

5.0 Standards of Practice for Treatment

BLUE BOLDED TEXT - Newly Added or Amended Language

Red Text with Strikethrough - Removed Language

DOMESTIC VIOLENCE OFFENDER TREATMENT IS DEFINED AS THERAPY, MONITORING, AND SUPERVISION OF A PERSON WHO COMMITTED A DOMESTIC VIOLENCE OFFENSE (HEREAFTER CLIENT), WHICH CONFORMS TO THE STANDARDS AND GUIDELINES CREATED BY THE DVOMB. CONSISTENT WITH CURRENT RESEARCH AND PROFESSIONAL PRACTICES, DOMESTIC VIOLENCE OFFENDER TREATMENT IS THE COMPREHENSIVE SET OF PLANNED THERAPEUTIC EXPERIENCES AND INTERVENTIONS DESIGNED TO UNIQUELY CHANGE THE POWER AND CONTROL DYNAMICS, ABUSIVE THOUGHTS, AND BEHAVIORS. SUCH TREATMENT SPECIFICALLY ADDRESSES THE OCCURRENCE AND DYNAMICS OF DOMESTIC VIOLENCE AND UTILIZES DIFFERENTIAL STRATEGIES TO PROMOTE CLIENT CHANGE. MUCH MORE IMPORTANCE IS GIVEN TO THE MEETING OF ALL TREATMENT GOALS THAN THE PASSAGE OF A SPECIFIC AMOUNT OF TIME, SINCE CLIENTS MAKE PROGRESS IN TREATMENT AT DIFFERENT RATES. TREATMENT IS MORE SUCCESSFUL WHEN IT IS DELIVERED CONSISTENTLY AND WITH FIDELITY TO THE INDIVIDUAL NEEDS OF THE OFFENDER (HEREAFTER CLIENT). FOR THE STATUTORY DEFINITION OF TREATMENT, SEE SECTION 16-11.8.102, C.R.S.

IN THE INTEREST OF VICTIM AND COMMUNITY SAFETY, THE PURPOSE OF TREATMENT IS TO FOSTER CONDITIONS THAT ALLOW THE CLIENT TO:

- (A) MANAGE EFFECTIVELY THE INDIVIDUAL FACTORS THAT CONTRIBUTE TO ABUSIVE BEHAVIORS;
- (B) DEVELOP STRENGTHS AND COMPETENCIES TO ADDRESS CRIMINOGENIC NEEDS;
- (C) IDENTIFY AND CHANGE THOUGHTS, FEELINGS AND ACTIONS THAT MAY CONTRIBUTE TO OFFENDING, AND;
- (D) ESTABLISH AND MAINTAIN STABLE, MEANINGFUL AND PRO-SOCIAL LIVES.

TREATMENT PROVIDES CLIENT CONTAINMENT THROUGH COLLABORATION WITH THE MULTI-DISCIPLINARY TREATMENT TEAM (MTT). TREATMENT MUST BE TAILORED TO EACH CLIENT'S RESPONSIVITY FACTORS¹ BASED ON THE DIVERSITY OF THE POPULATION. IN PARTICULAR, PROVIDERS ARE REQUIRED TO BE APPROVED BY THE DVOMB IN ORDER TO WORK WITH FEMALE AND LGBT+ CLIENTS.

THE DVOMB STANDARDS EMPLOY DIFFERENT LEVELS OF TREATMENT BASED ON GENERAL CRIMINOLOGY RESEARCH THAT SUPPORTS A DIFFERENTIAL TREATMENT MODEL DETERMINED BY CLIENT RISK, CRIMINOGENIC NEEDS, AND RESPONSIVITY (ANDREWS & BONTA, 1994). THE

¹ EFFECTIVE SERVICE DELIVERY OF TREATMENT AND SUPERVISION REQUIRES INDIVIDUALIZATION THAT MATCHES THE CLIENTS' CULTURE, LEARNING STYLE, AND ABILITIES, AMONG OTHER FACTORS. RESPONSIVITY FACTORS ARE THOSE FACTORS THAT MAY INFLUENCE AN INDIVIDUAL'S RESPONSIVENESS TO EFFORTS THAT ASSIST IN CHANGING A CLIENT'S ATTITUDES, THOUGHTS, AND BEHAVIORS.

