

# 9.0 Provider Qualifications

**BLUE BOLDED TEXT - Newly Added or Amended Language**

**Red Text with Strikethrough - Removed Language**

Due to the nature and seriousness of domestic violence, professionals who work with domestic violence offenders require training, competencies, and expertise in domestic violence offender dynamics and victim safety.<sup>1</sup> The following section outlines the requirements necessary to become a DVOMB Approved Provider, and to continue practicing as a DVOMB Approved Provider (hereafter **APPROVED** Provider). Nothing within this section alleviates a ~~provider~~ **APPROVED PROVIDER** from their duty to adhere to their ethical code of conduct of their credential, pertaining to supervision and consultation.

I. Pursuant to Section 16-11.8-104, C.R.S., domestic violence offender services shall only be provided by a DVOMB Approved Provider. Providers not on the DVOMB Approved Provider List, including any provider who is denied placement or removed from the Provider List, shall not provide any treatment, evaluation, or assessment services pursuant to statute in Colorado to domestic violence offenders. No referral source shall use any provider not on the Provider List, denied placement or removed from the **APPROVED** ~~provider~~ **PROVIDER list** ~~LIST~~ per Section 16-11.8-104, C.R.S.<sup>2</sup>

II. Listing as a ~~N Trainee and~~ Approved Provider

There are three practice levels and three specific listing categories available on the DVOMB Approved List.

- ~~Trainee Level Applicant~~ **ASSOCIATE LEVEL PROVIDER CANDIDATE** - Section 9.01
- **Associate Level Provider** - Section 9.02
- **Full Operating Level Provider** - Section 9.03

<sup>1</sup> Babcock, J., Armenti, N., Cannon, C., Lauve-Moon, K., Buttell, F., Ferreira, R., . . . Solano, I. (2016). Domestic Violence Perpetrator Programs: A Proposal for Evidence-Based Standards in the United States. *Partner Abuse*, 7(4), 355-460. doi:10.1891/1946-6560.7.4.355. Lynch, L. & Happell, B. (2008). Implementing clinical supervision: Part I: Laying the groundwork. *International Journal of Mental Health Nursing*, 17, 57-64.; Roth, A. D., Pilling, S., & Turner, J. (2010). Therapists training and supervision for clinical practice. *Behavioural and Cognitive Psychotherapy*, 38, 291-302.

<sup>2</sup> 16-11.8-104(1) C.R.S. On and after January 1, 2001, the department of corrections, the judicial department, the division of criminal justice within the department of public safety, or the department of human services shall not employ or contract with and shall not allow a domestic violence offender to employ or contract with any individual or entity to provide domestic violence offender treatment evaluation or treatment services pursuant to this article unless the individual or entity appears on the approved list developed pursuant to section 16-11.8-103 (4).

- Domestic Violence Clinical Supervisor (DVCS) - Section 9.04
- Specialized Pre-Sentence Evaluator Listing - 9.05
- Specific Offender Population Listing - 9.06

Specific Offender Population (SOP) is a listing category for either female and/or LGBTQIA+ offenders. Once approved by the DVOMB, these individuals may provide domestic violence services to that population.

- Teletherapy Listing - 9.07

Teletherapy means to deliver services through a secured telecommunications system that facilitates the synchronous, real-time, video-based assessment, treatment, and behavioral management of a domestic violence offenders in locations different from the Approved Provider. Only those Approved Providers who have applied and been approved by the ARC shall be able to provide domestic violence offenders services via teletherapy.

III. Out-of-State Equivalency Applications: Individuals who hold professional licensure, domestic violence offender (intimate partner) or batterer intervention licensure, certification or approval, and reside outside Colorado may seek Associate or Full Operating Level status if they meet all of the qualifications listed in the *Standards and Guidelines*. Required supervision hours must have been provided by an individual whose qualifications substantially match those of a DVOMB DVCS as defined in these Standards. Out-of-state applications will be reviewed on a case-by-case basis.

#### ~~IV. Applications via the Judicial Rural Initiative~~

~~—The Judicial Rural Initiative (JRI) is a program that makes funding available that is intended for rural areas where the needs of a community are underserved or unmet. This funding can be used to cover the costs associated with the application and supervision process. Individuals seeking placement on the Approved Provider List are encouraged to contact their local Judicial District for more information about opportunities with the JRI.~~

#### VII. Required Minimum Content of a Domestic Violence Clinical Supervision Contract

The Domestic Violence Clinical Supervision Contract is the signed supervision agreement between a supervisee and a Domestic Violence Clinical Supervisor (DVCS). Clinical supervision as part of Section 9.0 of the Standards refers to the supervision of a supervisee regarding domestic violence offender services that fall under the purview of the DVOMB.

A supervisee is anyone under these Standards and Guidelines who requires supervision as part of an application (e.g., **ASSOCIATE LEVEL PROVIDER CANDIDATES** Trainee or Associate Level Provider) or as part of a Compliance Action Plan (CAP). A DVCS shall recommend to the supervisor for completion of an application or CAP, only when the supervisee demonstrates qualification for such endorsement. DVCS shall not endorse any supervisees who they believe are unfit or who demonstrates they are unable to provide appropriate services under these *Standards and Guidelines*. A DVCS may withdrawal support for a supervisee for such reasons or for violations of the supervision contract.

- A. As part of the contract, the supervisor shall agree to:
1. Review supervisee's work with of clients through their verbal reports and written case records.
  2. Assist supervisee with questions of ethics and law, transference, counter transference, critical situations including suicidality and homicidally, and self-care, amongst other topics.
  3. Review all application documents and will assist supervisee with the application process.
  4. Identify areas of improvement of the supervisee, and will refer to appropriate training.
  5. Be available during business hours to schedule consultation or client-based emergency questions.
  6. Review, critique, provide guidance and sign all documentation produced by the supervisee. This includes verifying documentation produced by the applicant through co-facilitation is signed by a Full-Operating Level Provider, if applicable.
  7. Assist supervisee throughout the application process.
  8. Document and provide all completed hours to the supervisee, regardless of final outcome of supervision.
  9. Maintain professional license, certification and/or approvals and liability insurance, and to promptly inform the supervisee of any development that could disqualify the DVCS from carrying out their professional role as a supervisor.
  10. Inform supervisee of any legal or legislative matters that become known that may affect the supervision or the supervisee's progress towards DVOMB approval.
  11. Maintain information provided by applicant as confidential. With exception to agencies listed in this contract, DVCS will not disclose any identifying information of the applicant discussed in sessions, or with the DVCS's peer consultant. Standard exceptions to confidentiality apply, such as when child abuse, threat to self or others is suspected.
  12. Address any practice found to be outside of the *Standards and Guidelines* with the supervisee and immediately correct.
  13. Notify the DVOMB of termination of supervision agreement within one calendar week.
  14. Provide the appropriate supervision regarding the coverage, including the population being covered.
- B. As part of the contract, the supervisee shall agree to:
1. Review and follow all *Standards and Guidelines*, including the Administrative Policies.
  2. Disclose to the supervisor of any criminal or civil legal history that may impact the supervisee's ability to practice under these *Standards and Guidelines*.
  3. Notify the supervisor if they obtain legal charges of any kind within a 24-hour period.
  4. Acknowledge that they can only provide co-facilitated domestic violence offender services (evaluation, individual and group education and treatment) with a Full-Operating Level Provider or a DVCS. At no time prior to DVOMB approval, will the supervisee provide ANY domestic violence related services independently.
  5. Provide documentation of listings with DORA or unofficial transcripts for individuals seeking **ASSOCIATE LEVEL PROVIDER CANDIDACY Trainee** status.
  6. Maintain compliance with current mental health or substance use listing with DORA along with any other licensing and approval agency (e.g., ~~Office of Behavioral Health~~, **BEHAVIORAL HEALTH ADMINISTRATION**, DVOMB, SOMB, **ETC.**), and agree to inform the DVCS within 24 hours of any complaint, lawsuit, or sanction against the supervisee in Colorado or any other state/jurisdiction. If an **ASSOCIATE LEVEL PROVIDER CANDIDATE Trainee** does not have a current mental health or substance use listing, it is understood that this will be followed by the supervisee once such a listing is obtained.

