Colorado Domestic Violence
Offender Management Board

STANDARDS FOR TREATMENT WITH COURT ORDERED DOMESTIC VIOLENCE OFFENDERS

Colorado Department of Public Safety
Division of Criminal Justice
Office of Domestic Violence and Sex Offender Management

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Introduction

The Colorado Domestic Violence Offender Management Board (hereafter Board) was created by the General Assembly in the Colorado Department of Public Safety in July 2000 pursuant to Section 16-11.8-103, C.R.S. The legislative declaration in the Board's enabling statute states that the consistent and comprehensive evaluation, treatment and continued monitoring of domestic violence offenders at each stage of the criminal justice system is necessary in order to lessen the likelihood of re-offense, to work toward the elimination of recidivism and to enhance the protection of current and potential victims (§16-11.8-101 C.R.S.). The Board was charged with the promulgation of standards for the evaluation, treatment and monitoring of convicted domestic violence offenders and the establishment of an application and review process for approved providers who provide services to convicted domestic violence offenders in the state of Colorado.

The Board is committed to carrying out its legislative mandate to enhance public safety and the protection of victims and potential victims through the development and maintenance of comprehensive, consistent and effective standards for the evaluation, treatment and monitoring of adult domestic violence offenders. The Board will continue to explore the developing literature and research on the most effective methods for intervening with domestic violence offenders and to identify best practices in the field.

1.0 Domestic Violence Offender Management Board Members

To contact the Board, request copies of these *Standards,* the Approved Provider List, a new application, or to receive DVOMB meeting notices, please contact the DVOMB Staff at:

Domestic Violence Offender Management Board
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The Domestic Violence Offender Management Board consists of the following members as of April 2005.

Division Chief Tony G. Spurlock, Chairperson
Representing Law Enforcement
Douglas County Sheriff's Department

Eric Philp, Vice Chairperson
Representing the Judicial Department
Division of Probation Services

Peter Di Leo, LPC, CAC II
Representing Licensed Professional Counselors
Approved Provider

Timothy L. Johnson, Esq.
Representing Prosecuting Attorneys
Boulder County District Attorney's Office

The Honorable Gilbert A. Gutierrez
Representing Judges
19th Judicial District

Zoe Henry
Representing the Colorado Department of Regulatory Agencies

Ruth Glenn
Representing the Colorado Department of Human Services

Trish Thibodo
Representing Domestic Violence Victims and Victim's Organizations
Colorado Coalition Against Domestic Violence

Ed Marshall, Psy.D.
Representing Licensed Psychologists
Approved Provider

Margaret Abrams
Representing Urban Coordination of Domestic Violence Victim Advocacy
2nd Judicial District Attorney's Office

Bitten Skartvedt, LCSW
Representing Licensed Social Workers
Evaluator, 6th Judicial District Probation Department
Approved Provider

Anne Tapp
Representing Domestic Violence Victims and Victim's Organizations
Safehouse Progressive Alliance for Nonviolence

Jill McFadden
Representing the Department of Public Safety/Division of Criminal Justice
Office of Domestic Violence and Sex Offender Management

Diane Moore
Representing Rural Coordination of Domestic Violence Victim Advocacy
Advocates Against Battering and Abuse

Steve Landman, LMFT, LCSW, CAC III
Representing Licensed Marriage and Family Therapists
Approved Provider

Arlene Raigoza, CAC III
Representing Unlicensed Mental Health Professionals
Approved Provider

Dennis McGuire, Esq.
Representing Public Defenders
Colorado Springs Public Defender's Office

Chris Robertson
Representing the Department of Corrections

2.0 Historical Perspective

Domestic violence offenders were treated on a voluntary basis prior to 1979, as no formal court referral system existed. In 1979, the Jefferson County District Attorney's Office in conjunction with Women in Crisis began a domestic violence program for individuals criminally charged. The following year, Alternatives to Family Violence, an Adams County treatment program, assisted in the development of a referral system for offenders from municipal court; however, there were no formal standards governing the treatment of those who were referred.

In 1984, the Denver Consortium helped institute a mandatory arrest policy in Denver. As a result of increased arrests, additional offenders were referred for treatment increasing the need for providers to work with domestic violence offenders. Community members, including representatives of victim services, treatment agencies, and the criminal justice system, became concerned that the treatment provided to these offenders was inconsistent.

As a result of these concerns, a statewide committee on intra-agency standards was formed that included both urban and rural groups. Experts in the field of domestic violence contributed information to the committee. In 1986, written treatment standards were completed and approved by the Service Provider's Task Force, a subcommittee of the Colorado Coalition Against Domestic Violence, formerly the Colorado Domestic Violence Coalition.

In 1987, Representative John Irwin, with support of the domestic violence community, successfully proposed a law mandating treatment for all people convicted of a crime with an underlying factual basis of domestic violence (§18-6-803, C.R.S.). In addition to mandated treatment, the new law established the State Commission, appointed by the Chief Justice of the Colorado Supreme Court to create standards for treatment, and provide for appointment of certification boards in each judicial district. These local boards were charged with certifying and monitoring approved providers' compliance with the standards.

The new law had two major shortcomings, creating tensions that ultimately led to the dismantling of the law. First, no funds were allocated to support the effort of the State Commission and the local certification boards. Secondly, some licensed mental health professionals objected to the local certification board process, believing that it created a "double jeopardy" situation. Both the local certification boards and the Colorado State Department of Regulatory Agencies regulated the professionals. In response to these concerns, Representative Steve Toole proposed HB 1263 in the 2000 legislative session. Effective July 1, 2000, Section 16-11.8-101, et. seq., C.R.S. established the Domestic Violence Offender Management Board that is responsible for promulgating standards for treatment and establishing an application process for treatment providers. Section 16-11.8-101, et. seq., C.R.S. authorizes the Colorado mental health licensing boards and the Department of Regulatory Agencies to approve treatment providers in conjunction with the Domestic Violence Offender Management Board (Board). The Board commends the General Assembly for recognizing domestic violence, a long-standing social problem as a crime, and enacting proactive legislation.

3.0 Guiding Principles

The treatment of offenders in the State of Colorado employs a variety of theories, modalities, and techniques. Court ordered domestic violence offenders are a separate category of violent offenders requiring a specialized approach. The primary goals are cessation of abusive behaviors and victim safety.

It is the philosophy of the Domestic Violence Offender Management Board that setting standards for domestic violence offender approved providers alone will not significantly improve public safety. In addition, the *process* by which domestic violence offenders are assessed, treated, and managed by the criminal justice system and social services systems should be coordinated and improved.

Domestic violence offender treatment is a developing field. The Board will remain current on the emerging research and literature and will modify these *Standards* based on an improved understanding of the issues. The Board must also make decisions and recommendations in the absence of clear research findings. Therefore, such decisions will be directed by the Guiding Principles, with the governing mandate being the priority of public safety and attention to commonly accepted standards of care. Additionally, the Board will endeavor to create state standards that reflect that Colorado communities have unique geographic features, challenges, and resources.

These Guiding Principles are designed to assist and guide the work of those involved in the management and containment of domestic violence offenders.

<u>KEY CONCEPTS</u>:

Management: The management of domestic violence offenders involves the knowledgeable, accountable participation of law enforcement, victim services, advocates, the DVOMB and all systems involved such as mental health, substance abuse services, and child protection services. In order to manage domestic violence offenders and to reduce and ultimately eliminate domestic violence, a coordinated community response is required, thus offender containment is one element of offender management.

Containment: The preferred approach in managing offenders is to utilize a containment process. Those involved in the containment process are directly responsible for holding offenders accountable while under supervision of the court. This includes, but is not limited to: the courts, the supervising agents of the court, such as probation, and the approved providers. While these *Standards* require approved providers to communicate, collaborate, and consult with the rest of this containment group, this concept of containment and communication should be strived for by the courts and supervising agents of the courts as well.

GP 3.01 Victim and community safety are paramount.-

Victim and community safety are the highest priorities of the *Standards*. This should guide the system responses of the criminal justice system, victim advocacy, human services and domestic violence offender treatment. Whenever the needs of domestic violence offenders in treatment conflict with community (including victim) safety, community safety takes precedence.

GP 3.02 Domestic violence is criminal behavior.

GP 3.03 The management and containment of domestic violence offenders requires a coordinated community response.

The Board encourages the development of local coalitions/task forces to enhance inter-agency communication and to strengthen program development.

All participants in offender management are responsible for being knowledgeable about domestic violence and these *Standards*. Open professional communication confronts offenders' tendencies to exhibit secretive, manipulative, and denying behaviors. Only in our aggregate efforts, applying the same principles and working together, can domestic violence offender management be successful.

Other involved professionals such as mental health providers, substance abuse counselors and health care professionals bring specialized knowledge and expertise.

Information provided by each participant in the management of an offender contributes to a more thorough understanding of the offender's risk factors and needs, and to the development of a comprehensive approach to treating and containing the offender.

Decisions regarding the treatment of court ordered domestic violence offenders shall be made by the containment group.

GP 3.04 Successful management and containment of domestic violence offenders are enhanced by increased public awareness of domestic violence issues.

The complexity and dynamics of domestic violence are not yet fully understood and many myths prevail. These myths inhibit proactive community responses to domestic violence. Knowledgeable professionals have a responsibility to increase public awareness and understanding by disseminating accurate information about domestic violence. This may facilitate communities to mobilize resources and to effectively respond to domestic violence.

GP 3.05 There is no singular profile of a person who commits acts of domestic violence.

People who commit acts of domestic violence vary in many ways such as age, race and ethnicity, sexual orientations, gender identities, gender, mental health condition, profession, financial status, cultural background, religious beliefs, strengths and vulnerabilities, and levels of risk and treatment needs. People who commit abusive offenses may engage in more than one pattern of offending and may have multiple victims.

GP 3.06 It is the nature of domestic violence offenders that their behaviors tend to be covert, deceptive, and secretive.

These behaviors are often present long before they are recognized publicly.

GP 3.07 Domestic violence behavior is dangerous.

When domestic violence occurs, there is always a victim. Both literature and clinical experience suggest that this violence and/or abuse can have devastating physical, emotional, psychological, financial and spiritual effects on the lives of victims and their families. Offenders may deny and minimize the facts, severity, and/or frequency of their offenses. Domestic violence offenders often maintain a socially-acceptable facade to hide their abusive behaviors. At its extreme, domestic violence behavior can result in the death of the victim, offender, family members, and others.

