: \_\_\_\_\_

13. Age(s) of victims: \_\_\_\_\_

14. Sex of victim(s): \_\_\_\_\_

15. Relationship to victim(s): \_\_\_\_\_

16. Has the patient lived /cohabitated with a romantic partner for 2+ years: Yes No

17. Description of index offence:

Include details on what, when and on how many occasions it occurred. For charges related to Child Sexual Exploitation Material (CSEM) include the number of images/files and age/sex of victims.

*Attach a separate page if you run out of room.*

**Prior Offence(s):**

18. Is the patient a first time offender?

Yes No

If no, based on the official criminal record list **all** prior charges and convictions (including non-sexual offending, withdrawn, dismissed, acquitted, and not guilty findings):

	Disposition Date (dd/mm/yyyy)	Offence	Disposition
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

If you require more room, please attach an extra page.

**Detailed summary of past offence(s):**

19. Provide a detailed summary of all sexual, sexually motivated, and violent prior offending behavior, including convictions and withdrawn/dismissed charges:

*Attach a separate page if you run out of room.*

**Previous Treatment Information:**

20. Has the patient previously been involved in assessment or treatment specific to sexual offending?  
Yes No

If yes, with whom and when:

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Attach any relevant assessment report / treatment summary report to referral (if appropriate).

21. Is the patient **currently** involved in treatment specific to sexual offending?  
Yes No

If yes, with whom and when is the expected end date?

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**Additional Information**

22. Please share any other significant information that you think would be helpful for us to have (i.e. mental health concerns, Developmental Delay, risk level, substance use):

*Attach a separate page if you run out of room.*

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

## Virtual Appointment Scheduling

A virtual appointment requires the patient to have access to:

- A smart phone / tablet / computer with a camera and microphone
- Access to a strong internet connection
- A private space for approximately 2-3 hours

Can this patient attend a virtual appointment?

- Yes
- No

If yes, provide an email for our staff to connect directly with this patient to schedule the initial assessment.

Email for patient: \_\_\_\_\_

This email will be used to send:

- Appointment details
- Virtual appointment link
- Registration forms and assessment consent form

### **Patients who are unable to attend a virtual appointment**

Our staff will connect with you, the referral source, directly when we are ready to schedule the initial assessment. You will be provided with an appoint date and time, required forms and directions to give to the patient to attend an in person appointment.

**SEXUAL BEHAVIOUR CLINIC**  
**INFORMED CONSENT FOR ASSESSMENT**

**Client Name:** \_\_\_\_\_

**Name of clinician obtaining consent:** \_\_\_\_\_

**The assessment has been requested by (choose one):**

Probation/Parole Officer  Mental Health Diversion  Physician  Police  Other: \_\_\_\_\_

**Assessment Goals**

The assessment is being done for us to see if you have a possible sexual disorder or other mental health problem. If needed, we will make recommendations for further treatment and/or assessment. We may also make comments about risk for future violent and/or sexual reoffence.

**Content of Assessment**

The assessment will involve at least one interview where we will ask questions in a number of areas during the assessment, such as:

- Family and childhood experiences; Educational and employment experiences; Relationship, sexual history, behaviours relating to substance use, violence, crime, gambling, etc.; Mental and physical health issues.
- You may be referred for phallometric testing (penile plethysmograph testing), as part of this assessment. If a referral is made, the nature, risks and benefits of the testing will be explained to you and you will be asked whether you choose to participate. Should you choose to participate in phallometric testing, the results of the test will be included in your assessment report.
- If you are participating in this assessment as part of probation/parole conditions, an estimate of your risk for sexual and/or violent reoffence may be included in your final report.

**Limits of Confidentiality**

As you will be discussing very personal issues during the assessment, all possible efforts will be made to keep what you say completely confidential. However, there are some special situations under which your assessment results will not be kept confidential. Here are some examples;

1. All assessment cases are discussed internally among the Sexual Behaviour Clinic (SBC) treatment staff. This sharing allows for providing information to other members of the team that may be involved in your case. It also allows for case consultation to assist in ensuring that the best plan is in place for you.
2. At the end of the assessment, a report will be written and it will be placed in the CAMH medical record. If you were referred by a physician or an agency this report will be sent to the referral source. Alternatively, if you were referred by your Probation or Parole officer, the report will be sent to your Probation or Parole Officer.



In addition to the above, information will not be released to anyone outside CAMH, except under special circumstances and as permitted, or required, by law. Examples of these special circumstances include:

- You sign a consent form for the information to be shared with someone else, for example, your family physician or lawyer. If the assessment is being done remotely and you have not previously signed a consent form, your verbal consent is required and will be documented;
- The information is subpoenaed or ordered by a court, where the judge determines that your record is relevant to the civil (divorce, child custody matters or a lawsuit for example) or criminal proceedings at any time;
- Members of the SBC treatment staff have reasonable grounds to believe that disclosing your information is necessary to eliminate or reduce a significant risk of bodily harm to yourself or others;
- You report anything that may be a concern to the safety or well-being of children. The Ontario Child, Youth and Family Services Act requires that this be reported to the Children's Aid Society. This can include (but is not limited to) having sexual interest in children and/or a history of sexual offending against a child, and having unsupervised contact with children. If you report previously unreported abuse against a child (and the person is still a child) we are also required to report this to child protective services.
- You report anything that suggests someone is being abused or neglected in a long-term care or retirement home.
- You disclose past or present sexual abuse by a member of a regulated health discipline. Your assessor may need to report the abuse to the appropriate professional college. The report to the professional college will (1) be done with your knowledge and (2) will include your name, only with your written consent;
- Your assessors' governing body (eg. The College of Psychologists of Ontario) may audit files for purposes of quality assurance
- If you are under the supervision of the Ministry of the Solicitor General (provincial probation and parole), please be advised that the Ministry's policy is to notify the police if you disclose prior unreported criminal activity. This is not the policy of this clinic, however if you share this information with us and it is documented in your report, your probation/parole officer may be required to notify their supervisor and/or the police as a result.

Consistent with CAMH policy, photographs and/or recordings of clinical encounters (including when services are provided remotely) are prohibited without clear and express permission from each person involved (staff and/or clients), prior to the photograph and/or recording.

### **Risks and Benefits of Participating in the Assessment**

In participating in the assessment you will be asked to discuss, explore, and reflect on challenging and emotionally difficult issues. This may be difficult at times and you may feel a range of emotions as a result. However, active participation will assist the interviewer in determining the nature of your behaviour and to make appropriate recommendations.

There are some additional considerations when the assessment is done remotely. While the TeleMental Health session will occur over a secure encrypted network (i.e. OTN, Webex), there are still potential privacy and security risks (as with many other types of technology). Such risks may include: interruptions, technical difficulties, and unauthorized access (e.g. health information being intercepted or

unintentionally disclosed). In order to improve privacy and confidentiality, you should also take steps to participate in this virtual care encounter in a private setting and should not use someone else's computer/device as they may be able to access your information.

**Ability to Withdraw**

You may choose at any point to withdraw from the assessment and/or refuse to answer certain questions. That information will be noted in the report and will be provided to your referral source (e.g., probation officer or physician). This may make it more challenging to provide an accurate assessment of your sexual behaviour and may make decision making about your treatment more challenging.

**CONSENT AGREEMENT:** I have read and agree with the conditions of assessment as outlined in this assessment consent form. I have been given the opportunity to ask questions about the assessment, and any questions I have asked have been answered to my satisfaction. Being aware of the conditions, expectations, risks, benefits, and process of assessment, I agree to participate in the assessment. I understand that I can withdraw my consent at any time.

\_\_\_\_\_  
Name of Client/Substitute Decision Maker (circle one)

**X**  
\_\_\_\_\_  
Signature of Client/Substitute Decision Maker (circle one)

\_\_\_\_\_  
Date

### CAMH CONSENT TO PHALLOMETRIC TESTING

In order to assist in determining my sexual arousal patterns, it has been recommended that I take the penile plethysmograph (PPG). This testing is meant to evaluate my sexual interests and arousal patterns. This test cannot be used to decide my guilt or innocence regarding any specific offense I may have been accused of or committed. The benefits of this test include the possibility of determining an atypical sexual preference, which may help in beginning to discuss my sexuality. These test results may also help guide treatment and/or risk management planning.


PPG testing indirectly measures blood flow in the penis through air pressure changes in a small cylinder. The technician will help guide the placement of a small cylinder over my penis in the privacy of a dimly lit assessment room, explaining each step as it is put in place. Once the equipment is in place and secured the technician will cover my mid-section with a sheet. Occasionally during the test, the technician may enter the assessment room to make necessary adjustments of the cylinder to optimize the set up. The technician may be required to physically hold the inflatable cuff against my abdomen to ensure there is an optimal set up. Although a rare occurrence, there exists the possibility in ensuring an optimal setup, that the technician may come into contact with my genital area directly.

I understand that I may be asked questions about my sexual history and current sexual behaviours by the PPG technician. Sexual stimuli will be shown to me in a variety of forms. Commonly used stimuli can include, but are not limited to, taped verbal descriptions (presented to me over headphones), and/or still pictures (projected on a screen in front of me).

The stimuli will show nude males and females of varying ages in standing or seated poses, and/or audiotaped stories of sexual interactions between males and females of varying ages. In the test for coercive preferences, audiotaped stories may involve descriptions of force or violence. However, I may find some of the stories, as well as some of the pictures, to be offensive.

The test will take about two hours. The assessment takes place in a lab with two adjoining rooms. I will be seated in one room and the technician will be in the next room, where all the monitoring and measuring equipment is located. After I have been seated, the technician will have visual and voice contact with me using an intercom and closed-circuit TV system (focused on the upper half of my body). No video or audio recording will be made of any session without my permission/consent.

During the test, my sexual response will be monitored and recorded. I understand that I must listen to and/or watch the material presented in order to have an accurate evaluation. I understand also that it is my responsibility to cooperate throughout the entire assessment. The degree of cooperation will be included in the official report.