10. Enroll and participate in any training recommended by the DVCS.
11. Understanding that supervision is NOT psychotherapy. If personal issues arise during clinical supervision, supervisee agrees to seek their own psychotherapy in order to resolve issues.
12. Providing consent for the DVCS to communicate with the:
  - i. Staff of the DVOMB
  - ii. Agency(ies)
  - iii. Identified Treatment Victim Advocate (TVA)
  - iv. Full-Operating Level Provider, if co-facilitation is taking place with a Full-Operating Level Provider
  - v. And any other relevant members of the MTT

## **9.01 Requirements for All New Applicants Seeking ASSOCIATE LEVEL PROVIDER (CANDIDACY) Trainee Status<sup>3</sup>**

The **ASSOCIATE LEVEL PROVIDER (CANDIDACY) Trainee Level** is for individuals who want to ~~begin the process of becoming~~ a DVOMB Approved Provider. **ASSOCIATE LEVEL PROVIDER CANDIDATES Trainees** regardless of their credentials receive approval from the Application Review Committee (ARC) prior to beginning ~~any co-facilitated TO PROVIDE ANY~~ services to domestic violence offenders.

Individuals who have never applied to become listed on the DVOMB Approved Provider List must first start the process by applying for **ASSOCIATE LEVEL PROVIDER CANDIDACY Trainee**-status using the required application (Application 1 - **ASSOCIATE LEVEL PROVIDER (CANDIDATES) Trainee** Application). Initial listing as an **ASSOCIATE LEVEL PROVIDER CANDIDATE Trainee** is valid for one year from the date of approval in order to allow the applicant time to develop competency in the required areas. **ASSOCIATE LEVEL PROVIDER CANDIDATES Trainees** may begin ~~accumulating co-facilitation~~ **REQUIRED** hours once approved by the ARC. **ASSOCIATE LEVEL PROVIDER CANDIDATES Trainees** shall not provide any domestic violence offender services without co-facilitation **UNTIL THEIR DVCS HAS DETERMINED THEY ARE ABLE TO FACILITATE INDEPENDENTLY AND ON THEIR OWN.**

~~**Discussion Point: Individuals designated as Trainee Status will not be shown on the Approved Provider List.**~~

- I. Prior to beginning work with domestic violence offenders, applicants must apply and be approved by the ARC as an **ASSOCIATE LEVEL PROVIDER CANDIDATE Trainee**. Approval is based on the applicant meeting all of the following criteria and the discretion of the ARC. The applicant shall:
  - A. Hold a baccalaureate degree or above in a behavioral science field with training and experience as a counselor or psychotherapist.<sup>4</sup> The degree must be obtained from a college or university accredited by an agency

<sup>3</sup> Spence, C., Cantrell, J., Christie, I., & Samet, W. (2002). A collaborative approach to the implementation of clinical supervision. *Journal of Nursing Management*, 10, 65-74.; 16-11.8-104(2)(a) C.R.S. The board shall require any person who applies for placement, including any person who applies for continued placement, on the approved provider list developed pursuant to section 16-11.8-103 (4) to submit to a current background investigation that goes beyond the scope of the criminal history record check described in section 16-11.8-103 (4) (a) (III) (A). In conducting the current background investigation, the board shall obtain reference and criminal history information and recommendations that may be relevant to the applicant's fitness to provide domestic violence offender treatment evaluation or treatment services pursuant to this article.

<sup>4</sup> Babcock, J., Armenti, N., Cannon, C., Lauve-Moon, K., Buttell, F., Ferreira, R., Solano, I. (2016). Domestic Violence Perpetrator Programs: A Proposal for Evidence-Based Standards in the United States. *Partner Abuse*, 7(4), 355-460. doi:10.1891/1946-6560.7.4.355. Cannon, C., Hamel, J., Buttell, F., & Ferreira, R. J. (2016). A survey of domestic violence perpetrator programs in the United States and Canada: Findings and implications for policy intervention. *Partner Abuse*, 7(3), 226-276.

recognized by the U.S. Department of Education.

OR

Hold a baccalaureate degree in any field with a minimum of a Certified Addiction Specialist credential. The degree must be obtained from a college or university accredited by an agency recognized by the U.S. Department of Education.

OR

**HOLD A BACCALAUREATE DEGREE IN ANY FIELD WITH A MINIMUM OF A CERTIFIED ADDICTION TECHNICIAN (CAT) CREDENTIAL. THE DEGREE MUST BE OBTAINED FROM A COLLEGE OR UNIVERSITY ACCREDITED BY AN AGENCY RECOGNIZED BY THE U.S. DEPARTMENT OF EDUCATION. IF THE APPLICANT ONLY HOLDS A CAT CREDENTIAL, THE DVCS MUST HOLD AN LAC AND VERIFY THE APPLICANT IS ELIGIBLE AND WORKING TOWARDS A CAS OR LAC.**

OR

Be a Masters level student participating in a formal clinical internship or field placement during the final portion of their degree leading to matriculation in order to be eligible to be listed with DORA. Applicants in this category shall submit documentation of the internship or field placement through their unofficial transcripts.