GP 3.08 Domestic violence behavior is costly to society.

Domestic violence has significant economic impact on various individuals and groups, including but not limited to, the victim, family and offender, schools, business and property owners, faith communities, health and human services, law enforcement and the criminal justice system.

GP 3.09 All domestic violence behavior is the sole responsibility of the offender.

GP 3.10 Offenders are capable of change.

Responsibility for change rests with the offender. Individuals are responsible for their attitudes and behaviors and are capable of eliminating or modifying abusive behavior through personal ownership of a change process. Ideally, this includes cognition, affect, and behavior. Treatment enhances the opportunity for offender change. Change is based on the offender’s motivational levels and acceptance of responsibility. Motivation for change can be strengthened by effective treatment and community containment.

GP 3.11 Assessment and evaluation of domestic violence offenders is an on-going process.

Because of the cyclical nature of offense patterns and fluctuating life stresses, domestic violence offenders' levels of risk are constantly in flux. Changes that occur as a result of the supervision or treatment of offenders cannot be assumed to be permanent. For these reasons, continuous monitoring of risk is the joint responsibility of the responsible criminal justice agency and the approved provider. The end of the period of supervision should not necessarily be seen as the end of dangerousness.

GP 3.12 Court ordered offender treatment differs from traditional psychotherapy.

In traditional psychotherapy, the client engages in a voluntary therapeutic relationship with a therapist of his/her choice, based largely on goals and purposes decided by the client. Court ordered offender treatment differs from traditional therapy in the following ways:

- Treatment is not voluntary. A therapeutic alliance is not a prerequisite for treatment.
- The offender enrolls in treatment at the court's direction, and sanctions are applied for failure to participate.
- The offender must receive treatment only from providers approved by the state to provide the treatment.
- Individual treatment goals are determined by the therapist to reduce recidivism and increase victim and community safety.
- Decisions regarding treatment and containment are made jointly between approved providers and criminal justice agencies.
- Approved providers are required to consult and communicate with the victim advocate and other involved agencies.
- Confidentiality is limited by the requirements of the criminal justice system and the needs of victim safety.
- Victim advocacy is an essential component of offender treatment.
- Minimization and denial of the need for treatment is expected, and therefore, treatment involves the challenging of the offender's perceptions and beliefs.

GP 3.13 The preferred treatment modality is group therapy.

GP 3.14 Victims have a right to safety and self-determination.

Victims of domestic violence undergo tremendous turmoil and fear as a result of the violence inflicted. Their feelings and their potential for further harm should always be afforded the utmost consideration.

Victims have the right to determine the extent to which they will be informed of an offender's status in the treatment process and the extent to which they will provide input through appropriate channels to the offender management and treatment process.

GP 3.15 Offender treatment must address the full spectrum of abusive and controlling behaviors associated with domestic violence, and not just the legally-defined criminal behavior(s).

GP 3.16 Domestic violence offender assessment, evaluation, treatment and behavioral monitoring should be non-discriminatory and humane, and bound by the rules of ethics and law.

Individuals and agencies carrying out the assessment, evaluation, treatment and behavioral monitoring of domestic violence offenders should not discriminate based on race, religion, gender, gender identity, sexual orientation, disability, national origin or socioeconomic status. Domestic violence offenders must be treated with dignity and respect by all members of the team who are managing and treating the offender regardless of the nature of the offender's crimes or conduct. Individual differences should be recognized, respected and addressed in treatment.

GP 3.17 Treatment programs shall strive to have staff composition reflect the diversity of the community they serve.

4.0 Evaluation/Assessment

4.01 Pre-sentence Treatment Evaluation: The treatment evaluation as described in Section 18-6-801(b), C.R.S. is to assess appropriateness for treatment, treatment amenability, and determine the most effective containment strategy for the offender in order to assist the court in determining the appropriate sentence. An approved provider who is a licensed mental health professional shall conduct the treatment evaluation. When the approved provider completes an evaluation, he/she shall provide a written report of the recommended intervention to the court or responsible criminal justice agency. If the court orders treatment, the court or responsible criminal justice agency shall determine the most appropriate providers. (See Position Paper Appendix A)

a) The evaluator shall not complete an evaluation based solely on offender interview information. The evaluation shall include a review of the police report. The evaluation should include a review of all available court and probation records, information from previous approved providers, and contacts with other collaterals as appropriate. It should also include a victim interview, or review of the victim impact statement if a victim interview cannot be done. Approved providers shall document efforts to obtain unavailable information.
b) When the approved provider completes an evaluation, he/she shall provide a written report of the recommended intervention and supervision to the court or responsible criminal justice agency. The report will in no way reveal specifics from the victim interview that may endanger the victim without the victim's permission. The report shall include a summary of information sources used, a summary of the evaluation components, and the basis for the recommendation.
c) The evaluation shall take into consideration the following components, with considerations of cultural context and any other relevant information:
    1. Face Sheet
        a) Basic identification information
        b) Demographic information
        c) Current legal status, including restraining orders and current case number
    2. Current Offense
        a) Nature of offense
        b) Severity of offense
        c) Use of weapons, homicidal, or suicidal threats
        d) Presence of children and surrounding circumstances
        e) Other
    3. Psycho-Social History with considerations of cultural context, including any risk factors
        a) History of victimization, physical or emotional abuse, as a child or an adult
        b) Family and Childhood History
            1. History of neglect or abandonment
            2. Witnessing of intimate violence perpetrated by adults in family of origin
            3. Multiple primary caretakers
            4. Frequency of residence changes
            5. Sibling violence
            6. Divorce or single parent upbringing

7. Parental loss

c) Childhood Problems, including:
1. School problems
2. Arrests as a juvenile
3. School discipline
4. Health problems
5. Peer violence
6. Suicide attempts as a child
7. Drug and alcohol abuse

d) Educational and Employment History

e) Employment, Residential, and Financial Stability/Instability

f) History of any violent, abusive and/or neglectful behavior toward any intimate partners, children, animals and/or others

g) History of sexually abusive, exploitive or violent behavior toward any intimate partners, children, animals and/or others

h) Criminal history, including but not limited to, arrests, convictions, prior responses to community supervision and prior violations of conditional release

i) Intimate Relationship History
1. Multiple separations
2. Accusations by the offender toward partner of infidelity, drug abuse, or intimate partner using inappropriate behavior
3. Previous restraining orders
4. General relationship patterns

4. Medical History
a) Current conditions and medications
b) Head injury

5. Substance Abuse and Addiction Assessment
a) History of alcohol and drug use
b) History of substance use/abuse in family of origin
c) Clinical assessment of current/recent substance use patterns and attitudes
d) Criminal history related to substance use/abuse
e) Use of substances at the time of the current offense
f) Other addictions, i.e. gambling, sexual

6. Mental Health Evaluation
a) History of mental health treatment/diagnosis and current medication status
b) Family mental health history
c) History of suicidality and/or suicide attempts
d) Current suicidal ideation/risk
e) Current homicidal ideation/risk
f) Current obsessive/compulsive thoughts and behaviors regarding the victim
g) Assessment of Axis I disorders, including substance abuse as identified above
h) Personality functioning and method of assessment
i) Mental health status exam and clinical impressions

7. Assessment for treatment amenability
a) Attitude toward treatment

   b) Learning styles: kinesthetic, audio, visual
   c) Previous response to treatment
   d) Disabilities or special needs requiring accommodation
8. Assessment of risk of re-offending
   a) Risk factors associated with likelihood of recidivism by the offender
   b) Documentation of assessment method used by approved provider
9. Other factors for consideration
   a) Sexual orientation and/or gender identity
   b) Gender
   c) Language or cultural issues
   d) High level offender resistance
   e) Transportation barriers
10. Assessment of strengths based on information gathered in the full evaluation

4.02 Post-sentence Intake Evaluation: The purpose of the post-sentence intake evaluation as defined in Section 18-6-801(a) C.R.S. is to assess initial appropriateness for treatment, treatment amenability, and thereby determine the best intervention strategy. Should the provider determine that the offender is not appropriate for treatment, the offender shall be referred back to the court with a recommendation for alternative disposition. (See Position Paper Appendix A) The intake evaluation shall be conducted on all offenders by an approved provider. The provider shall document the results of the intake evaluation. If there is a conflict between the pre and post-sentence evaluation findings, the provider shall consult with the responsible criminal justice agency for resolution.

a) If a Pre-sentence Treatment Evaluation has been completed, efforts to obtain that evaluation are to be pursued. That evaluation shall be reviewed in its entirety. The purpose of the post-sentence evaluation is to expand upon that original evaluation, incorporate relevant treatment issues, and avoid unnecessary repetition or cost for the offender being evaluated.
b) The Post-sentence Intake Evaluation shall include the components found in *Standard* 4.01 and the following:
   1. Specific Offender Population (as defined in *Standard* 10.01): Providers shall utilize any assessment criteria identified by the Board and determine if a specific offender group is indicated.
   2. If the Spousal Assault Risk Assessment (SARA) has been completed by a criminal justice agency, the provider will obtain a copy and review, utilizing clinical judgment and impressions to adjust the findings if necessary. Any additional clinical impressions shall be forwarded to the referring criminal justice agency.

4.03 Ongoing Assessments: Approved providers shall conduct ongoing assessments of the offender's compliance with, and progress in treatment. These assessments should be undertaken when any potentially destabilizing change occurs in the offender's life (e.g. job loss, divorce or medical health crisis) or when any clinically relevant issues are uncovered (e.g. childhood trauma, prior relationship abuse, or re-emergence of mental health problems).

The assessments may require the provider to modify the parameters of how the offender is being monitored for containment (e.g. contacting the criminal justice referral for coordination, additional outreach to the victim or current partner or monitored urinalysis) and shall address risk of reoffense. The results of each assessment shall be added to the offender's treatment plan and contract.

5.0 Offender Treatment

Theoretical Approaches:

5.01 Primary Theoretical Approach: All approved providers shall design programs, which consist of psycho-educational and cognitive behavioral approaches as their primary intervention. Adjunctive approaches may be used, but never substituted for the primary approach.

5.02 Inappropriate Treatment: Any treatment approach or practice that blames or intimidates the victim or places the victim in a position of danger is not appropriate. Ventilation techniques such as punching pillows, the use of batakas, etc., are not appropriate. Domestic violence offenders typically possess poor impulse control, and therefore, require intervention techniques that strengthen impulse control.