LENGTH OF TREATMENT IS DETERMINED BY MTT CONSENSUS, BASED ON INDIVIDUAL RISK AND NEEDS OF THE CLIENT, AND PROGRESS IN TREATMENT MEASURED BY A MINIMUM NUMBER OF TREATMENT PLAN REVIEWS (REFER TO OVERVIEW CHART ON PAGE ____).

~~The purpose of treatment is to increase victim and community safety by reducing the offender's risk of future abuse. Treatment provides the offender an opportunity for personal change. Treatment challenges destructive core beliefs and teaches positive nonviolent cognitive-behavioral skills. Although the degree of personal change ultimately rests with the offender, the MTT will monitor progress in treatment and hold the offender accountable for lack of progress.~~

~~Most professionals in the domestic violence field in Colorado agree that the time driven model (36 weeks) is historical, anecdotal, and not appropriate for all offenders. Professional consensus identified a need for differentiated treatment. General criminology research supports a differential treatment model determined by offender risk, criminogenic needs, and matching appropriate treatment intensity (Andrews & Bonta, 1994). These Standards and Guidelines incorporate different levels of treatment and focus on offender risk. The length of treatment in these revised Standards and Guidelines is determined by individual offender risk and progress in treatment (Refer to Overview Chart on page 6P).~~

5.01 Principles of Effective Intervention for Domestic Violence Offender

- I. **VICTIM SAFETY:** VICTIM SAFETY SHALL BE A PRIORITY OF TREATMENT. TREATMENT APPROACHES AND PRACTICES SHALL ALWAYS SUPPORT VICTIM SAFETY AND PROMOTE CLIENT ACCOUNTABILITY THROUGH THE CORE COMPETENCIES. THE PARTICIPATION OF THE TREATMENT VICTIM ADVOCATE (TVA) IS AN INTEGRAL PART OF THE MTT AND ASSISTS IN PROMOTING VICTIM SAFETY. TREATMENT SHALL NOT BLAME OR INTIMIDATE THE VICTIM OR PLACE THE VICTIM IN A POSITION OF DANGER.

~~I. **Provision of Treatment:** Treatment, evaluation, and assessment shall be provided by an Approved Provider at all times.~~

- II. **CLIENT DIVERSITY:** CLIENTS REPRESENT A DIVERSE POPULATION REQUIRING HOLISTIC AND INDIVIDUALIZED APPROACHES TO TREATMENT. CLIENTS MAY PRESENT WITH MORE THAN ONE AREA OF RISK AND TREATMENT NEED. TREATMENT SHALL BE BASED ON THE OFFENDER EVALUATION AND ONGOING ASSESSMENT OF THE CLIENT TO INCLUDE ANY CO-OCCURRING CLINICAL CONCERNS (E.G., MENTAL HEALTH, SUBSTANCE ABUSE, PRIOR TRAUMA, FAMILY DYSFUNCTION, ETC.). THE APPROVED PROVIDER SHALL DELIVER TREATMENT THAT ADDRESSES RISK AND PROTECTIVE FACTORS, FOCUSES ON CRIMINOGENIC NEEDS, AND INCORPORATES THE CLIENT'S RESPONSIVITY² TO TREATMENT.

~~**Victim Safety:** Victim safety shall be the priority of all offender 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~~

² Responsivity - Effective service delivery of treatment and supervision requires individualization that matches the offender's culture, learning style, and abilities, among other factors. Responsivity factors are those factors that may influence an individual's responsiveness to efforts that assist in changing an offender's attitudes, thoughts, and behaviors.