I understand this assessment procedure can provide detailed information regarding my sexual interests and arousal patterns. This information can later be used to more effectively evaluate and direct my treatment. The results of this test may also be used as part of a more detailed assessment of risk to reoffend sexually.


Results from my test can be used to calibrate the PPG equipment. Before results obtained from new equipment are used to make clinical decisions, they are compared with the current equipment. To collect information from the current and new equipment at the same time, the tube connecting the cylinder to the current equipment is split so it can also connect to the new equipment. I understand that:

- The process of calibrating new equipment does not change my experience in the test;
- My assessment results will be pooled with other clients results to make comparisons between the two sets of equipment;
- Only results from the current equipment will be used and reported in my assessment;
- I will not have access to results from the new equipment being calibrated.

If I have any questions about this evaluation or the information obtained from the evaluation, I will have the opportunity to talk about it with the technician during the evaluation or later with a staff member from the Sexual Behaviours Clinic.

#### Limits to Confidentiality

- You sign a consent form for the information to be shared with someone else, for example, your family physician or lawyer;
- The information is subpoenaed or ordered by a court, where the judge determines that your record is relevant to the civil (divorce, child custody matters or a lawsuit for example) or criminal proceedings at any time;
- Members of the SBC staff have reasonable grounds to believe that disclosing your information is necessary to eliminate or reduce a significant risk of serious bodily harm to yourself or others;
- You report anything that may be a concern to the safety or well-being of children. The Ontario Child, Youth and Family Services Act requires that this be reported to the Children's Aid Society. This can include (but is not limited to) having sexual interest in children and/or a history of sexual offending against a child, and having unsupervised contact with children. If



you report previously unreported abuse against a child (and the person is still a child) we are also required to report this to child protective services.

- You report anything that suggests someone is being abused or neglected in a long- term care home.
- You disclose past or present sexual abuse by a member of a regulated health discipline. Your assessor may need to report the abuse to the appropriate professional college. The report to the professional college will (1) be done with your knowledge and (2) will include your name, only with your written consent;
- Your assessors' governing body (e.g. The College of Psychologists of Ontario) may audit files for purposes of quality assurance
- If you are under the supervision of the Ministry of the Solicitor General (provincial probation and parole), please be advised that the Ministry's policy is to notify the police if you disclose prior serious unreported criminal activity. This is not the policy of this clinic, however if you share this information to us and it is documented in your report, your probation/parole officer may be required to notify their supervisor and/or the police as a result

Consistent with CAMH policy, photographs and/or recordings of clinical encounters are prohibited without clear and express permission from each person involved (staff and/or clients), prior to the photograph and/or recording.

I understand that I may withdraw my consent or stop the test at any time. I realize that by refusing or withdrawing my consent, I may reduce the ability of my assessors/treatment providers to give the best and most effective treatment and/or assessment.

My signature below indicates that I have read this consent form, or it has been read to me, and I am agreeing to participate in this assessment. I understand the information provided in the form and have had all my questions about the evaluation answered. I also understand that data obtained in this evaluation may be used for research and/or program evaluation purposes. All personal and identifying information about me will remain confidential.

Name: \_\_\_\_\_ Witness name: \_\_\_\_\_

Signature: \_\_\_\_\_ Witness signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Do you agree to have your data anonymously used to calibrate our equipment?  Yes  No

Have you had phallometric testing before?  Yes  No

If yes, location & date of previous testing:

\_\_\_\_\_

Client declines consent for phallometric testing



**BI-DIRECTIONAL CONSENT FOR DISCLOSURE OF PERSONAL HEALTH INFORMATION**

I \_\_\_\_\_  
Client/Patient Name: (Print Last Name, First Name)

hereby authorize \_\_\_\_\_ to disclose and receive personal health information

to/from Sexual Behaviours Clinic - Centre for Addiction and Mental Health (CAMH)

of 1001 Queen Street W. Toronto Ontario M6J 1H4  
Street Address City Province Postal Code

from the records of:

\_\_\_\_\_  
Print Client/Patient Name Date of Birth (dd/mm/yyyy) Health Card #

\_\_\_\_\_  
Street Address City Province Postal Code

I consent to the following specific information to be disclosed (please check all appropriate items):

- Mental health/addictions admission history
- Medical history (including lab results, ECGs, and urine drug screens)
- Progress notes during the time period below \_\_\_\_\_
- Medical and/or psychiatric consultation reports
- Discharge summary
- Medications summary
- Other (Please Specify): \_\_\_\_\_

How may this information be released (choose all that apply)?  Verbally  Photocopy

\_\_\_\_\_  
Signature of Witness Signature of Client/Patient

\_\_\_\_\_  
Print Name of Witness (if other than client/patient, print name and state relationship)

Date: \_\_\_\_\_  
(dd/mm/yyyy)

Additional Instructions: \_\_\_\_\_

**This authorization may be withdrawn in writing at any time.**  
All Consent for Disclosure of Personal Health Information forms must be delivered to the Health Records department to be processed. An administrative fee may be applied to cover photocopying and related costs.

**FOR INTERNAL HEALTH RECORDS/CLINICAL STAFF USE ONLY**  
INFORMATION RELEASED BY:  Verbal Communication  Mail  Fax