Treatment Modality:

5.03 Treatment Providers: Treatment, evaluation, and assessment shall be provided by an approved provider.

5.04 Group Treatment: Group treatment is the intervention of choice for domestic violence offenders. Approved providers may decide whether groups will be open (accepting new members on an ongoing basis) or closed sessions. Groups shall not exceed 12 participants.

5.05 Individual Treatment: Treatment may be provided on an individual basis under special circumstances after consultation with the responsible criminal justice agency. The approved provider must document special circumstances and the consultation in the offender's case file.

5.06 Gender Specific Group: All treatment groups and content shall be gender specific.

5.07 Language: When possible, approved providers shall provide treatment in the offender's primary language. If the provider does not speak the offender's primary language, the provider will refer the offender to a program that provides treatment in the offender's primary language. If no program exists, the provider shall, in collaboration with the referring criminal justice agency, refer the offender back to the court with a recommendation for an alternative disposition that is reasonably related to the rehabilitation of the offender and protection of the victim.

5.08 Length of Treatment: The minimum length of treatment is 36 weekly sessions, either in group (90 minutes minimum) or individual (50 minutes minimum). However, the approved provider with approval from the responsible criminal justice agency and after consulting with the victim or victim's therapist, when possible, may reduce the length of treatment to 24 weekly sessions if the offender has met the criteria listed below as documented in case notes.

a) Has been free of all forms of domestic violence as defined in the Glossary of Terms (Glossary) from the inception of treatment according to victim and offender reports.
b) Has accepted responsibility for violent behavior.
c) Has cooperated in treatment by openly processing personal feelings.
d) Has a low probability of continued violence based on risk assessment conducted during ongoing assessments (*Standard* 4.03).
e) Has no known use of illicit substances and does not meet any of the DSM criteria for substance abuse or dependence for the three years prior to the consideration for a reduction in treatment length.
f) Has met financial responsibilities of the treatment program.
g) There are no expressed or identified victim safety concerns.
h) Has no obsessional thinking regarding jealousy or blaming the victim for real or perceived injuries to self-esteem.
i) Has no obsession with abandonment issues or attempts to locate the victim, if separated.
j) Has met all the conditions of court orders and the offender contract.

5.09 Intensity of Treatment: The approved provider will notify the responsible criminal justice agency of any changes made to the level of treatment. Additionally, any changes will be included in the offender treatment plan and contract.

a) If an offender meets any of the following criteria during initial intake evaluation or ongoing assessments, he/she may be identified as a "higher risk" offender and may be placed in a more intensive level of treatment:
   1. is rated as "high risk" through utilization of the SARA
   2. has prior domestic violence offenses
   3. has been convicted of a sex offense
   4. has prior child abuse offenses
   5. has been evaluated as needing substance abuse treatment
   6. has been evaluated as needing mental health treatment
   7. re-offends during treatment
   8. has to restart treatment due to excessive inexcusable absences
   9. any other pertinent information
b) If an offender is identified as "higher risk", the approved provider shall determine treatment recommendations which may include:
   1. additional weekly sessions of group (in addition to the minimum 36 weekly sessions)
   2. individual sessions in addition to group sessions
   3. ancillary treatment and/or services to address individual needs (these shall be provided by a qualified professional)
   4. case coordination with the responsible criminal justice agency regarding increased intensity of supervision
   5. increased victim support
   6. stronger, more specific treatment goals, developed by referencing *Standard* 5.16.

5.10 Substance Abuse Treatment: Violence cannot be successfully treated without concurrently treating substance abuse problems.

a) Evaluation: All domestic violence offenders must be screened with an ADAD approved instrument for substance abuse or a clinically reliable, valid and nationally recognized substance abuse instrument. When the screening and/or clinical judgment indicates the need for further evaluation, the offender shall be referred to a CAC II or higher (no equivalency is allowed) for a substance abuse evaluation.

b) Treatment: All offenders evaluated as needing substance abuse treatment shall complete such treatment. Such treatment shall be provided by a CAC II or higher (or demonstrated equivalent experience and training). An integrated substance abuse and domestic violence program provided by an approved provider and a CAC II or III counselor is the recommended treatment for a domestic violence offender with substance abuse issues. "Integrated" means concurrent treatment, preferably in the same clinical setting. When substance abuse and domestic violence treatment are integrated, the substance abuse portion of the treatment must be in addition to the 90-minute minimum domestic violence group. Treatment sessions for substance abuse shall be no less than 90 minutes for group and a minimum of 50 minutes for individual and shall not be counted toward the offender's sessions for court ordered domestic violence treatment. Domestic violence and substance abuse treatment content may be combined but substance abuse treatment shall not be in lieu of court ordered domestic violence treatment sessions as defined in these *Standards*. If the approved provider does not provide an integrated treatment program, treatment shall be concurrent and the approved provider shall conduct shared case supervision (treatment planning) with the substance abuse provider at a minimum of once per month or more frequently as the case dictates.

5.11 <u>Couple's Meetings</u>: Periodic couple's meetings (as opposed to ongoing couple's therapy) may be used to elicit information, set behavioral goals, arrange for a separation, or to teach anger management skills such as time-outs. This modality may be used only after making plans to ensure the safety of the victim. All couple's meetings must be structured and co-facilitated by the approved provider and victim's advocate or therapist, to ensure support and protection for the victim. NOTE: Couple's meetings may be used only if the contra-indicators identified in *Standard* 5.12(a) are <u>not</u> in existence.

5.12 <u>Couple's Therapy</u>: Treatment shall not be initiated utilizing traditional couple's or family therapy techniques nor shall couple's or family therapy be the primary mode of treatment in court ordered domestic violence cases. These modalities may be used **ONLY** if the contra-indicators identified below are not present and the pro-indicators in *Standard* 5.12(b) are met.

a) Contra-indicators: (Presence of any one of the following factors rules out couple's therapy):
   1. Victim participates under coercion, duress, intimidation, or threat, and is censored, or otherwise participates against the victim's will.
   2. Offender has a severe pattern and/or history of violence and abuse.
   3. Offender is resistant to treatment.
   4. Offender lacks credible commitment or ability to maintain safety (e.g. refusal to surrender weapons).

5. Offender continues to externalize or blame others to justify past and/or current physical violence.
6. Offender has acute or chronic substance use or abuse.
7. Offender has presence of psychotic features.
8. Offender is an imminent danger to self and/or others, specifically has homicidal and/or suicidal ideation.
9. Offender exhibits lack of empathy for victim.
10. Offender persists in using violence and being abusive, or commits any new offense.
11. Legal orders exist prohibiting contact.
12. Unresolved issues of incest or child abuse exist.

b) Pro-indicators: (All of the following criteria shall be met as a basis for couple's therapy):
1. Couple’s therapy may be considered after the offender has participated in a minimum of 20 sessions during a minimum of 5 months. The offender shall continue in group through the full 24-36 sessions if couple’s therapy is utilized.
2. Offender accepts responsibility for the violence and demonstrates a willingness to change his/her behavior.
3. Offender is aware of the detrimental impact that violence or witnessing violence has on children.
4. Offender is able to negotiate conflict.
5. Offender has a willingness to access a support network.
6. Each partner agrees to couple's therapy without coercion from the other partner.
7. The approved provider and victim's advocate/therapist have assessed the appropriateness of couple's therapy. Prior to commencing therapy, there shall be at least one session with each partner and at least one couple's meeting to evaluate issues of individual responsibility and denial.
8. The victim advocate or victim's therapist shall co-facilitate in all couple’s therapy, thereby ensuring support and protection for the victim.
9. Each partner shall agree to follow safety guidelines recommended by the therapists.

Treatment Components

5.13 Treatment Plan: A treatment plan should be implemented as determined through the intake evaluation process. The individualized plan shall promote victim and community safety while identifying treatment goals for the offender. The treatment plan shall include goals which specifically address all clinical issues identified in the treatment evaluation. The treatment goals should be based on curriculum objectives listed in *Standard* 5.16.

5.14 Offender Contract: The offender contract is the treatment agreement between the approved provider and the offender that specifies the responsibilities and expectations of each party. This offender contract shall include specific offender treatment goals as identified in the treatment plan. (*Standard* 5.13) Offender contracts shall clearly specify that past, present and future indications of domestic violence and/ or child abuse or neglect shall be reported to the appropriate legal agencies and that the potential victim shall be warned.

a) Responsibilities of Offender: The contract shall include the following agreements by the offender:
   1) To be free of all forms of domestic violence as defined in the Glossary during the time in treatment
   2) To accept responsibility for previous violent behavior
   3) To meet financial responsibilities for evaluation and treatment
   4) To be alcohol and drug free during treatment. If this is indicated, offender must complete substance abuse treatment and abide by any conditions that may be applied as determined by the substance abuse evaluation.
   5) To sign releases of information allowing the approved provider to share information with the victim and the responsible criminal justice agency, and any other requested releases of information as deemed necessary by the approved provider
   6) To cooperate in treatment by talking openly and processing personal feelings
   7) To not violate criminal statutes or ordinances (city, county, state, or federal)
   8) To meet court ordered family obligations
   9) To not purchase or possess firearms or ammunition

b) Responsibilities of Approved Provider: The contract shall include the following disclosures by the approved provider:
   1) A confidentiality agreement delineating the exceptions to offender confidentiality. These include releasing information to the victim, responsible criminal justice agency, law enforcement, and the courts about compliance and participation in treatment, admissions, suspicions or threats of child abuse and neglect, evidence of imminent risk to the victim and/or another identifiable person, and any other circumstance in which the provider is required by law to report information.
   2) Costs of evaluation and treatment services
   3) Frequency of treatment and duration
   4) Grievance procedures should the offender have concerns regarding the provider or the treatment
   5) Response plan for offenders in crisis
   6) Information on referral services for 24-hour emergency calls and walk-ins
   7) Reasons that the offender would be terminated from treatment
   8) Disclosure that the approved provider and his/her records may be audited by the Board for the Approval Process

c) Violations: Violation of any of the terms of the offender contract may lead to termination from the treatment program and at a minimum, written notification shall be provided to the responsible criminal justice agency and written or verbal notification to the victim, if contact will not endanger the victim. Notification will be provided to law enforcement and/or courts, when appropriate. Violations of the offender contract may include the offender showing signs of imminent danger or escalated behaviors that may lead to violence.