~~techniques that strengthen impulse control.~~

- III. **INDIVIDUALIZED TREATMENT:** INDIVIDUALIZED TREATMENT SHALL BE BASED ON THE INITIAL TREATMENT PLAN AND SUBSEQUENT TREATMENT PLAN REVIEWS THAT DETERMINE THE LEVELS, FREQUENCY, AND DURATION OF DOMESTIC VIOLENCE OFFENDER TREATMENT. LEVELS AND FREQUENCY OF TREATMENT INCLUDE LEVEL A (LOW INTENSITY), LEVEL B (MODERATE INTENSITY), AND LEVEL C (HIGH INTENSITY). DURATION OF TREATMENT VARIES BASED ON INDIVIDUAL CLIENT PROGRESS AND THE MINIMUM NUMBER OF TREATMENT PLAN REVIEWS.

~~**Intensity of Treatment:** Intensity of treatment shall be matched with offender risk. Levels of treatment will vary by intensity; such as low, moderate, or high intensity treatment. Intensity of treatment will vary by amount of offender contact during treatment; type of theoretical approach; and additional monitoring such as urinalysis, day reporting or monitored sobriety.~~

- IV. **ENVIRONMENTAL AND CULTURAL INFLUENCES:** INTERVENTIONS ARE INFORMED BY ENVIRONMENTAL AND CULTURAL INFLUENCES INCLUDING THE CLIENT'S AGE, FAMILY UNIT (E.G. INTERGENERATIONAL CYCLE OF ABUSE), PEER INFLUENCES, COMMUNITY, MEDIA, AND SOCIETAL MESSAGES ON ATTITUDES AND BEHAVIORS RELATED TO DOMESTIC VIOLENCE. IT IS IMPORTANT TO VIEW THESE INFLUENCES THROUGH THE FRAMEWORK OF PRO-SOCIAL, RESILIENCE TO TRAUMA, AND RISK FACTORS TO EACH CLIENT. SERVICES SHOULD BE PROVIDED IN A MANNER SENSITIVE TO CULTURAL, ETHNIC, DEVELOPMENTAL, SEXUAL ORIENTATION, GENDER, MEDICAL AND/OR EDUCATIONAL ISSUES, OR DISABILITIES THAT ARE OR BECOME KNOWN.
- V. **FIDELITY OF PRACTICE:** THE DEGREE TO WHICH PROGRAM FOLLOWS A PARTICULAR INTERVENTION MODEL OR THEORY REFERS TO THE FIDELITY OF PRACTICE. THIS PRINCIPLE FOCUSES ON HOW CLOSELY SERVICES ARE DELIVERED AND IS ENHANCED WHEN TREATMENT STAFF ARE QUALIFIED, PROPERLY TRAINED, AND RECEIVE ADEQUATE SUPERVISION. ADHERING TO THE FIDELITY OF PRACTICE PRINCIPLE IS IMPORTANT FOR TREATMENT SUCCESS AND INTEGRITY TO THE STANDARDS.³

5.02 WHO CAN PROVIDE TREATMENT:

A. DOMESTIC VIOLENCE OFFENDER TREATMENT SERVICES

PURSUANT TO C.R.S. 16-11.8-104, DOMESTIC VIOLENCE OFFENDER TREATMENT AND ONGOING ASSESSMENT SHALL BE PROVIDED BY AN APPROVED PROVIDER THROUGHOUT THE TREATMENT PROCESS. (CONSENSUS 6/26/2020) APPROVED PROVIDERS MUST HAVE MET THE QUALIFICATIONS DESCRIBED IN SECTION 9.0 OF THESE STANDARDS AND THEIR NAME MUST APPEAR ON THE APPROVED PROVIDER LIST.

DISCUSSION: A PROVIDER WHO CHOOSES TO BEGIN TREATING A CLIENT DURING THE PRE-CONVICTION STAGE SHOULD PROVIDE TREATMENT IN COMPLIANCE WITH THESE STANDARDS AND GUIDELINES TO THE EXTENT POSSIBLE.