- B. Submit to a current background investigation in addition to a state and national criminal history record check pursuant to Sections 16-11.8-103(4)(a)(III)(A) and 16-11.8-104(2)(a), C.R.S.
- C. All training hours used for the purpose of an application must have been obtained within the past five (5) calendar years.
- D. Agree to comply with the DVOMB *Standards and Guidelines* by completing all application requirements which include, but are not limited to, submitting offender services work product, reference letters, and an assessment of competencies.
- E. Shall not have a conviction of, or a deferred judgement (other than a traffic violation of 7 points or less) for a municipal ordinance violation, misdemeanor, felony, or have accepted by a court a plea of guilty or nolo contendere to a municipal ordinance violation, misdemeanor, or felony if the municipal ordinance violation, misdemeanor, or felony is related to the ability to practice under these *Standards and Guidelines* as reviewed and determined by the ARC. 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.
- F. Shall not have any civil dispute that is related to the ability to practice under these *Standards and Guidelines* as reviewed and determined by the ARC.
- G. Comply with all other requirements as outlined in the DVOMB Administrative Policies.

II. Supervision Requirements for **ASSOCIATE LEVEL PROVIDER CANDIDATES** ~~Trainees Working towards Approval as Associate Level~~

- A. The supervision of an **ASSOCIATE LEVEL PROVIDER CANDIDATES** ~~Trainee~~ shall be done by a DVCS who is registered and in good standing with the Colorado Department of Regulatory Agencies (DORA). A supervision agreement signed by the **ASSOCIATE LEVEL PROVIDER CANDIDATE** ~~Trainee~~ and by the DVCS shall be submitted with the application.
- B. **ASSOCIATE LEVEL PROVIDER CANDIDATES** ~~Trainees~~ must co-facilitate all face-to-face sessions with offenders with a Full-Operating Level Provider or a DVCS, present either physically or virtually throughout the application process ~~for any listing~~ **UNTIL THE DVCS HAS DETERMINED THE ASSOCIATE LEVEL PROVIDER CANDIDATE CAN FACILITATE INDEPENDENTLY**. This includes all domestic violence services, including but not limited to individual sessions, group sessions, evaluations and any other domestic violence related services governed by these *Standards and Guidelines*.
- C. **ASSOCIATE LEVEL PROVIDER CANDIDATES MAY IDENTIFY SPECIFIC OFFENDER POPULATIONS (SOP) IN THEIR APPLICATION. THE DVCS SELECTED SHALL BE APPROVED WITH THE IDENTIFIED SOP'S.**
- D. The DVCS shall review and co-sign and all domestic violence session notes, treatment plans, treatment plan review reports, evaluations, and all other reports and documentation by the applicant. The DVCS is responsible for all domestic violence clinical work performed by the **ASSOCIATE LEVEL PROVIDER CANDIDATE** ~~Trainee~~. In the event that co-facilitation is obtained with a Full-Operating Level Provider, session notes must be co-signed by the Full-Operating Level Provider doing the co-facilitation.
- E. The DVCS shall employ supervision methods aimed at assessing and developing required competencies. This includes seeking ongoing input from a Full-Operating Level Provider for any co-facilitation hours accumulated (if applicable). It is incumbent upon the supervisor to determine the need for additional training and supervision hours, based upon that individual's progress in attaining competency to perform such treatment.<sup>5</sup>
- F. The frequency of face-to-face supervision hours specific to domestic violence specific treatment and/or evaluation calculated as follows:

| Direct Clinical Contact<br>Hours per Month | Minimum Supervision<br>Hours per Month |
|--|--|
| 0-59                                       | 2                                      |
| 60-79                                      | 3                                      |
| 80 or more                                 | 4                                      |

- E. The appropriate modality for supervision shall be determined by the DVCS based upon the competencies,

<sup>5</sup> Fairburn, C. G. & Cooper, Z. (2011). Therapist competence, therapy quality, and therapist training. *Behaviour Research and Therapy*, 49, 373-378.; Lynch, L. & Happell, B. (2008). Implementing clinical supervision: Part I: Laying the groundwork. *International Journal of Mental Health Nursing*, 17, 57-64.



training, education, and experience of the supervisee, as well as the treatment setting. Factors that shall be considered are community safety and offender needs, urban versus rural setting, and the availability of resources.

- F. Modes of supervision may include individual or group supervision, direct observation and electronic (such as telephone, audio, teleconferencing, and Internet). Face-to-face supervision may be completed through video conferencing. All communication shall be synchronous.
- G. The DVCS shall seek feedback from at a minimum the core MTT members (i.e. treatment provider, supervising officer, treatment victim advocate) in order to assist in the assessment of applicant competencies.
- H. **THE DVCS SHALL ASSESS AND ATTEST TO A MINIMUM LEVEL OF COMPETENCY TO PERFORM DVOMB RELATED SERVICES, OF THE ASSOCIATE LEVEL PROVIDER CANDIDATE PRIOR TO SUBMIT THIS APPLICATION.**

## **9.02 Associate Level Provider Requirements**

The Associate Level is an introductory level for those who meet the minimum requirements of the Standards and requires ongoing supervision by a Domestic Violence Clinical Supervisor (DVCS). ~~Associate Level Providers may be approved for: (1) offender treatment only, (2) post-sentence offender evaluation only, or (3) both.~~ All applicants shall apply for, and be approved at, the Associate Level status prior to applying for Full-Operating Level.

**ASSOCIATE LEVEL PROVIDER CANDIDATES** Trainees seeking **CONTINUED PLACEMENT AT** the Associate Level shall apply using the required application (Application 2 - Practice Level Application) and be approved by the ARC. Approval is based on the **ASSOCIATE LEVEL PROVIDER CANDIDATES** Trainee meeting all of the following criteria and the discretion of the ARC.

### **I. Educational and Experiential Criteria**

**ASSOCIATE LEVEL PROVIDER CANDIDATES** Trainees shall:

- A. Hold a professional mental health license, substance use certification, or be listed as a candidate for a mental health license or substance use certification, or Unlicensed Psychotherapist listing with the Colorado Department of Regulatory Agencies (DORA), and not be under current disciplinary action that the Application Review Committee (hereafter ARC) determines would impede the **ABILITY OF THE ASSOCIATE LEVEL PROVIDER CANDIDATE** Trainee's ability to **CONTINUE** practicing as a DVOMB Approved Provider.
- B. Possess 300 general experiential counseling hours. These hours shall be face-to-face client contact hours providing evaluations and/or individual and/or group counseling sessions. The **ASSOCIATE LEVEL PROVIDER CANDIDATE** Trainee must have received a minimum of 15 hours of one-to-one supervision while accruing the 300 hours.

*Discussion Point: **ASSOCIATE LEVEL PROVIDER CANDIDATES** with a CAS or higher or a masters in counseling may*

*demonstrate this with transcripts, licensure or certification.*

- C. Have accrued **54 face-to-face domestic violence offender contact hours working with domestic violence offenders** within the past five years for those who hold a master's degree in counseling or higher. These contact hours are in addition to the 300 general experiential hours and shall include the co-facilitation of offender evaluations, group sessions, and may include individual treatment. These contact hours shall not be obtained in less than a four-month period.