5.15 Absences: An offender may not be successfully discharged unless the offender has completed the total number of required sessions. An offender may have up to three absences. The fourth absence is a non-negotiable violation of the offender contract, and the approved provider must notify and consult with the responsible criminal justice agency to determine appropriate consequences, in addition to any consequences identified in the offender contract. All offender absences must be reported within 24 hours of the absence, or as arranged, to the responsible criminal justice agency. When an offender is absent, the approved provider shall, within 24 hours, notify the victim advocate (refer to *Standard* 7.02) who may conduct a well-being check with the victim in accordance with the prearranged advocacy agreement with the victim.

5.16 Curriculum Objectives: The content of offense specific treatment for domestic violence offenders shall be designed to:

a) Educate the offender about what domestic violence is and the dynamics in order for the offender to learn to identify his/her own abusive behaviors.
b) Teach the offender self-management techniques to avoid abusive behaviors.
c) Educate the offender about non-abusive, adaptive and pro-social relationship/ interpersonal skills and healthy sexual relationships.
d) Educate and increase the offender's skills in problem solving and conflict resolution.
e) Educate the offender on the impact of substance abuse and its correlation to violence.
f) Educate the offender on the socio-cultural basis for violence.
g) Educate the offender on the legal ramifications of his/her violence.
h) Identify and address issues of gender role socialization and its relationship to violence.
i) Increase the offender's understanding of the impact of violence on child victims and children exposed to family violence.
j) Increase offender's understanding of basic parental responsibilities and refer to parenting classes when appropriate.
k) Increase the offender's understanding of the impact of violence on adult intimate victims.
l) Educate the offender regarding change process.
m) Facilitate the offender acknowledging responsibility for abusive actions and consequences of actions.
n) Identify and offer alternatives to the offender's thoughts, emotions, and behaviors that facilitate abusive behaviors.
o) Identify and decrease the offender's deficits in social and relationship skills, where applicable.
p) Identify and confront the offender's issues of power and control, including sexual abuse.
q) Identify and confront the offender's pro-criminal and violent attitudes and orientations; (e.g. animal abuse, abuse of children, violence toward non-intimates, sexual offenses).

r) Increase the offender's empathic skills to enhance ability to empathize with the victim.
s) Identify the effects of any trauma and past victimization sustained by the offender as factors in his/her potential for re-offending. The offender's history of victimization should never take precedence over his/her responsibility to be accountable for violent behavior and potential offense, or be used as an excuse, rationalization or distraction from being held accountable.
t) Educate the offender on potential for re-offending, signs of abuse escalation, and normative regressing.
u) Assist the offender in developing a written reoffense prevention plan that will include antecedent thoughts, feelings, and behaviors associated with abusive behaviors, and alternative options to intervene in a re-offense.

5.17 Confidentiality: An approved provider shall not disclose confidential communications in accordance with Section 12-43-218, C.R.S.

6.0 Treatment Admission/Discharge

Treatment Admission:

6.01 Initial Contact: If a criminal justice agency makes a referral to an approved provider, that approved provider shall notify the criminal justice agency if the offender does not make contact within the time frame indicated. If no time frame was included with the referral, the approved provider shall notify the criminal justice agency within one week if the offender does not contact the approved provider.

6.02 Initial Appointment: Approved providers shall make all reasonable attempts to provide an initial intake appointment within one week of contact by the offender.

6.03 Refusal to Admit: Approved providers shall provide written documentation with reasons for refusal to admit to treatment to the responsible criminal justice agency within one week.

6.04 Transferring Programs: Approved providers shall not accept an offender transferring into their program without the responsible criminal justice agency's written approval. The receiving approved provider, the previous approved provider, and the responsible criminal justice agency will do case coordination, including discussion of any additional treatment that may be required. The final recommendation for treatment will be determined by the receiving approved provider.

Treatment Discharge

6.05 Treatment Discharge: Prior to discharging the offender, the approved provider shall consult with the responsible criminal justice agency and the victim or victim's advocate/therapist. The approved provider's judgment, information from the responsible criminal justice agency, and information from the victim shall be used to determine whether the offender will be given a successful discharge, an administrative discharge or an unsuccessful discharge from treatment.

6.06 Successful Discharge: A successful discharge will be given when the offender successfully completes the treatment program and fulfills the offender contract.

6.07 Administrative Discharge: An administrative discharge will be given when the offender is unable to continue in the program (e.g., a move out of state or a referral to another treatment program). Examples of situations in which this discharge would not apply are agency hopping or any other attempts by the offender to avoid consequences or weaken containment by manipulating the monitoring or treatment systems.

6.08 Unsuccessful Discharge: An unsuccessful discharge will be given when the offender violates the conditions of the offender contract, and/or violates the terms and conditions of the responsible criminal justice agency.

6.09 Documentation: Treatment discharge shall include a written summary regarding the offender's progress in treatment and if an unsuccessful discharge is given, the violation(s) of the offender contract shall also be stated. This documentation shall be sent to the responsible criminal justice agency.

6.10 Re-admission: Prerequisites for offenders re-entering treatment with an approved provider:

a) The approved provider shall review and update the offender contract and treatment plan with the offender.
b) The offender shall be current on treatment fees.
c) The approved provider shall provide notification to the responsible criminal justice agency.

6.11 Absences: An offender may not be successfully discharged unless the offender has completed the total number of required sessions. An offender may have up to three absences. The fourth absence is a non-negotiable violation of the offender contract, and the approved provider must notify and consult with the responsible criminal justice agency to determine appropriate consequences, in addition to any consequences identified in the offender contract. All offender absences must be reported within 24 hours of the absence, or as arranged, to the responsible criminal justice agency. When an offender is absent, the approved provider shall, within 24 hours, notify the victim advocate (refer to *Standard* 7.02) who may conduct a well-being check with the victim in accordance with the prearranged advocacy agreement with the victim.

6.12 Violations of Offender Contract: Violation of any of the terms of the Offender Contract may lead to termination from the treatment program and at a minimum, written notification shall be provided to the responsible criminal justice agency and written or verbal notification to the victim, if contact will not endanger the victim. Notification will be provided to law enforcement and/or courts, when appropriate. Violations of the offender contract may include the offender showing signs of imminent danger or escalated behaviors that may lead to violence.

7.0 Victim Advocacy Coordination

7.01 Community Relationships: Approved providers shall not practice in isolation. Approved providers have a responsibility for developing a community approach to the provision of treatment. They shall maintain cooperative working relationships with domestic violence victim services, other approved providers and criminal justice programs, as well as alcohol/drug abuse programs and social services. In order to increase networking opportunities, it is recommended that approved providers attend community-based task force meetings.

7.02 Victim Advocacy For Court Ordered Domestic Violence Treatment: Approved providers shall have a victim advocate providing advocacy as an integral component of their program. The purpose of victim advocacy is to support the victim, advocate for the victim in the treatment program on safety issues and containment, educate the victim on domestic violence and treatment, and provide referrals. Although victim advocacy is considered an integral aspect of offender treatment, the victim may be best served by being referred to a local domestic violence victim's program for services in order to avoid conflict of interest, and due to the expertise of the victim's program on victim's issues.

7.03 Qualifications For Victim Advocates Working With an Offender Treatment Program:

a) Victim advocates shall have 15 hours of training on domestic violence and victimization.
b) If approved providers are specializing in a specific population of offenders, the advocates shall have eight hours of training on that specific population.
c) Victim advocates shall have continuing education.
d) Victim advocates shall be supervised by an individual who has expertise in domestic violence victim advocacy. Modes of supervision may be provided as described in *Standards* 9.18, 9.19.
e) Victim advocates must be violence free.

7.04 Procedures:

a) Ongoing advocacy shall not be provided by the primary approved provider of the offender due to dual role, confidentiality, and safety issues. However, all approved providers shall have the knowledge and capability to develop a safety plan for a victim.
b) An advocacy agreement shall be created between the victim advocate and the victim. The victim advocate shall inform the victim of the information that can be provided during advocacy contacts, such as the offender’s treatment evaluation, informing the victim prior to offender discharge from treatment, as well as, resources and information identified in *Standard* 7.05. The advocacy agreement shall address the following:
    1. Whether or not the victim wishes to be contacted
    2. Frequency of contact--how often the victim would like to be contacted)
    3. Mode and location of contact (how and where the victim would like to be contacted (e.g. telephone, mail, at work, at home

4. Type of information the victim wants included in the advocacy contact (e.g. offender status in treatment, offender absences, discharge or changes in treatment plan)

c) Whereas information from the victim is valued, victim safety shall be the first priority. Offender treatment is not contingent on victim contact and the offender shall not be used as a mechanism to reach the victim. The victim shall be contacted except in circumstance where contact may endanger the victim.
d) Attempts to contact the victim need to be made throughout the course of treatment or per the advocacy agreement. Attempts to contact the victim shall be documented.
e) Approved providers have the duty to warn the potential victim of imminent danger if the provider believes that the victim may be at risk from the offender because of threats made or behavior exhibited.
f) No victim contact information shall be in the offender's file.
g) The approved provider and/or the approved provider's victim advocate are responsible for informing the victim of his/her right to choose not to provide information and whether that information may be used as part of the offender's treatment process. Approved providers shall verify that the victim advocate has obtained a written release of confidentiality from the victim before victim information can be shared with the offender. Even when the victim gives permission to share information with the offender, the approved provider needs to use discretion and consider the victim's safety before using information obtained from the victim. If the victim chooses not to provide information, the approved provider shall respect that decision.

7.05 <u>Contact</u>: Information provided to victims shall include, but is not limited to: providing information on domestic violence and treatment, status/participation notification, 24-hour crisis management and safety planning, well-being checks, provider referrals, resources for children and duty to warn. If the approved provider or the victim advocate is meeting face-to-face with a victim, safety issues shall be addressed such as using a different meeting site to ensure the victim will not have contact with the offender.

7.06 <u>Safety Plan</u>: The safety plan is designed to enhance a victim's and his/her children's safety. A safety plan includes the following elements:

a) Information and referrals regarding restraining orders
b) A list of emergency phone numbers of domestic violence victim services, shelters or treatment centers
c) A list of safe places to stay including friends, family, local shelters and victim services
d) Identification of danger signals that indicate potential violence by the offender
e) Information on the victim's right to apply for Colorado’s Crime Victim Compensation Program and instructions on how to do so.
f) Ensure that the victim and all those in caretaker positions for the children have a safety plan for the children (e.g. school/daycare has a copy of the restraining orders, etc.)

g) Strategies for vacating premises safely if the offender attempts to have contact. This includes keeping important papers, personal articles, and cash together, and therefore, ready to be taken as the victim vacates.