B. SECOND CONTACT SERVICES

AN APPROVED PROVIDER WHO TREATS DOMESTIC VIOLENCE OFFENDERS UNDER THE

JURISDICTION OF THE CRIMINAL JUSTICE SYSTEM MUST USE DOMESTIC VIOLENCE OFFENDER TREATMENT AS DEFINED BY THIS SECTION OF THE STANDARDS (SEE DEFINITION SECTION). THIS DOES NOT PRECLUDE THE CLIENT FROM RECEIVING ADJUNCTIVE TREATMENT AS CLINICALLY INDICATED BASED ON THE RISK LEVEL AND NEEDS OF THE CLIENT. ADJUNCT TREATMENT AND INTERVENTIONS ARE REFERRED TO AS SECOND CONTACTS.

IN CONSULTATION WITH THE MTT, THE APPROVED PROVIDERS SHALL:

- USE THEIR CLINICAL JUDGMENT TO PRIORITIZE TREATMENT NEEDS AND DEVELOP A TREATMENT PLAN THAT RESPONDS TO ANY ADDITIONAL TREATMENT NEEDS;
- SERVE AS THE DEFAULT MEMBER OF THE MTT TO FACILITATE THE COLLABORATION AND COORDINATION WITH THE SECOND CONTACT IN THE EVENT THAT NO OTHER MEMBER IS ABLE AND WILLING TO SERVE IN THAT ROLE;
- ASSESS THE APPROPRIATENESS OF ANY PROFESSIONAL PROVIDING A SECOND CONTACT SERVICE INCLUDING THOSE WHO HAVE AN ESTABLISHED THERAPEUTIC RELATIONSHIP WITH THE CLIENT (E.G., MENTAL HEALTH PROVIDER);
- DETERMINE IF A SECOND CONTACT QUALIFIES AS REQUIRED BY THESE STANDARDS AND IS CLINICALLY RELEVANT TO THE CLIENT'S OVERALL TREATMENT GOALS AND SAFETY TO THE VICTIM.
- INCLUDE AND COLLABORATE WITH THE SECOND CONTACT AS AN ADJUNCT MEMBER OF THE MTT.

THE SECOND CONTACT SHALL BE ADMINISTERED BY A CLINICIAN OR ANOTHER PROFESSIONAL WHO UNDERSTANDS AND SUPPORTS THE OVERALL GOALS OF OFFENDER TREATMENT. THE FOLLOWING EXCLUSIONARY CRITERIA SHALL BE GROUNDS FOR THE MTT TO IDENTIFY AN ALTERNATIVE SECOND CONTACT TO MEET SECOND CONTACT REQUIREMENTS SPECIFIED IN SECTION 5.0_:

- THE PROFESSIONAL UNDERMINES OR FAILS TO CONTRIBUTE TO THE INDIVIDUAL CLIENT'S TREATMENT GOALS;
- THE PROFESSIONAL IS UNWILLING OR UNABLE TO COORDINATE AND COLLABORATE WITH THE MTT;
- THE PROFESSIONAL DOES NOT PROVIDE A SERVICE FOUND BY THE OFFENDER EVALUATION AND TREATMENT PLAN TO BE A NECESSARY SECOND CONTACT;
- THERE IS NO PROFESSIONAL AVAILABLE TO OBSERVE AND VERIFY THE CLIENT ENGAGING IN SUCH AN ACTIVITY TO FULFILL A SECOND CONTACT (E.G., ANONYMOUS GROUPS, VOLUNTEERING)

IN SUCH CASES WHERE A SECOND CONTACT PROFESSIONAL MEETS THIS CRITERIA, AN ALTERNATIVE SECOND CONTACT SHALL BE IDENTIFIED BY THE APPROVED PROVIDER AND AGREED UPON BY THE MTT. SEE SECTION 5.0_ FOR MORE INFORMATION ABOUT SECOND CONTACT REQUIREMENTS.