OR

Have accrued **108 face-to-face domestic violence offender contact hours working with domestic violence offenders** within the past five years for those who hold a Baccalaureate degree. These contact hours are in addition to the 300 general experiential hours and shall include the co-facilitation of offender evaluations, group sessions, and may include individual treatment. These contact hours shall not be obtained in less than a four-month period.

- D. Submit documentation of co-facilitation hours from a Full-Operating Level Provider or a DVCS through a letter of support verifying the face-to-face client contact hours working with domestic violence offenders.
- E. Possess a minimum of 25 face-to-face client contact hours providing clinical substance abuse treatment at an ~~Office of Behavioral Health~~ **BEHAVIORAL HEALTH ADMINISTRATION (OBH/BHA)** licensed facility or co-facilitated by a CAS or higher, and supervised by an LAC.

## II. Training Criteria

**ASSOCIATE LEVEL PROVIDER CANDIDATES** ~~Trainees~~ shall:

- A. Have obtained the following DVOMB CORE trainings:
- DV100 - DVOMB and Standards Training
  - DV101 - Domestic Violence Risk and Needs Assessment (DVRNA)
  - DV102 - Offender Evaluation Training
  - DV103 - Offender Treatment Training
- B. Possess a minimum of **14 hours** of documented training within the past five years regarding victim safety and dynamic subject areas.<sup>6</sup>

### Domestic Violence Victim Safety and Dynamics - 14 Hours

- Role of victim advocate in domestic violence offender treatment
- Offender containment and working with a victim advocate
- Crisis intervention

<sup>6</sup> Cannon, C., Hamel, J., Buttell, F., & Ferreira, R. J. (2016). A survey of domestic violence perpetrator programs in the United States and Canada: Findings and implications for policy intervention. *Partner Abuse*, 7(3), 226–276.



- Legal issues including confidentiality, duty to warn, and orders of protection
- Impact of domestic violence on victims
- Victim dynamics to include obstacles and barriers to leaving abusive relationships

C. Complete any training recommended by the DVCS in order to meet or improve applicant competencies.

III. **ASSOCIATE LEVEL PROVIDER CANDIDATES** ~~Trainees~~ shall complete all application requirements which includes submitting:

- A. Offender services work product (e.g. offender evaluations, treatment plans, and contracts) that demonstrates compliance with the DVOMB *Standards and Guidelines*
- B. Reference letters demonstrating MTT coordination
- C. DVCS competency assessment of the applicant indicating they meet the minimum proficiency in each category.

IV. Supervision Requirements for **CONTINUED PLACEMENT OF Associate Level Providers** ~~Following Approval by the ARC.~~

- A. Once approved by the ARC, all Associate Level Approved Providers (both licensed and unlicensed) shall receive ongoing supervision for a minimum of two hours per month or more as determined appropriate by a DVCS. One hour shall be individual and one hour may be group supervision. Task force meetings are not an acceptable modality for supervision of Associate Level Providers.
- B. The appropriate modality for supervision shall be determined by the DVCS based upon the training, workload, education, experience, and the professional judgement of the DVCS. Factors that shall be considered are community safety, and offender 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, teleconferencing, and Internet). Face-to-face supervision may be completed through video conferencing. All communication shall be synchronous.
- C. The DVCS shall employ supervision methods aimed at assessing and further developing required competencies of the Associate Level Provider. This may include seeking ongoing input from at a minimum the core MTT members (i.e. treatment provider, supervising officer, treatment victim advocate).<sup>7</sup>

IV. Continued Placement for **Approved Associate Level Providers.**

Associate Level Providers shall reapply for continued placement every two years or as determined by the DVOMB using the required application (Application 3 - Biennial Renewal Application). Approval for continued listing is based on the Associate Level Provider meeting all of the following criteria and the discretion of the ARC:

- A. Continuing education shall consist of the completion of a minimum of 28 clock hours over a two-year period that are evenly split in the years between renewal periods (e.g., August 1<sup>st</sup>, 2021 through July 31<sup>st</sup>, 2022 the Provider

<sup>7</sup> Fairburn, C. G. & Cooper, Z. (2011). Therapist competence, therapy quality, and therapist training. *Behaviour Research and Therapy*, 49, 373-378.; Lynch, L. & Happell, B. (2008). Implementing clinical supervision: Part I: Laying the groundwork. *International Journal of Mental Health Nursing*, 17, 57-64.

does 14 hours of continuing education). These trainings shall be in areas relevant to improve Provider competencies in delivering services, and working with domestic violence offenders. The 28 hours shall:

- Comprise of trainings recommended by the DVCS to enhance the Associate Level Provider's competencies.
- Include diversity, equity, and inclusion training, and victim safety and dynamics training.
- Include the completion of a DVOMB Standards Booster and Policy Update training, along with a DVRNA Booster training.

B. Submit reference letters demonstrating MTT coordination.

C. Acknowledge compliance with any updates made to the DVOMB *Standards and Guidelines* since their initial approval.

D. Comply with all other requirements as outlined in the application and DVOMB Administrative Policies.

### **9.03 Full Operating Level Provider Requirements**

The Full-Operating Level is an advanced level for those who exceed the minimum requirements of the Standards and demonstrate mastery of the competencies greater than that of an Associate Level Provider. Full-Operating Level Providers are expected to be competent and capable of providing both domestic violence post-sentence offender evaluation and offender treatment services. ~~Therefore, the status of Full-Operating Level Provider is not eligible for the options of (1) offender treatment only or (2) post-sentence offender evaluation only.~~ Full-Operating Level Providers do not require ongoing supervision by a Domestic Violence Clinical Supervisor (DVCS), but must have ongoing peer consultation. Full-Operating Level Providers may co-facilitate with **ASSOCIATE LEVEL PROVIDER CANDIDATES Trainees**, but may not provide supervision to **ASSOCIATE LEVEL PROVIDER CANDIDATES Trainees** or Associate Level Providers.

Associate Level Providers seeking the Full-Operating Level listing shall apply using the required application (Application 2 - Practice Level Application). Approval is based on the Associate Level Provider meeting all of the following criteria and the discretion of the ARC:

#### **I. Educational and Experiential Criteria**

Associate Level Providers shall:

- A. Hold a professional mental health license, substance use certification, or Unlicensed Psychotherapist listing with the Colorado Department of Regulatory Agencies (DORA), and not be under current disciplinary action that the Application Review Committee (hereafter ARC) determines would impede the ~~Trainee's FOL applicant's~~ **THEIR** ability to practice as a DVOMB Approved Provider.
- B. Possess a minimum of 600 general experiential counseling hours. These hours shall be face-to-face client contact hours providing evaluations and/or individual and/or group counseling sessions. The applicant must have received 50 hours of one-to-one supervision for the 600 hours.