Required Approved Provider/Advocate Coordination and Consultation

7.07 Offender Absences: An offender may not be successfully discharged unless the offender has completed the total number of required sessions. An offender may have up to three absences. The fourth absence is a non-negotiable violation of the offender contract, and the approved provider must notify and consult with the responsible criminal justice agency to determine appropriate consequences, in addition to any consequences identified in the offender contract. All offender absences must be reported within 24 hours of the absence, or as arranged, to the responsible criminal justice agency. When an offender is absent, the approved provider shall, within 24 hours, notify the victim advocate (refer to *Standard* 7.02) who may conduct a well-being check with the victim in accordance with the prearranged advocacy agreement with the victim.

7.08 Length of Treatment: The minimum length of treatment is 36 weekly sessions, either in group (90 minutes minimum) or individual (50 minutes minimum). However, the approved provider with approval from the responsible criminal justice agency and after consulting with the victim or victim's therapist, when possible, may reduce the length of treatment to 24 weekly sessions if the offender has met the criteria listed below as documented in case notes.

a) Has been free of all forms of domestic violence as defined in the Glossary from the inception of treatment according to victim and offender reports.
b) Has accepted responsibility for violent behavior.
c) Has cooperated in treatment by openly processing personal feelings.
d) Has a low probability of continued violence based on risk assessment conducted during ongoing assessments (*Standard* 4.03).
e) Has no known use of illicit substances and does not meet any of the DSM criteria for substance abuse or dependence for the three years prior to the consideration for a reduction in treatment length.
f) Has met financial responsibilities of the treatment program.
g) There are no expressed or identified victim safety concerns.
h) Has no obsessional thinking regarding jealousy or blaming the victim for real or perceived injuries to self-esteem.
i) Has no obsession with abandonment issues or attempts to locate the victim, if separated.
j) Has met all the conditions of court orders and the offender contract.

7.09 Intensity of Treatment: The approved provider will notify the responsible criminal justice agency of any changes made to the level of treatment. Additionally, any changes will be included in the offender treatment plan and contract.

a) If an offender meets any of the following criteria during initial intake evaluation or ongoing assessments, he/she may be identified as a “higher risk” offender and may be placed in a more intensive level of treatment:
    1. is rated as “high risk” through utilization of the SARA

2. has prior domestic violence offenses
3. has been convicted of a sex offense
4. has prior child abuse offenses
5. has been evaluated as needing substance abuse treatment
6. has been evaluated as needing mental health treatment
7. re-offends during treatment
8. has to restart treatment due to excessive inexcusable absences
9. any other pertinent information

b) If an offender is identified as “higher risk”, the approved provider shall determine treatment recommendations which may include:
1. additional weekly sessions of group (in addition to the minimum 36 weekly sessions)
2. individual sessions in addition to group sessions
3. ancillary treatment and/or services to address individual needs (these shall be provided by a qualified professional)
4. case coordination with the responsible criminal justice agency regarding increased intensity of supervision
5. increased victim support
6. stronger, more specific treatment goals, developed by referencing *Standard* 5.16

7.10 <u>Violations of Offender Contract</u>: Violation of any of the terms of the offender contract may lead to termination from the treatment program and at a minimum, written notification shall be provided to the responsible criminal justice agency and written or verbal notification to the victim, if contact will not endanger the victim. Notification will be provided to law enforcement and/or courts, when appropriate. Violations of the offender contract may include the offender showing signs of imminent danger or escalated behaviors that may lead to violence.

7.11 <u>Treatment Discharge</u>: Prior to discharging the offender, the approved provider shall consult with the responsible criminal justice agency and the victim or victim's advocate/therapist. The approved provider's judgment, information from the responsible criminal justice agency, and information from the victim shall be used to determine whether the offender will be given a successful discharge, an administrative discharge or an unsuccessful discharge from treatment.

7.12 <u>Couple’s Meetings</u>: Periodic couple's meetings (as opposed to ongoing couple's therapy) may be used to elicit information, set behavioral goals, arrange for a separation, or to teach anger management skills such as time-outs. This modality may be used only after making plans to ensure the safety of the victim. All couple’s meetings must be structured and co-facilitated by the approved provider and victim's advocate or therapist, to ensure support and protection for the victim. NOTE: Couple’s meetings may be used only if the contra-indicators identified in *Standard* 5.12 (a) are <u>not</u> in existence.

7.13 <u>Couple’s Therapy</u>: Treatment shall not be initiated utilizing traditional couple’s or family therapy techniques nor shall couple’s or family therapy be the primary mode of treatment in court ordered domestic violence cases. These modalities may be used

ONLY if the contra-indicators identified in this *Standard* are not present and the pro-indicators below are met.

a) Contra-indicators: (Presence of any one of the following factors rules out couple's therapy):
   1. Victim participates under coercion, duress, intimidation, or threat, and is censored, or otherwise participates against the victim's will.
   2. Offender has a severe pattern and/or history of violence and abuse.
   3. Offender is resistant to treatment.
   4. Offender lacks credible commitment or ability to maintain safety (e.g. refusal to surrender weapons).
   5. Offender continues to externalize or blame others to justify past and/or current physical violence.
   6. Offender has acute or chronic substance use or abuse.
   7. Offender has presence of psychotic features.
   8. Offender is an imminent danger to self and/or others, specifically has homicidal and/or suicidal ideation.
   9. Offender exhibits lack of empathy for victim.
   10. Offender persists in using violence and being abusive, or commits any new offense.
   11. Legal orders exist prohibiting contact.
   12. Unresolved issues of incest or child abuse exist.

b) Pro-indicators: (All of the following criteria shall be met as a basis for couple's therapy):
   1. Couple's therapy may be considered after the offender has participated in a minimum of 20 sessions during a minimum of 5 months. The offender shall continue in group through the full 24-36 sessions if couple's therapy is utilized.
   2. Offender accepts responsibility for the violence and demonstrates a willingness to change his/her behavior.
   3. Offender is aware of the detrimental impact that violence or witnessing violence has on children.
   4. Offender is able to negotiate conflict.
   5. Offender has a willingness to access a support network.
   6. Each partner agrees to couple's therapy without coercion from the other partner.
   7. The approved provider and victim's advocate/therapist have assessed the appropriateness of couple's therapy. Prior to commencing therapy, there shall be at least one session with each partner and at least one couple's meeting to evaluate issues of individual responsibility and denial.
   8. The victim advocate or victim's therapist shall co-facilitate in all couple's therapy, thereby ensuring support and protection for the victim.
   9. Each partner shall agree to follow safety guidelines recommended by the therapists.

8.0 Coordination With Criminal Justice System

8.01 Community Relationships: Approved providers shall not practice in isolation. Approved providers have a responsibility for developing a community approach to the provision of treatment. They shall maintain cooperative working relationships with domestic violence victim services, other approved providers and criminal justice programs, as well as alcohol/drug abuse programs and social services. In order to increase networking opportunities, it is recommended that approved providers attend community-based task force meetings.

8.02 Initial Contact: If a criminal justice agency makes a referral to an approved provider, that approved provider shall notify the criminal justice agency if the offender does not make contact within the time frame indicated. If no time frame was included with the referral, the approved provider shall notify the criminal justice agency within one week if the offender does not contact the approved provider.

8.03 Initial Appointment: Approved providers shall make all reasonable attempts to provide an initial intake appointment within one week of contact by the offender.

8.04 Refusal to Admit: Approved providers shall provide written documentation with reasons for refusal to admit to treatment to the responsible criminal justice agency within one week.

8.05 Transferring Programs: Approved providers shall not accept an offender transferring into their program without the responsible criminal justice agency's written approval. The receiving approved provider, the previous approved provider, and the responsible criminal justice agency will do case coordination, including discussion of any additional treatment that may be required. The final recommendation for treatment will be determined by the receiving approved provider.

8.06 Reporting: A monthly written summary report shall be sent to the offender's responsible criminal justice agency and shall include information on attendance, payment of fees, participation, offender progress, and any violations of the offender contract. The responsible criminal justice agency may request additional information regarding level of participation in treatment.

8.07 Absences: An offender may not be successfully discharged unless the offender has completed the total number of required sessions. An offender may have up to three absences. The fourth absence is a non-negotiable violation of the offender contract, and the approved provider must notify and consult with the responsible criminal justice agency to determine appropriate consequences, in addition to any consequences identified in the offender contract. All offender absences must be reported within 24 hours of the absence, or as arranged, to the responsible criminal justice agency. When an offender is absent, the approved provider shall, within 24 hours, notify the victim advocate (refer to *Standard* 7.02) who may conduct a well-being check with the victim in accordance with the prearranged advocacy agreement with the victim.

8.08 Individual Treatment: Treatment may be provided on an individual basis under special circumstances after consultation with the responsible criminal justice agency. The approved provider must document special circumstances and the consultation in the offender's case file.

8.09 Length of Treatment: The minimum length of treatment is 36 weekly sessions, either in group (90 minutes minimum) or individual (50 minutes minimum). However, the approved provider with approval from the responsible criminal justice agency and after consulting with the victim or victim's therapist, when possible, may reduce the length of treatment to 24 weekly sessions if the offender has met the criteria listed below as documented in case notes.

a) Has been free of all forms of domestic violence as defined in the Glossary from the inception of treatment according to victim and offender reports.
b) Has accepted responsibility for violent behavior.
c) Has cooperated in treatment by openly processing personal feelings.
d) Has a low probability of continued violence based on risk assessment conducted during ongoing assessments (*Standard* 4.03).
e) Has no known use of illicit substances and does not meet any of the DSM criteria for substance abuse or dependence for the three years prior to the consideration for a reduction in treatment length.
f) Has met financial responsibilities of the treatment program.
g) There are no expressed or identified victim safety concerns.
h) Has no obsessional thinking regarding jealousy or blaming the victim for real or perceived injuries to self-esteem.
i) Has no obsession with abandonment issues or attempts to locate the victim, if separated.
j) Has met all the conditions of court orders and the offender contract.