DISCUSSION POINT: PROFESSIONALS IDENTIFIED TO PROVIDE A SECOND CONTACT MAY HAVE LIMITED PROFESSIONAL EXPERIENCE OR TRAINING IN DOMESTIC VIOLENCE DYNAMICS. IN SOME CASES, IT MAY BECOME NECESSARY FOR THE MTT TO OFFER EDUCATION REGARDING THE CLIENT'S INDIVIDUAL TREATMENT PLAN, REQUIREMENTS OF OFFENDER TREATMENT, AND THE ROLE OF THE MTT. ADDITIONALLY, IT IS BENEFICIAL FOR SECOND CONTACT PROVIDERS TO AGREE TO WORK AS A UNITED TEAM FOR THE SUCCESS OF THE CLIENT AND THE PROTECTION OF THE VICTIM IN ORDER TO AVOID TRIANGULATION AND COLLUSION. REFER THESE PROFESSIONALS TO THE DV100 TRAINING IF NECESSARY.

C. OPTIONS FOR DOMESTIC VIOLENCE GROUP AND INDIVIDUAL TREATMENT COVERAGE

BASED ON THE PRINCIPLES OF RISK, NEEDS, AND RESPONSIVITY, CONTINUITY OF CARE IS IMPORTANT TO PROMOTE THE CLIENT'S AMENABILITY IN TREATMENT WITHIN THE CONTEXT OF THE DOSAGE, CONSISTENCY, STRUCTURE, AND CONTAINMENT IN ORDER FOR TREATMENT TO BE EFFECTIVE WITH CLIENTS. THIS SECTION OUTLINES THE OPTIONS AVAILABLE TO APPROVED PROVIDERS WHEN AN APPROVED PROVIDER IS NOT AVAILABLE TO PROVIDE TREATMENT.

EMERGENCIES AND CANCELLATIONS

WHEN AN APPROVED PROVIDER IS NOT ABLE TO FACILITATE A GROUP OR INDIVIDUAL SESSION DUE TO UNFORESEEN CIRCUMSTANCES, THE APPROVED PROVIDER MAY:

- CANCEL A SESSION WHEN NECESSARY (E.G., HOLIDAYS, INCLEMENT WEATHER, MEDICAL EMERGENCY, ETC). IN THE EVENT A SESSION IS CANCELLED, THE APPROVED PROVIDER SHALL NOTIFY THE CLIENT(S) OF THE CANCELLATION. TO THE EXTENT POSSIBLE, THE APPROVED PROVIDER SHOULD ATTEMPT TO RESCHEDULE ANY CANCELLATIONS IN ORDER TO PROMOTE STABILITY AND CONSISTENCY IN THE CONTEXT OF THE TREATMENT.

OR

- MAKE ARRANGEMENTS FOR COVERAGE OF THE GROUP SESSION. ONCE ARRANGEMENTS HAVE BEEN MADE, THE APPROVED PROVIDER SHALL SUBSEQUENTLY NOTIFY THE MTT DURING REGULAR MTT COMMUNICATION ABOUT THE COVERAGE IMPLEMENTED FOR THE SESSION. IF THE NEED FOR COVERAGE PERSISTS, THE APPROVED PROVIDERS SHALL COORDINATE FOR ONGOING COVERAGE AND SHALL PROVIDE SUBSEQUENT NOTIFICATION TO THE MTT.

DISCUSSION POINT: IT IS A BEST PRACTICE FOR AN APPROVED PROVIDER TO COMMUNICATE CANCELLATIONS OR COVERAGE ARRANGEMENTS TO THE MTT AS SOON AS POSSIBLE. COMMUNICATING CANCELLATIONS IN A TIMELY MANNER GIVES MTT MEMBERS AWARENESS AND THE ABILITY TO PLAN FOR ANY POTENTIAL SAFETY CONSIDERATIONS OR CONTAINMENT ISSUES THAT MAY BE PROMPTED BY SUCH CANCELLATION.