*Discussion Point: Applicants with a CAS or higher or a masters in counseling may demonstrate this requirement of 600 general counseling hours with transcripts, licensure or certification.*

- C. Have a minimum of **500 hours of face-to-face client contact hours working with domestic violence offenders** within the past five years. The required hours may include domestic violence related co-facilitation of offender evaluations, group sessions, or individual treatment sessions. These contact hours shall not be obtained in less than a six-month period in order to allow for the DVCS to assess competencies and the Associate Level Provider's ability to co-facilitate with **ASSOCIATE LEVEL PROVIDER CANDIDATES Trainees**.
- E. Have 50 face-to-face client contact hours providing clinical substance abuse treatment at an **Office of Behavioral Health-BEHAVIORAL HEALTH ADMINISTRATION (OBH-BHA)** licensed facility or co-facilitated by a CAS or higher, and supervised by a LAC.

## II. Training Criteria

Associate Level Providers shall:

- A. Demonstrate a balanced training history to work towards competencies, as designed and directed by the DVCS.
- B. Have a minimum of 50 hours of documented training within the past five years that is specifically related to domestic violence evaluation and treatment methods for those who hold a master's degree.

OR

Have a minimum of 100 hours of documented training within the past five years that is specifically related to domestic violence evaluation and treatment methods for those who hold a Baccalaureate degree.

- C. Have obtained training in the following topics areas:

### Legal Issues

- Colorado domestic violence and family violence related laws
- Orders of Protection
- Forensic therapy
- Confidentiality and duty to warn in domestic violence cases
- Treatment within the criminal justice system

### Domestic Violence Victim Safety and Dynamics

- DV100 - DVOMB and Standards Training\*
- Role of victim advocate in domestic violence offender treatment
- Offender containment and working with a victim advocate
- Crisis intervention
- Legal issues including confidentiality, duty to warn, and orders of protection

- Impact of domestic violence on victims
- Victim dynamics to include obstacles and barriers to leaving abusive relationships

#### Offender Evaluation and Assessment Specific to Domestic Violence

- DV 101 - DVRNA\*
- DV 102 - Offender Evaluation Training\*
- Clinical interviewing skills
- Domestic violence risk assessment
- Lethality risk assessment
- Substance abuse screening
- The use of collateral sources of information
- Types of abuse
- Domestic violence offender typologies
- Cognitive distortions
- Criminal thinking errors
- Criminogenic needs

#### Treatment Facilitation and Treatment Planning

- DV103 - Offender Treatment Training\*
- Substance abuse and domestic violence
- Offender self-management
- Motivational interviewing
- Provider role in offender containment
- Forensic psychotherapy
- Coordination with criminal justice system
- Offender accountability
- Recognizing and overcoming offender resistance
- Offender contracts
- Ongoing domestic violence offender assessment: skills and tools
- Offender responsiveness to treatment
- Learning Styles
- Personality Disorders
- Risk, Needs and Responsivity
- Motivational Interviewing
- Limitations of offender confidentiality

IV. Associate Level Providers shall demonstrate compliance with the DVOMB *Standards and Guidelines* by completing all application requirements which include, but are not limited to submitting:

A. Offender services work product (e.g. offender evaluations, treatment plans, and contracts) that exceeds the

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\* An asterisk indicates this is a required training for the application.

minimum requirements of the DVOMB *Standards and Guidelines* that represents work that is indicative of their abilities to develop and train others through co-facilitation of others.

- B. Reference letters demonstrating MTT coordination.
- C. DVCS competency assessment of the Associate Level Provider indicates they exceed the minimum proficiency in each category and demonstrate mastery of the competencies greater than that of an Associate Level Provider.

*Discussion Point: It is important to note that in order to be approved as a Full-Operating Level Provider, Associate Level Providers must demonstrate a higher level of proficiency in each competency in order to ensure that they are ready to operate without supervision as well as teach others through co-facilitation.*

#### V. Peer Consultation requirements for Full-Operating Level Providers Following Approval by the ARC

Once approved by the ARC, all Approved Full-Operating Level Providers (both licensed and unlicensed) are required to have peer consultation with another approved Full-Operating Level Provider, or a DVCS for a minimum of one hour per month. The peer consultant must also be approved in all specific populations that the Full-Operating Level Provider is approved. Local task force meetings may count toward the monthly peer consultation requirement.

Full-Operating Level Providers shall co-sign any documentation of co-facilitation done for the purpose of an application to the DVOMB for placement on the Approved Provider List.

#### VI. Continued Placement for Full-Operating Level Providers

Full-Operating Level Providers shall reapply for continued placement every two years or as determined by the DVOMB using the required application (Application 3 - Biennial Renewal Application). Approval for continued listing is based on the Full-Operating Level Provider meeting all of the following criteria and is subject to the discretion of the ARC:

- A. Continuing Education for Full-Operating Level Providers shall consist of the completion of 20 clock hours every two years in areas relevant to improve Provider competencies in delivering treatment and evaluation services with domestic violence offenders. **NO MORE THAN HALF OF THE REQUIRED CONTINUING EDUCATION HOURS MAY BE DEMONSTRATED THROUGH DOCUMENTED COMMUNITY EDUCATION AND TRAINING ON ISSUES RELATED TO DOMESTIC VIOLENCE.** Of the 20 hours, the Provider shall:
  - Include trainings that aid in the development of the Full-Operating Level Provider in their delivery of offender treatment services
  - Include diversity, equity, and inclusion training, and victim safety and dynamics training.
  - Include the completion of a DVOMB Standards Booster and Policy Update training, along with a DVRNA Booster training. The Associate Level Provider may apply DVOMB Standards Booster and Policy Update, in addition to the DVRNA Booster training hours towards total CEU hours for renewal.
- B. Submit reference letters demonstrating MTT coordination.

- C. Acknowledge compliance with any updates made to the DVOMB *Standards and Guidelines* since their initial approval.
- D. Comply with all other requirements as outlined in the application and DVOMB Administrative Policies.

#### **9.04 Domestic Violence Clinical Supervisor Requirements**

Domestic Violence Clinical Supervisor (DVCS) is for licensed Full-Operating Level Providers and represents the highest status of those who have obtained the additional training, education, and experiential requirements to be supervisors. Once approved, these individuals may provide supervision to **ASSOCIATE LEVEL PROVIDER CANDIDATES** ~~Trainees~~, Associate Level Providers, and **DVCS** apprentices in accordance with the *Standards and Guidelines*.

Full-Operating Level Providers seeking approval as a Domestic Violence Clinical Supervisor (DVCS) shall apply using the required two-step application process application (Application 4 - Domestic Violence Clinical Supervisor Application). Approval is based on the Full-Operating Level Provider meeting all of the following criteria and the discretion of the ARC.