8.10 Intensity of Treatment: The approved provider will notify the responsible criminal justice agency of any changes made to the level of treatment. Additionally, any changes will be included in the offender treatment plan and contract.

a) If an offender meets any of the following criteria during initial intake evaluation or ongoing assessments, he/she may be identified as a "higher risk" offender and may be placed in a more intensive level of treatment:
    1. is rated as "high risk" through utilization of the SARA
    2. has prior domestic violence offenses
    3. has been convicted of a sex offense
    4. has prior child abuse offenses
    5. has been evaluated as needing substance abuse treatment
    6. has been evaluated as needing mental health treatment
    7. re-offends during treatment
    8. has to restart treatment due to excessive inexcusable absences
    9. any other pertinent information
b) If an offender is identified as "higher risk", the approved provider shall determine treatment recommendations which may include:
    1. additional weekly sessions of group (in addition to the minimum 36 weekly sessions)
    2. individual sessions in addition to group sessions

3. ancillary treatment and/or services to address individual needs (these shall be provided by a qualified professional)
4. case coordination with the responsible criminal justice agency regarding increased intensity of supervision
5. increased victim support
6. stronger, more specific treatment goals, developed by referencing *Standard* 5.16

8.11 Violations of Offender Contract: Violation of any of the terms of the offender contract may lead to termination from the treatment program and at a minimum, written notification shall be provided to the responsible criminal justice agency and written or verbal notification to the victim, if contact will not endanger the victim. Notification will be provided to law enforcement and/or courts, when appropriate. Violations of the offender contract may include the offender showing signs of imminent danger or escalated behaviors that may lead to violence.

8.12 Treatment Discharge: Prior to discharging the offender, the approved provider shall consult with the responsible criminal justice agency and the victim or victim's advocate/therapist. The approved provider's judgment, information from the responsible criminal justice agency, and information from the victim shall be used to determine whether the offender will be given a successful discharge, an administrative discharge or an unsuccessful discharge from treatment.

8.13 Out-of-State Court Orders: Approved providers will comply with Section 17-27.1-101 et. seq., C.R.S. Failure to comply may result in legal and monetary penalties pursuant to Section 17-27.1-101(9)(a), C.R.S.

9.0 Provider Qualifications

New Applicants
New applicants are those who have never been on the DVOMB Approved Provider List. All new applicants shall meet the following educational, experiential, and supervisory criteria for approval.

9.01 Initial Education and Training Requirements: All applicants applying for approval as of January 1, 2002 shall have a Bachelors Degree in a human service related area and training to include: a total of 206 clock hours in basic domestic violence and counseling related areas. These hours may be gained through credit courses in colleges and universities (accredited by an agency recognized by the U. S. Department of Education), workshops, seminars, in-services, conferences, lectures or other documented training. These educational hours can be provided by electronic means (such as audio/videotape, teleconferencing, and Internet) with proper documentation by trainer. Documentation through transcripts, certificates of attendance, or other verification as requested by the Board shall be provided as part of the application for approval.

9.02 Domestic Violence Training: These training hours must be specific to domestic violence in the following areas:

a) **Victim Specific Training**:

7 hrs	Impact of violence on intimate partner, including victimization and trauma issues
7 hrs	Impact of violence on children
7 hrs	Victim advocacy to include duty to warn, confidentiality, safety planning, and crisis management
7 hrs	Victim dynamics to include obstacles and barriers to leaving abusive relationships

b) **Offender Specific Training**:

7 hrs	Intimate partner abuse (includes such topics as physical, sexual including intimate partner rape, psychological including harassment and stalking, and economic deprivation/financial abuse. Additionally this training should include characteristics of abusers, which includes patterns of behavior, escalation signs, power and control techniques, etc)
7 hrs	Intergenerational violence (elder abuse, child abuse, violence in family of origin)
7 hrs	Offender self management skills (anger management, stress management, problem solving)
21 hrs	Clinical interviewing, evaluation and risk assessment: training in evaluating offenders to determine treatment needs in the areas of psychological functioning, family and social relationships, substance use and other key issues including selection of appropriate treatment methodologies. A minimum of 7 hours shall be on risk assessment.

7 hrs	Socio-cultural issues (patriarchy, racism, sexism, classism, homophobia, etc.)
7 hrs	Understanding criminal thinking, needs, and behavior
4 hrs	Sexual abuse as a control technique
2 hrs	Community resources
4 hrs	Legal issues affecting treatment of court ordered offenders (specifically as it relates to domestic violence cases, overview of criminal justice system and its agencies that supervise offenders, confidentiality, duty to warn, standards, etc.)

9.03 Facilitating Treatment Training:

7 hrs	Learning styles: Training that educates regarding different ways in which a person learns (such as visual, auditory, tactile/ kinesthetic) and how to educate to accommodate those styles.
7 hrs	Gender issues (related to domestic violence): Training that addresses differential socialization and gender differences and how these may affect communication; conflict resolution. problem solving; sharing; nurturing; expression of feelings; and the skills, interactions, and abilities needed to effectively address this topic.
7 hrs	Diverse populations: Training that addresses varying lifestyles and cultures including, but not limited to, people of differing physical appearances and abilities, cultural/ethnic backgrounds, economic levels, religious affiliations, ages, sexual orientations, regional locations, physical and mental health, and gender.
28 hrs	Addictions: Training that addresses the bio/psycho/social effects of substance abuse, the process of addiction, causes, stages and symptoms of substance abuse and other addictions (e.g. gambling and sexual), and how addictions interact with domestic violence. This training shall be an ADAD, accredited university or college or relevant professional association approved training.
21 hrs	Resistive offenders: Training that addresses the recognition and effective means of dealing with resistance, including causes of resistance and how it is manifested. This training should include assessing motivation, readiness for treatment, and stages of change.
7 hrs	Personality disorders: Training that addresses the assessment, diagnosis, manifestation, and treatment of personality disorders.
35 hrs	Individual and group skills training, intervention strategies and interpersonal skills: Training in cognitive-behavioral and psycho-educational intervention approaches, and interpersonal skills (communication skills training, conflict resolution, problem solving, parenting, empathy training)

9.04 General Experiential Hours: Applicants shall have 600 face-to-face client contact hours providing evaluations, individual, group, couple's, or family therapy with at least 50 hours of one-to-one supervision. These 600 hours may be gained through previous paid work experience, volunteer experience, practicums, or internships.

9.05 Experiential Hours in Domestic Violence Offender Treatment

a) In addition to the 600 face-to-face client contact hours, applicants with a bachelor's degree shall have no less than 300 face-to-face client contact hours directly observed by an approved provider working with offenders. These contact hours may include treatment and intake evaluations, co-facilitating groups, and individual treatment. Of these 300 hours, applicants shall have no less than 50 hours under supervision, conducting treatment and intake evaluations, and no less than 54 hours co-facilitating offender groups with an approved provider. Applicants with a bachelor's degree shall complete the experiential and supervisory requirement in no less than a 6-month period and shall include at least 48 hours of supervision by an approved provider without the client present.

b) Applicants with a master's degree or higher in a counseling-related field shall have no less than 100 face-to face client contact hours directly observed by an approved provider working with offenders. Of these 100 hours, applicants with a master's degree or higher shall have no less than 15 hours conducting supervised pre-sentence treatment evaluations and post-sentence intake evaluations and no less than 15 hours co-facilitating offender groups with an approved provider. Applicants shall have a minimum of 16 hours of supervision for these experiential hours.

c) Applicants shall submit a letter from the approved provider who provided the supervision, regarding the applicant's competence in the areas of group and individual treatment and evaluations with offenders.

d) Applicants who are providing any form of offender treatment shall co-facilitate with an approved provider until they receive approved provider status and placement on the Approved Provider List by the Board. This co-facilitation shall be documented to the Board.

9.06 Substance Abuse Hours: Applicants shall submit documentation of 50 face-to-face client contact hours providing clinical alcohol and other drug interventions at ADAD licensed programs, or other comparable programs. These hours can be with both offender and non-offender populations. In reviewing the application, the approving body may require additional information about programs that are non-ADAD licensed, as this body will make the final determination as to whether the experiential hours gained at non-ADAD licensed programs are comparable to those hours at ADAD licensed programs. These 50 hours may be included in the 600 general experiential hours.

9.07 Additional Requirements

a. Philosophy Statement: Applicant shall submit their own philosophy statement regarding domestic violence treatment.

b. Provider Qualifications: Applicant shall submit documentation that demonstrates the applicant has met all the qualifications identified in Section 9.0 Provider Qualifications.

c. Criminal History and Investigation: Applicant shall submit to a criminal investigation and a state and national criminal history check.

d. Program Procedures and Components: Applicant shall submit documentation that demonstrates the applicant's program is in compliance with Sections 4.0, 5.0, 6.0, 7.0, 8.0 and 11.0.

e. Administrative Procedures: Applicant shall submit verification that procedures utilized in their clinical setting are in compliance with the *Standards*. These will include, but are not limited to, treatment discharge, confidentiality, child abuse reporting, and responding to offenders with disabilities.

f. Program Offender Forms: Applicant shall submit copies of their intake evaluation form, offender contract, and release of information form.

g. Community Support: Applicant shall submit letters of support from local domestic violence victim services, primary responsible criminal justice agencies, and local domestic violence task force (if available). The content of the letters of support shall include information about the applicant's ability to provide domestic violence treatment to court ordered offenders according to the *Standards*.

h. Compliance with Standards: Applicant shall submit a signed statement agreeing to comply with the *Standards*.

i. False Information: Applicant shall submit a signed statement acknowledging that any false information submitted in the application could be cause for disqualification from the approval process.

j. Audit: Applicant shall provide a signed statement which states that by applying for approval, the applicant agrees, if necessary, to be audited based on the *Standards*.

k. Department of Regulatory Agencies (DORA): All applicants shall be listed under one of the mental health boards/programs databases. (Applicants not licensed or certified with DORA must be listed on the unlicensed database.)

9.08 Provisional Approval: The decision to grant provisional approval will be primarily based upon a well documented community need which demonstrates that certain community needs cannot be met by existing approved providers. If an applicant is to be provisionally approved, he/she shall be supervised by a supervisor who meets the supervision qualifications detailed in *Standard* 9.20.

9.09 Working With Specific Offender Populations: Any applicant that wants to work with a specific offender population, refer to Section 10 for requirements.