COVERAGE FOR PLANNED ABSENCES

WHEN AN APPROVED PROVIDER PLANS IN ADVANCE FOR AN ABSENCE (E.G. VACATION, MEDICAL PROCEDURE), THE APPROVED PROVIDER SHALL MAKE ARRANGEMENTS FOR COVERAGE OF THE GROUP SESSION, AND NOTIFY THE MTT IN ADVANCE THROUGH A REGULAR COMMUNICATION METHOD SUCH AS A MONTHLY REPORT OR EMAIL.

REQUIREMENTS FOR GROUP COVERAGE

ANYTIME AN APPROVED PROVIDER IS NOT ABLE TO FACILITATE A GROUP OR INDIVIDUAL SESSIONS, APPROVED PROVIDERS SHALL FIRST SEEK COVERAGE BY ANOTHER DVOMB APPROVED PROVIDER. IN THE EVENT THAT ANOTHER DVOMB APPROVED PROVIDER CANNOT PROVIDE TREATMENT COVERAGE, THE APPROVED PROVIDER SHALL UTILIZE ONE OF THE FOLLOWING INDIVIDUALS FOR GROUP COVERAGE:

- AN EXPERIENCED DVOMB ASSOCIATE LEVEL CANDIDATE WHO DEMONSTRATES COMPETENCY IN FACILITATING THE GROUP AS DETERMINED BY THE DVOMB PROVIDER (REFER TO SECTION 9.0(V) OF THE STANDARDS AND APPENDIX D - ADMINISTRATIVE POLICIES (I)(A);

OR

- ANOTHER MENTAL HEALTH PROVIDER WHO HAS A MENTAL HEALTH LISTING IN COLORADO WITH THE DEPARTMENT OF REGULATORY AGENCIES, AND WHO HAS GROUP FACILITATION SKILLS AND THE ABILITY TO IMPLEMENT THE LESSON PLAN

THE PROVIDER SHALL SUPPLY A SESSION PLAN TO THE IDENTIFIED INDIVIDUAL WHO WILL COVER THE

TREATMENT SESSION AND/OR ADDRESS GENERALIZED PSYCHO-EDUCATIONAL TREATMENT COMPETENCIES.

DISCUSSION POINT: THE INDIVIDUAL PROVIDING COVERAGE SHOULD BE AWARE THAT DOING DOMESTIC VIOLENCE SPECIFIC TREATMENT CAN ONLY BE DONE BY AN APPROVED PROVIDER AND DOMESTIC VIOLENCE SPECIFIC ISSUES SHOULD BE DEFERRED TO THE APPROVED PROVIDER UPON THEIR RETURN. CLINICIANS SHOULD WORK WITHIN THEIR RANGE OF EXPERIENCE, SKILL, KNOWLEDGE OR EXPERTISE.

INDEFINITE COVERAGE OR CLIENT TRANSFER (MORE THAN ONE MONTH)

IF THE PROVIDER ABSENCE LASTS LONGER THAN ONE MONTH AND BECOMES INDEFINITE, OR IF THE PROVIDER IS PLANNING TO NO LONGER PROVIDE TREATMENT SERVICES FOR AN EXTENDED PERIOD OF TIME OR CLOSE THEIR PRACTICE, THE PROVIDER SHALL OBTAIN A DVOMB APPROVED PROVIDER TO PROVIDE TREATMENT SERVICES, AND/OR ACCEPT A CLIENT TRANSFER, DURING THE ABSENCE PERIOD.

ABUSE OF COVERAGE

APPROVED PROVIDERS WHO RELY ON THE COVERAGE OPTIONS IN A MANNER THAT WOULD HINDER PROGRESS OR EXTEND THE AMOUNT OF TIME A CLIENT IS REQUIRED TO BE IN TREATMENT MAY BE SUBJECT TO FORMAL COMPLAINTS AND ADMINISTRATIVE ACTIONS.