##### **I. Part 1 - Intent to Apply for DVCS**

Individuals seeking to be listed as a DVCS shall meet the following criteria:

- A. Be currently listed as a Full-Operating Level Provider for a minimum of two years and possess a minimum of 1,000 hours of face-to-face client contact working with domestic violence offenders.
- B. Hold licensure or certification as Licensed Psychologist, Licensed Clinical Social Worker, Licensed Professional Counselor, Licensed Marriage and Family Therapist, or Licensed Addiction Counselor, and not be under current disciplinary action that the ARC determines would impede the applicant's ability to practice as a DVCS.
- C. Possess a minimum of 49 hours of training specific to substance abuse and addiction.
- D. Possess a minimum of 21 hours of training in clinical supervision.
- E. Possess a minimum of 100 hours providing general clinical supervision during the past five (5) years.
- F. Attest to having knowledge of the DVOMB application requirements pertaining to responsibilities of DVCSs. DVOMB Approved Provider or applicant shall not represent themselves as a DVCS until approval by the ARC has been granted.
- G. Receive an initial assessment by an Approved DVCS to determine if the supervisee meets the minimum requirements and competencies of Section 9.04, prior to the commencement of supervision. Those who are assessed by the Approved DVCS as competent shall submit an Intent to Apply application.



## II. Part 2 - Domestic Violence Clinical Supervision Apprenticeship

- A. Once a Full-Operating Level Provider has received approval by the ARC for their Intent to Apply, the Full-Operating Level Provider is referred to as an apprentice. An apprentice may provide supervision to DVOMB applicants with the oversight of an Approved DVCS. The DVCS shall review and is charged with the responsibility of all clinical supervision work performed by the apprentice.
- B. The DVCS shall employ supervision methods aimed at assessing and developing required competencies of the apprentice. It is incumbent upon the supervisor to determine the need for additional training and supervision hours, based upon that apprentice's progress in attaining competency in the required areas.<sup>9</sup>

*Discussion Point: Best practice supervision methods should be used when possible and appropriate to maximize the learning and development of an apprentice's supervision skills.*

- C. The frequency of face-to-face supervision hours specific to the supervision of domestic violence services will be determined by the DVCS.
- D. The appropriate modality for supervision shall be determined by the DVCS based upon the competencies, training, education, and experience of the supervisee, as well as the treatment setting. Factors that shall be considered are community safety and offender needs, urban versus rural setting, and the availability of resources.
- E. Modes of supervision may include individual or group supervision, direct observation and electronic (such as telephone, teleconferencing, and Internet). Face-to-face supervision may be completed through video conferencing. All communication shall be synchronous.
- F. The DVCS shall seek feedback from at a minimum the core MTT members (i.e. treatment provider, supervising officer, treatment victim advocate) in order to assist in the assessment of apprentice's competencies.
- G. The apprentice shall submit competency ratings from the DVCS using the "Competency Based Assessment for Approval as a DVOMB Clinical Supervisor", including a letter of recommendation and narrative that addresses the following how the apprentice has stayed current on the literature/research in the field (e.g. attend conferences, trainings, journals, books, etc.).
- H. The apprentice must maintain listing in the areas they are providing supervision and must maintain compliance with the Standards.

## IV. Apprentice Work Product and Supervision Competencies

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<sup>9</sup> Fairburn, C. G. & Cooper, Z. (2011). Therapist competence, therapy quality, and therapist training. *Behaviour Research and Therapy*, 49, 373-378.; Lynch, L. & Happell, B. (2008). Implementing clinical supervision: Part I: Laying the groundwork. *International Journal of Mental Health Nursing*, 17, 57-64.

The Apprentice shall demonstrate compliance with the DVOMB *Standards and Guidelines* by completing all application requirements which include, but are not limited to submitting:

- A. Offender services work product (e.g. offender evaluations, treatment plans, and contracts). Work product must demonstrate the highest level of comprehension, implementation, and compliance with the *Standards and Guidelines*. The apprentice must demonstrate the ability to develop highly sophisticated written work product that is indicative of their abilities to effectively teach others as a supervisor.
- B. DVCS competency assessment of the apprentice indicates they exceed the minimum proficiency in each category and demonstrate mastery of the competencies suggesting they are ready to supervise others.

*Discussion Point: It is important to note that in order to be approved as an DVCS, an Apprentice must demonstrate proficiency in the DVCS competency assessment in order to ensure that they are ready to mentor and supervise.*

V. Peer Consultation requirements for **Domestic Violence Clinical Supervisors** Following Approval by the ARC

- A. DVCS shall have a minimum of one hour of peer consultation per month with other Approved Provider who are also licensed, and at minimum, Full-Operating Level. This peer consultation shall be documented as to time, date, and who attended. Group supervision and formal one-on-one supervision hours may also apply toward this requirement. Local task force meetings shall not count toward the monthly peer consultation requirement.
- B. Face-to-face peer consultation may be completed through video conferencing (such as telephone, teleconferencing, and Internet). All communication shall be synchronous.

VI. Continued Placement for **Domestic Violence Clinical Supervisors**

DVCS shall reapply for continued placement every two years or as determined by the DVOMB using the required application (Application 3 - Biennial Renewal Application). Approval for continued listing is based on the DVCS meeting all of the following criteria and is subject to the discretion of the ARC:

- A. Continuing Education for DVCS shall consist of the completion of 20 hours every two (2) years in topic areas relevant to improved treatment with domestic violence offenders, and improved supervision with supervisees. **NO MORE THAN HALF OF THE REQUIRED CONTINUING EDUCATION HOURS MAY BE DEMONSTRATED THROUGH DOCUMENTED COMMUNITY EDUCATION AND TRAINING ON ISSUES RELATED TO DOMESTIC VIOLENCE.** Of the 20 hours, diversity, equity, and inclusion training, victim safety and dynamics training shall be included. In addition, the DVCS shall complete the *DVOMB Standards Booster and Policy Update* training and a *DVRNA Booster* training every two years.
- B. Submit reference letters demonstrating MTT coordination.
- C. Acknowledge compliance with any updates made to the DVOMB *Standards and Guidelines* since their initial approval.

D. Comply with all other requirements as outlined in the application and DVOMB Administrative Policies.

### **9.05 Specialized Pre-Sentence Evaluator Application Requirements for Approval Status**

Full-Operating Level (FOL) Providers ~~(or Trainees concurrently applying for the Full-Operating Level)~~ **OR ASSOCIATE LEVEL PROVIDERS WHO ARE APPLYING FOR FOL, AND ARE** seeking an additional listing as a Specialized Pre-Sentence Evaluator shall apply using the required application (Pre-Sentence Evaluation Listing Application). Approval is based on the Full-Operating Level Provider **OR ASSOCIATE LEVEL PROVIDER APPLYING FOR FOL** ~~or Trainee~~ meeting all of the following criteria and the discretion of the ARC:

#### **I. Educational and Experiential Criteria**

A Full-Operating Level Provider or **ASSOCIATE LEVEL PROVIDERS WHO ARE APPLYING FOR FOL**, ~~Trainee~~ shall:

- A. Hold a professional mental health license from the Colorado Department of Regulatory Agencies (DORA), and not be under current disciplinary action that the ARC determines would impede the applicant's ability to practice as a DVOMB Approved Provider. Certifications and candidacies do not meet this requirement.
- B. Possess a minimum of 21 hours of training specific to advanced evaluation strategies, techniques, procedures for conducting forensic evaluations obtained within the past five (5) calendar years.
- C. Possess a minimum of 50 experiential hours conducting domestic violence pre-sentence offender evaluations.
- D. Demonstrate competency according to the applicant's respective professional standards and ethics consistent with the accepted standards of practice of domestic violence offender evaluations.
- F. Assessed as competent of the DVOMB Evaluator Competencies by a DVCS who is also approved as a Specialized Pre-Sentence Evaluator.