Continued Placement for Approved Providers

9.10 Reapplication Process: All approved providers shall apply for continued placement on the Approved Provider List every three years. Approved providers will be notified in writing regarding when they will be required to submit documentation. Requirements are as follows:

a) The approved provider shall demonstrate continued compliance with the *Standards* and shall be required to sign an affidavit stating that he/she has met all the provider qualifications.
b) Provide references as required in the application. The Board may also solicit such additional references, as necessary, to determine compliance with the *Standards*.
c) Submit to a background check.
d) Report any practice that may be in conflict with the *Standards*.
e) Comply with all other requirements outlined in Board administrative policies.
f) Submit community letters of support (refer to *Standard* 9.07 g)
g) Submit clinical documentation for review.
h) Submit any additional information requested by the Board
i) Submit and sign DORA verification form (refer to *Standard* 9.07 k)

9.11 Continuing Education For Approved Providers: All approved providers shall complete 42 clock hours of continuing education training every three years in topic areas relevant to improved treatment with court ordered domestic violence offenders. Of the 42 hours, at least four shall be on diversity issues and at least 14 shall be on victim's issues. These continuing education hours may include experiential learning, but the experiential learning may not exceed four hours of the required 42 hours. The 42 hours shall be obtained within the three years prior to application for re-approval. It is the responsibility of the approved provider to document attendance and relevance of continuing education hours.

9.12 Appeal: Approved providers denied re-placement on the approved provider list will be notified of the appeals process.

9.13 Providers/Evaluators: Approved providers may choose to evaluate offenders and not provide any other direct services for offenders. These providers shall meet the criteria for approved providers performing evaluations as identified in *Standard* 4.01 and all approved provider qualifications defined in Section 9.0 that includes supervision and continuing education.

9.14 Violations of Standards: Violations of these *Standards* may be grounds for action by the Board pursuant to Section 16-11.8-103, C.R.S.

9.15 Audit: Approved providers agree to be audited, if necessary.

9.16 Department of Regulatory Agencies: All approved providers shall be listed under one of the mental health boards/programs databases. Approved providers not licensed or certified with DORA must be listed on the unlicensed database.

9.17 Working With Specific Offender Populations: Any approved provider that wants to work with a specific offender population, refer to Section 10 for requirements.

Ongoing Clinical Supervision Requirements

9.18 Requirements for Licensed Approved Providers:

a) Approved providers who are licensed mental health professionals are required to have a minimum of two hours per month of peer consultation with other approved providers who are also licensed. This peer consultation shall be documented as to time, date, and who attended.
b) Peer consultation may include electronic modes of consultation (such as telephone, audio/videotape, teleconferencing, and Internet). If electronic modes of consultation are utilized, face-to face consultation shall occur on no less than a quarterly basis.

9.19 Requirements for Unlicensed Approved Providers:

a) Approved providers who are not licensed mental health professionals are required to have a minimum of two hours of supervision per month by a Domestic Violence Clinical Supervisor qualified as specified in *Standard* 9.20. In the first two years of practice as an approved provider, the two hours per month shall be individual supervision.
b) The level and number of hours in addition to the minimum two hour requirement of supervision shall be determined by the Domestic Violence Clinical Supervisor. Additional supervision requirements shall be based on education, training, workload, and experience of the supervisee; the treatment needs of the offender; and the professional judgment of the Domestic Violence Clinical Supervisor.
c) The appropriate modality for supervision shall be determined by the Domestic Violence Clinical Supervisor based upon the training, education, and experience of the supervisee, as well as the treatment setting. Factors that shall be considered are community standards and offenders' needs, urban versus rural setting, and the availability of resources. Modes of supervision may include individual or group supervision, direct observation and electronic (such as telephone, audio/ videotape, teleconferencing, and Internet). If supervision is electronic, face-to-face supervision shall occur on no less than a quarterly basis.

9.20 Qualifications of Domestic Violence Clinical Supervisors:

a) An approved provider
b) Licensed mental health professional

c) Meet the qualifications of a CAC II certification or have passed the NCAC II Examination or demonstrate equivalent training and experience (This is not required if the supervisee has a CAC II or higher.)
d) Have 300 hours of direct client contact with offenders in addition to the direct client contact hours required for approved providers
e) Attend 21 hours of supervisory training
f) Have 100 hours of general supervisory experience in clinical work during the past five years OR obtain ongoing consultation regarding supervision issues until these 100 hours are obtained (a minimum of one hour per month; electronic means are acceptable)
g) Provide supervision in accordance with the *Standards*

9.21 Content of Clinical Supervision and Peer Consultation: Supervision shall include, but not be limited to, these areas:

a) Discussion of case coordination with victim, victim advocate, and/or victim's therapist
b) Discussion of services provided by the supervisee
c) Discussion of treatment plans, intervention strategies, and evaluations of offender's progress
d) Administrative procedures of the practice as they relate to clinical issues
e) Discussion of ethical issues
f) Evaluation of supervisory process, including performance of the supervisor and supervisee
g) Coordination of services among other professionals involved in particular cases, such as probation, criminal justice, and victim service agencies
h) *Colorado Standards for Treatment with Court Ordered Domestic Violence Offenders*
i) Relevant Colorado laws and rules and regulations, including confidentiality and duty to warn
j) Discussion of offender resistance, transference, and counter-transference issues

10. Specific Offender Populations

10.01 Definition: A Specific Offender Population is defined as a group of individuals that share one or more common characteristics such as race, religion, ethnicity, language, gender, age, culture, sexual orientation and/or gender identity that would allow for the group to be considered homogenous.

10.02 Documentation Requirements:

a) Approved providers shall submit a statement that addresses how their interventions are appropriate for specific offender populations.

b) Approved providers who intend to provide treatment for a specific offender population shall submit documentation of training and experience as identified in *Standards* 10.03, 10.04 and 10.05. Approved providers shall also submit evidence that their program is in compliance with any treatment and assessment criteria identified by the Board for that specific offender population.

Training, Experiential and Supervision Requirements

10.03 Training Hours: If an approved provider identifies a specific offender population as a focus of treatment, the provider shall be required to have a minimum of 14 hours of specialized training specific to that population. The 14 hours is in addition to training required under *Standards* 9.02 and 9.03.

10.04 Experiential Hours: If an approved provider is applying for approval to work with a specific offender population as defined in *Standard* 10.01, the approved provider shall have 50 face-to-face client contact hours with that population. These hours can be with both offender and non-offender populations. If an approved provider does not have 50 face-to-face client contact hours with that population, the approved provider shall demonstrate expertise with this population and detail how that expertise was gained.

10.05 Supervision: If an approved provider is specializing with a specific offender population as defined in *Standard* 10.01, the approved provider shall obtain a percentage of the required supervision equal to the percentage of that population seen from a clinician who has expertise with this population. (For example, if 50 percent of client contact hours is with a specific offender population, then 50 percent of the supervision shall be from a clinical supervisor who has expertise with that population.)

10.06 Offender Treatment Goals: The treatment goals, in addition to those identified in *Standard* 5.13, should be designed to encompass the needs of specific offender populations. Approved providers shall follow treatment and assessment criteria identified by the Board for that specific offender population.

10.07 Gender: All treatment groups and content shall be gender specific.

10.08 Sexual Orientation: All treatment groups shall be specific to sexual orientation and gender identity. If group treatment is not available, the offender shall be seen individually or referred to an approved provider that has such a group available. If individual treatment is utilized, the approved provider shall follow guidelines identified in *Standard* 5.05, with the continuing goal of referring to a group whenever possible. In addition, the approved provider shall meet the qualifications and have the required supervision (Sections 10.03, 10.04 and 10.05). If there is no approved provider in the community qualified to work with this population, the approved provider may, in the interim, provide services. Additionally, the approved provider shall have a supervisor who meets the specific offender population qualifications. Furthermore, the approved provider shall consult monthly with other approved providers who are qualified to work with this specific population.

10.09 Language: Whenever possible, approved providers shall provide treatment in the offender's primary language. If the approved provider does not speak the offender's primary language, the approved provider will refer the offender to a program that provides treatment in the offender's primary language. If no such program exists, the approved provider shall, in collaboration with the referring criminal justice agency, refer the offender back to the court with a recommendation for an alternative disposition that is reasonably related to the rehabilitation of the offender and protection of the victim.

10.10 Offenders With Disabilities or Special Needs: Approved providers shall assess for disabilities or special needs of offenders and accommodate these to the best of their ability. If the approved provider is unable to accommodate these needs, he/she will refer the offender to another approved provider. If no alternative approved provider is available, the approved provider shall, in collaboration with the referring criminal justice agency, refer the offender back to the court with a recommendation for an alternative disposition that is reasonably related to the rehabilitation of the offender and protection of the victim.

11. Administrative Standards

11.01 Violence Free: Approved providers shall be violence-free in their own lives.

11.02 Criminal Convictions:

a) Approved providers shall not have a conviction of a municipal ordinance violation, misdemeanor, felony, or have accepted by a court a plea of guilty or nolo contendre to a municipal ordinance violation, misdemeanor, or felony if the municipal ordinance violation, misdemeanor, or felony is related to the ability of the approved provider to practice under these *Standards*. A certified copy of the judgment from a court of competent jurisdiction of such conviction or plea shall be conclusive evidence of such conviction or plea.

b) Approved providers shall not engage in criminal activity.

11.03 Respect and Non-discrimination: Approved providers shall communicate and be respectful of the uniqueness of all people. An approved provider shall not practice, condone, facilitate, or collaborate with any form of discrimination.

11.04 Substance Abuse: Approved providers shall not abuse drugs or alcohol.

11.05 Offender Fees: The offender paying for his/her own evaluation and treatment is an indicator of responsibility and shall be incorporated in the treatment plan. All approved providers shall offer court ordered domestic violence evaluation and treatment services based on a sliding scale fee. (see Glossary)

11.06 Offender Records: All approved providers shall have written documentation of the offender's evaluation information, treatment plan, offender contract, case notes, offender's observed progress, attendance, payment of fees, collateral contacts and records, record of referrals, violations of offender contract, and discharge summary. In addition, approved providers working with court ordered offenders shall meet record keeping standards outlined by their professional groups. Questions regarding professional record retention shall be directed to the Department of Regulatory Agencies.

11.07 Confidentiality: An approved provider shall not disclose confidential communications in accordance with Section 12-43-218, C.R.S.