#### **II. Supervision requirements for those seeking the Pre-Sentence Evaluator listing:**

- A. The DVCS shall review and co-sign all pre-sentence evaluations performed by the Full-Operating Provider or **ASSOCIATE LEVEL PROVIDERS WHO ARE APPLYING FOR FOL** ~~Trainee~~.
- B. For ~~Trainees or~~ Associate Level Providers concurrently applying to become Full-Operating Level Providers, the DVCS is responsible for all clinical work performed by the applicant and pre-sentence evaluations shall be co-facilitated.
- C. The DVCS shall employ supervision methods aimed at assessing and developing required competencies. It is incumbent upon the supervisor to determine the need for additional training and supervision hours, based upon

that individual's progress in attaining competency to perform such treatment.<sup>10</sup> Face-to-face supervision may be completed through video conferencing. All communication shall be synchronous.

- D. The frequency of face-to-face supervision hours specific to domestic violence pre-sentence evaluations calculated as follows:

| Direct Clinical Contact<br>Hours per Month | Minimum Supervision<br>Hours per Month |
|--|--|
| 0-59                                       | 2                                      |
| 60-79                                      | 3                                      |
| 80 or more                                 | 4                                      |

- III. ~~Trainees or~~ Associate Level Providers shall demonstrate compliance with the DVOMB *Standards and Guidelines* by completing all application requirements which include, but are not limited to submitting:

- A. Offender services work product (e.g. offender evaluations, treatment plans, and contracts) that meets or exceeds the minimum requirements of the DVOMB *Standards and Guidelines* that represents work that is indicative of their abilities to develop and train others through co-facilitation of others.
- B. Reference letters demonstrating MTT coordination.
- C. DVCS competency assessment of the ~~Trainee or~~ Associate Level Provider indicates they exceed the minimum proficiency in each category and demonstrate mastery of the competencies.

## **9.06 Specific Offender Populations<sup>11</sup>**

Specific Offender Population (SOP) is a listing category for either female and/or LGBTQIA+ offenders. Once approved by the DVOMB, these individuals may provide domestic violence services to those designated populations.

In order to provide services to Specific Offender Populations (SOP) identified by the DVOMB, **ASSOCIATE LEVEL PROVIDER APPLICANTS** ~~Trainees~~, or Approved Provider shall obtain the corresponding specific approval status to provide domestic violence services to that population. There are currently two specific offender populations that require approval by the DVOMB before domestic violence offender services, (e.g., evaluation, treatment, advocacy) can be provided: female offenders and LGBTQIA+ offenders.

**ASSOCIATE LEVEL APPLICANTS** ~~Trainees~~ or Approved Providers seeking an additional listing as with either female

<sup>10</sup> Fairburn, C. G. & Cooper, Z. (2011). Therapist competence, therapy quality, and therapist training. *Behaviour Research and Therapy*, 49, 373-378.; Lynch, L. & Happell, B. (2008). Implementing clinical supervision: Part I: Laying the groundwork. *International Journal of Mental Health Nursing*, 17, 57-64.

<sup>11</sup> 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 culturally sensitive to the offender.

offenders, LGBTQIA+ offenders, or both, shall apply using the required application (SOP Listing Application). Approval is based on the **ASSOCIATE LEVEL APPLICANTS Trainees** or Approved Provider meeting all of the following criteria and the discretion of the ARC:

I. Experiential and Training Criteria

**ASSOCIATE LEVEL APPLICANTS Trainees** or Approved Providers shall:

- A. Have 50 face-to-face general client contact hours with that specific population. Based on the assessment of competencies by the SOP DVCS of the applicant, these hours can be demonstrated with services to justice involved and non-justice involved domestic violence populations including other mental health or substance abuse services obtained under a valid DORA registration. All face-to-face hours acquired with domestic violence offenders shall be obtained by co-facilitating with an Approved Provider who is approved with that specific population, who is Full-Operating Level or a DVCS.
- B. Have a minimum of 14 hours of SOP domestic violence offender training. In order to meet all required competencies, the DVCS may require additional training in areas where the applicant may need growth and improvement. SOP training hours may also be utilized in new or additional applications, in the appropriate training categories.

II. Supervision requirements for those seeking an SOP listing:

- A. The **ASSOCIATE LEVEL APPLICANTS Trainees** or Approved Provider must work under a DVCS who is approved to work with the corresponding Specific Offender Population (referred to as the SOP DVCS) while completing the application process.
- B. The DVCS shall seek feedback from at a minimum the core MTT members (i.e. treatment provider, criminal justice supervising officer, treatment victim advocate) in order to assist in the assessment of applicant SOP competencies.
- C. The appropriate modality for supervision shall be determined by the DVCS based upon the competencies, training, education, and experience of the supervisee, as well as the treatment setting. Factors that shall be considered are community safety and offender needs, urban versus rural setting, and the availability of resources.
- D. Specific Offender Population Domestic Violence Clinical Supervision hours may be in conjunction with supervision hour requirements of the supervisee's required supervision hours.
- E. Modes of supervision may include individual or group supervision, direct observation and electronic (such as telephone, teleconferencing, and Internet). Face-to-face supervision may be completed through video conferencing. All communication shall be synchronous. Task force meetings are not an acceptable modality for supervision for SOP supervision or peer consultation.

III. **ASSOCIATE LEVEL APPLICANTS Trainees** or Approved Providers shall demonstrate compliance with the DVOMB

*Standards and Guidelines* by completing all application requirements which include, but are not limited to submitting:

- A. Offender services work product (e.g. offender evaluations, treatment plans, and contracts) that meets or exceeds the minimum requirements of the DVOMB *Standards and Guidelines*.
- B. Reference letters demonstrating MTT coordination.
- C. DVCS assessment of the SOP competencies for the **ASSOCIATE LEVEL APPLICANT Trainees** or the Approved Provider indicating they meet or exceed the minimum proficiency in each category and demonstrate mastery of the competencies.