11.08 Release of Information: The approved provider shall obtain signed releases of information from the offender for the following persons: victim(s) of record, current partner, victim's advocate, the responsible criminal justice agency and the Board (for the purposes of research related to evaluation or implementation of the *Standards* or domestic violence offender management in Colorado). Other releases of information may include the offender's former partner(s), current and/or past therapist or approved provider, and where warranted, any guardian ad litem, human services worker or other professional working on behalf of the adult and child victims of the offender. The approved provider shall document any exceptions to this standard.

11.09 Duty to Warn: Approved providers have the duty to warn as defined in Section 13-21-117, C.R.S. If the offender shows signs of imminent danger or escalated behaviors that may lead to violence, the provider shall:

a) contact the victim or person to whom the threat is directed and victim services, if appropriate
b) notify law enforcement when appropriate
c) contact the responsible criminal justice agency to discuss appropriate responses. The response shall include, but is not limited to, an evaluation by the approved provider and responsible criminal justice agency of the current treatment and decision as to whether the current treatment is appropriate for the increased containment needs of the offender.

11.10 Child Abuse and Neglect: Approved providers are required by law to report child abuse and/or neglect according to statute Section 19-3-304, C.R.S.

11.11 Offenses Involving Unlawful Sexual Behavior: When there is a conviction for an offense for which the underlying factual basis has been found by the court on the record to include an act of domestic violence, and the conviction includes a sex offense as defined in Section 16-11.7-102 (3), C.R.S. or an offense which the court finds on the record to include an underlying factual basis of a sex offense, then that offender shall be evaluated and treated according to the *Colorado Sex Offender Management Board Standards and Guidelines For The Assessment, Evaluation, Treatment And Behavioral Monitoring Of Adult Sex Offenders*.

11.12 Treatment Data: Approved providers shall participate in, and cooperate with, Board research projects related to evaluation or implementation of the *Standards* or domestic violence offender management in Colorado in accordance with Section 16-11.8-103(4)(b)(IV), C.R.S.

11.13 Approved Provider Contact Information: Approved providers are responsible for notifying the Board in writing of any changes in provider name, address, phone number, program name, program materials and any additional treatment locations.

11.14 Approved Provider Audit: The Board may audit for approved provider compliance with *Standards* when necessary. The audit could include: site reviews of implementation of administrative and program policies and procedures, staff interviews, case file reviews, program observation and community interviews, or requests for comments.

11.15 Grievances: Any victim, offender or community member that has concerns or questions regarding an approved provider or their treatment practices may contact the Board. Grievances and complaints must be submitted in writing to the Board or the Department of Regulatory Agencies (DORA). All grievances and complaints received by the Board will be forwarded to DORA and handled by the appropriate DORA board.

11.16 Violations of Standards: Violations of these S*tandards* may be grounds for action by the Board pursuant to Section 16-11.8-103, C.R.S.

12. Appendices

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Appendix A:

Domestic Violence Offender Management Board
Office of Domestic Violence and Sex Offender Management
Division of Criminal Justice
Department of Public Safety
700 Kipling St. Suite 1000
Denver, Colorado 80215
303-239-4442
http://dcj.state.co.us/odvsom

POSITION PAPER ON PRE AND POST SENTENCE EVALUATIONS

On December 13, 2002 the Domestic Violence Offender Management Board (DVOMB) formally adopted this position paper on pre and post sentence evaluations for domestic violence offenders. The purpose of this position paper is to further clarify the DVOMB's position, and its intent and language in *The Standards for Treatment with Court Ordered Domestic Violence Offenders, 2002* (*The Standards*) regarding these evaluations (Sections 7.2.1 and 7.2.2).

When a domestic violence approved treatment provider (treatment provider) performs an evaluation pre or post sentence, the assumption is that the offender is guilty and will complete a minimum of 36 weeks of domestic violence offender treatment per *The Standards*. Additionally the criminal justice system, *not* the treatment provider, is responsible for making legal decisions regarding guilt or innocence, pleas, convictions, and sentencing. Therefore, evaluations shall not be completed prior to a guilty plea or a finding of guilt. **Providers shall not render legal opinions or recommendations, nor recommendaions regarding the filing of charges.**

The terms "assess appropriateness for treatment", "treatment amenability" and "alternative disposition" are not and were never intended to authorize treatment providers to recommend no domestic violence offender treatment or less than the standard. **Inappropriate** uses of these terms to recommend no treatment include but are not limited to:

a. the offense being perceived as an isolated incident
b. perceived low risk of the offender
c. non-severe or lack of victim injuries

An appropriate use of evaluations, when necessary, is the identification and recommendation of individualized (i.e. intensive or supplemental) treatment as part of or in addition to the minimum 36 weeks of domestic violence offender treatment.
Additionally, alternative therapies such as couples counseling, anger management and stress management, in lieu of domestic violence offender treatment are inappropriate recommendations. When domestic violence offender treatment is ordered, no less than 36 weeks shall be recommended in any case. In those rare cases in which domestic violence offender treatment is deemed inappropriate by the treatment provider, the circumstances shall be compelling and well documented to the supervising criminal justice agency.

Appendix B: Specific Offender Population Resource Guide

Guidelines for working with female offenders and GLBT offenders are in draft form at the time of this printing. It is anticipated that they will be available for distribution in the fall of 2005.

Appendix C: Glossary of Terms

ADAD: The Alcohol and Drug Abuse Division that is responsible for licensing substance abuse programs, pursuant to Part 2 of Article 2 of Title 25, C.R.S. ADAD's address and phone number is as follows: Colorado Department of Human Services, Alcohol & Drug Abuse Division, 4055 S. Lowell Blvd., Denver, Colorado, 80236, 303-866-7480.

Approved Provider in a Specific Offender Population: An approved provider that is able to demonstrate his/her ability to meet the criteria as described in the *Standards* and the application process for specific offender populations.

Approved Provider: An individual who advertises or sets him/herself forth as having the capacity to evaluate and/or treat court ordered domestic violence offenders and has been approved by the Domestic Violence Offender Management Board and whose credentials have been verified by the Department of Regulatory Agencies pursuant to Section 16-11.8-103, C.R.S.

Board: As defined in Section 16-11.8-102, C.R.S.

Board Treatment and Assessment Criteria for Specific Offender Populations: A section of the appendices that is a document that may be periodically modified containing criteria based on research and literature for working with specific offender populations.

Clock hours: 60 minutes in an hour.

Containment**:** The process of restraining, halting, and preventing the offender from further violence against an intimate partner through the application of supervision, surveillance, consequences, restrictions, and treatment as imposed by the courts, supervising agents of the courts, and approved providers.

Containment group: Those involved in the containment of a specific domestic violence offender include: supervising agents of the court (which in some instances may be more than one agent of the court), the court, and approved providers in conjunction with the victim advocate.

Demonstrated Equivalent Experience and Training: The ability to document the equivalent experience and training for a specific requirement.

DPS: Department of Public Safety is responsible for staffing the Board pursuant to Section 16.11.8-103, C.R.S.

Domestic Violence: The term is defined in Section 18-6-800.3(1), C.R.S. and is expanded to include the following definitions for the purpose of the approved provider's use in treatment:

a) Physical violence: aggressive behavior including but not limited to hitting, pushing, choking, scratching, pinching, restraining, slapping, pulling, hitting with weapons or objects, shooting, stabbing, damaging property or pets, or threatening to do so.

b) Sexual violence: forcing someone to perform any sexual act without consent.
c) Psychological violence: intense and repetitive degradation, creating isolation, and controlling the actions or behaviors of another person through intimidation (such as stalking or harassing) or manipulation to the detriment of the individual.
d) Economic Deprivation/Financial Abuse: use of financial means to control the actions or behaviors of another person. May include such acts as withholding funds, taking economic resources from intimate partner, and using funds to manipulate or control intimate partner.

Domestic Violence Clinical Supervisor: An approved provider who meets the qualifications identified in *Standard* 9.18

DORA: The Department of Regulatory Agencies is responsible for supervision and control of the mental health professional boards and unlicensed psychotherapists pursuant to Section 12-43-101, et. seq., C.R.S. DORA's address and phone number are as follows: 1560 Broadway, Suite 880, Denver, Colorado 80202, 303-894-2900.

DSM: The Diagnostic and Statistical Manual of Mental Disorders, American Psychiatric Association.

Evaluator: An approved provider who is conducting a post-sentence intake evaluation. If the approved provider is conducting the pre-sentence evaluation, they shall also be a licensed mental health professional.

Face-to-face Client Contact Hours: The actual time that an applicant or approved provider spends with a client/offender providing assessments/evaluations, individual, group, couple's, or family therapy.

Indigent Offender: Individual who is declared indigent by the courts based on the federal poverty guidelines.

Offender Accountability: The offender claiming responsibility for his/her abusive behaviors, accepting the consequences of those behaviors, and actively working to repair the harm and preventing future abusive behavior.

Offender Containment: The process of restraining, halting or preventing the offender from further violence against an intimate partner through consequences and restrictions imposed by the Coordinated Community Response.

Offender: As defined in Section 16-11.8-102, C.R.S.

Offense: Any crime in which the underlying factual basis is an act of domestic violence.

Responsible Criminal Justice Agency: The criminal justice agency that has jurisdiction and/or responsibility for supervision of the offender.

SARA: The Spousal Assault Risk Assessment tool

SCAO: State Court Administrator's Office performs duties pursuant to Section 13-3-101, C.R.S.

Sliding Fee Scale: As defined in Section 18-6-802.5 C.R.S. A sliding fee scale is a policy and procedure that is written and available to all clients and is based on criteria developed by the approved provider. The fee scale has two or more levels of fees and is based on the offenders' ability to pay. The fee scale is available to each offender. Approved providers must not withhold this information from clients.

Specific Offender Populations: A Specific Offender Population is defined as a group of individuals that share one or more common characteristics such as race, religion, ethnicity, language, gender, age, culture, sexual orientation and/or gender identity that would allow for the group to be considered homogenous.

Supervising Agents: Those agents of the court including private probation, state probation, Department of Social Services, and tracking through District Attorney's Offices. In some cases the court itself is the only supervising agent.

Training: Specific training that supports the philosophy and principles as described in the *Standards*.

Treatment: As defined in Section 16-11.8.102, C.R.S.

Treatment Program: A program that provides treatment as defined in Section 16-11.8.102 (4), C.R.S. by one or more approved providers.

Victim: An adult who is or has been the target of domestic violence as defined in the Glossary.

Victim Advocate: The person who works in conjunction with the approved provider and the domestic violence community to provide advocacy to the victim.

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