II. Requirements for Approved Providers with an SOP Listing:

- A. Continued Supervision Requirements for **SOP Approved Providers**:
  - 1. Based on the level of approval, licensed and unlicensed Approved SOP Provider are required to have:
    - a. DV Clinical Supervision commensurate to the requirements for current Level of Approval (e.g. Associate Level). The DV Clinical Supervisor must also hold the same SOP approval.
    - b. Peer Consultation commensurate to the requirements for current Level of Approval, (e.g. FOL, DVCS). The Peer Consultant must also hold the same SOP approval.
  - 2. SOP supervision or peer consultation, shall be conducted following Standards in this Section 9.06, II.
- B. Continued Placement for Approved Specific Offender Population Approved Providers:
  - 1. All Approved Providers shall reapply for continued placement every two years or as determined by the Board.
  - 2. SOP approved Providers must complete a portion of their continuing education to include topics on the SOP approved in.

*Note: Research cited in this document speaks to the benefits of clinical supervision, therapist training, and therapist competencies but does not specifically dictate the necessity of these.*

## **9.07 Telehealth Provider**

- I. **ASSOCIATE LEVEL APPLICANT Trainees** or the Approved Provider shall apply using the required application (Teletherapy Application). Approval is based on the **ASSOCIATE LEVEL APPLICANT Trainee** or the Approved Provider meeting all of the following criteria and is subject to the discretion of the ARC. The **ASSOCIATE LEVEL APPLICANT Trainees** or the Approved Provider shall:

- A. Possess 25 general experiential counseling hours of conducting telehealth services,

OR



Possess a certification in teletherapy (e.g., PESI, Inc.)

- B. Demonstrate competency with the use of teletherapy and application of teletherapy under the DVOMB Standards and Guidelines.
- C. Use a HIPAA approved platform and possess a valid Business Associates Agreement (BAA).
- D. Receive the necessary amount of supervision in order to become competent in the provision of telehealth services to offenders.
- E. Complete all application requirements associated for this listing status.

II. Supervision requirements for those working towards Teletherapy Approval:

- A. The DVCS shall review and co-sign and all domestic violence session notes, treatment plans, treatment plan review reports, evaluations, and all other reports and documentation by the applicant. The DVCS is responsible for all domestic violence clinical work performed by the applicant.
- B. The DVCS shall employ supervision methods aimed at assessing and developing required competencies. It is incumbent upon the supervisor to determine the need for additional training and supervision hours, based upon that individual's progress in attaining competency to perform such treatment.<sup>12</sup>
- C. The frequency of face-to-face supervision hours specific to domestic violence specific treatment and/or evaluation calculated as follows:

| Direct Clinical Contact<br>Hours per Month | Minimum Supervision<br>Hours per Month |
|--|--|
| 0-59                                       | 2                                      |
| 60-79                                      | 3                                      |
| 80 or more                                 | 4                                      |

- D. The appropriate modality for supervision shall be determined by the Domestic Violence Clinical Supervisor based upon the training, workload, education, experience of the supervisee, work towards provider competencies, and the professional judgement of the DVCS. Factors that shall be considered are community safety, and offender needs, urban versus rural setting, and the availability of resources.
- E. Modes of supervision may include individual or group supervision, direct observation and electronic (such as telephone, teleconferencing, and Internet). Face-to-face supervision may be completed through video

<sup>12</sup> Fairburn, C. G. & Cooper, Z. (2011). Therapist competence, therapy quality, and therapist training. *Behaviour Research and Therapy*, 49, 373-378.; Lynch, L. & Happell, B. (2008). Implementing clinical supervision: Part I: Laying the groundwork. *International Journal of Mental Health Nursing*, 17, 57-64.

conferencing. All communication shall be synchronous.

- F. The DVCS shall assess the applicant on the Teletherapy Competencies and shall seek feedback from at a minimum the core MTT members (i.e. treatment, supervising officer, treatment victim advocate) in order to assist in the assessment of applicant competencies.

III. Continued Supervision and Peer Consultation Requirements for Teletherapy Approved Providers:

- A. Through the course of required supervision, Associate Level Approved Providers shall address teletherapy to the extent necessary with a DVCS who is Teletherapy Approved.
- B. Through the course of required peer consultation, Full Operating Level and DVCS Approved Providers shall address teletherapy to the extent necessary with a peer consultant. The peer consultant must also be Teletherapy Approved.

IV. Continued Placement for Teletherapy Status

- A. Continuing Education for Approved Providers with the Teletherapy listing shall consist of the completion of a minimum of 1 clock hour every two years in areas relevant to improve provider competencies in delivering treatment and evaluation services with court ordered domestic violence offenders.

## Reference Guided for Baccalaureate Degree Applicants

| Minimum Hours Required by Category                  | Associate Level<br>Section 9.02                               | Full Operating Level<br>Section 9.03                      |
|---|---|---|
| General Experiential Counseling Hours               | 300 Hours a minimum of 15 hours of one-to-one supervision     | 600 Hours a minimum of 50 hours of one-to-one supervision |
| Co-Facilitated Domestic Violence Experiential Hours | 108 Hours   | 500 Hours   |
| Substance Abuse Treatment Experiential Hours        | 25 Hours  | 50 Hours  |
| Training Hours                                      | 36 Hours + 35 Hours of Basic Counseling Skills                | 100 Hours + 35 Hours of Basic Counseling Skills           |
| Clinical Supervision Hours                          | Tiered based on the number of direct clinical contact hours.  |   |
|   | Direct Clinical Contact Hours per Month                       | Minimum Supervision Hours per Month                       |
|   | 0-59  | 2   |
|   | 60-79   | 3   |
|   | 80 or more  | 4   |
| Continuing Education                                | 28 hours per Renewal Period with 14 Hours required each year* | 20 Hours*   |

## Reference Guided for Master's Degree Applicants

| Requirements by Category                            |  | Associate Level<br>Section 9.02     | Full Operating Level<br>Section 9.03                      |
|---|--|-------------------------------------|---|
| General Experiential Counseling Hours               | 300 Hours a minimum of 15 hours of one-to-one supervision      |                                     | 600 Hours a minimum of 50 hours of one-to-one supervision |
| Co-Facilitated Domestic Violence Experiential Hours | 54 Hours   |                                     | 500 Hours   |
| Substance Abuse Treatment Experiential Hours        | 25 Hours   |                                     | 50 Hours  |
| Training Hours                                      | 36 Hours   |                                     | 50 Hours  |
| Clinical Supervision Hours                          | Tiered based on the number of direct clinical contact hours.   |                                     |   |
|   | Direct Clinical Contact Hours per Month                        | Minimum Supervision Hours per Month |   |
|   | 0-59   | 2                                   |   |
|   | 60-79  | 3                                   |   |
|   | 80 or more   | 4                                   |   |
| Continuing Education                                | 28 hours per Renewal Period with 14 Hours required each year** |                                     | 20 Hours*   |

\* As part of CEU's, Approved Providers must complete a DVOMB Standards Booster and Policy Update training, along with a DVRNA Booster training, every renewal cycle.