Colorado Domestic Violence Offender Management Board

STANDARDS FOR TREATMENT WITH COURT ORDERED DOMESTIC VIOLENCE OFFENDERS

January 2001

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

700 Kipling Street, Suite 1000
Lakewood, CO 80215
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Effective Date: January 1, 2001

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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 §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 treatment providers who provide services to convicted domestic violence offenders in the state of Colorado.

These *Colorado Domestic Violence Offender Management Board Standards For Treatment With Court Ordered Domestic Violence Offenders* (hereafter Standards) have been adopted by the Board in their entirety, as developed by the State Commission, pursuant to §16-11.8-103 (4) (I), C.R.S. These Standards will be in effect during the period from January 2001 through December 2001. The Board will be reviewing the current Standards during this period and will publish any additions or revisions in January of 2002. (Members of the State Commission that originally developed these Standards and the history of the development of domestic violence standards in Colorado are present in Sections 1.0 and 2.0 of these Standards.)

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 as they review these Standards for revision.

DOMESTIC VIOLENCE OFFENDER MANAGEMENT BOARD

To contact the Board, request copies of these Standards or the Treatment Provider Application or to receive DVOMB meeting notices, please contact the DVOMB Staff at:

Domestic Violence Offender Management Board
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303-239-4442
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The Domestic Violence Offender Management Board consists of the following members as of January 1, 2001:

Lt. Tony G. Spurlock
Chairperson
Douglas County Sheriff's Department, representing law enforcement

Peter J. Di Leo, LPC, CAC II
Treatment Provider, representing Licensed Professional Counselors

The Honorable Al Dominguez
19th Judicial District Attorney's Office, representing for Prosecuting Attorneys

The Honorable Gilbert A. Gutierrez
19th Judicial District, representing Judges

Zoe Henry
Representing the Colorado Department of Regulatory Agencies

Mary McGhee
Representing the Colorado Department of Human Services

Eric Philp
Office of Probation Services, representing the Judicial Department

Zori Rodriquez
Colorado Coalition Against Domestic Violence, representing Domestic Violence Victims and Victim's Organizations

Diane R. Shelton-McBryde, Psy.D.
Treatment Provider, representing Licensed Psychologists

Steve Siegel
2nd Judicial District Attorney's Office, representing Urban Coordination of Domestic Violence Response

Bitten Skartvedt, LCSW
Evaluator, 6th Judicial District Probation Department, representing Licensed Clinical Social Workers

Anne Tapp
Boulder County Safehouse, representing Domestic Violence Victims and Victim's Organizations

Jean McAllister, MSW
Office of Domestic Violence and Sex Offender Management, representing the Colorado Department of Public Safety, Division of Criminal Justice

Charlene Tortorice
Advocates Against Domestic Assault, representing Rural Coordination of Domestic Violence Response

Steve Landman, LMFT, CAC III
Treatment Provider, representing Licensed Marriage and Family Therapists

Jasmine Churchill, BA, CAC III
Treatment Provider, representing Unlicensed Mental Health Professionals

Vacant
Representing Public Defenders

Vacant
Representing the Department of Corrections

1.0. STATE COMMISSION

Representing District Attorneys:

Mr. Steve Siegel, Commission Chair
Director of Program Development
Denver District Attorney's Office

Honorable Al Dominguez
District Attorney
19th Judicial District

Representing Probation:

Mr. Eric Philp
Office of Probation Services

Representing Experts in the Field of Treatment of Domestic Violence Offenders:

Dr. Shirley Asher

Mr. Bob Simmons

Representing Victims' Services:

Ms. Anne Tapp
Boulder County Safehouse

Liaisons to State Commission:

Laney Gibbes, Project Consultant

Amy Houghton, Grant Coordinator
Office of Probation Services

Zori Rodriguez
Colorado Coalition Against Domestic Violence

Jean McAllister
Colorado Division of Criminal Justice

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 provided for appointment of certification boards in each judicial district. These local boards were charged with certifying and monitoring treatment 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, §16-11.8-101, et. seq., C.R.S. establishes 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. The new approval process for treatment providers shall become effective on January 1, 2001.

The State Commission commend the General Assembly for recognizing domestic violence, a long-standing social problem, as a crime and enacting proactive legislation.

3.0. PHILOSOPHY

A fundamental assumption of the Colorado Domestic Violence Offender Management Board Standards for Treatment of Court-Ordered Domestic Violence Offenders is that domestic violence is a crime and not the result of or response to a failing relationship. It is no less a crime than an assault on a stranger. The 1984 U.S. Attorney General's Task Force Report on Family Violence recommended that family violence be recognized and responded to as criminal activity. It further recommended that the response of the criminal justice system must be based on the goals of containment of the offender and protection of the victim to reduce and end family violence. The report states that: "The response shall be decisive and expeditious and, most importantly, guided by the nature of the abusive act and not the relationship of the victim and the abuser."

These standards were designed to enhance victim and community safety, contain offenders, promote offender accountability, and provide an opportunity for offenders to eliminate violent behavior in all forms. The Domestic Violence Offender Management Board uses the term treatment in the Standards in a broader context from the traditional mental health definition. The term treatment as used in the Standards is defined as counseling, monitoring and supervision of court ordered domestic violence offenders as stated in §16-11.8-102, C.R.S.

When a batterer is ordered into treatment, the safety of the community and the affected victims is the first priority. The Standards for Treatment were developed to establish minimum conditions for monitoring and containing the offender’s behavior, to provide statewide consistency in the treatment of the offender, and to increase the safety for the community and the victim.

The Board believes that in order to contain domestic violence offenders, there must be a coordinated community response inclusive of the criminal justice system, treatment providers, non-profit victim services, and the local community. Each participant has a specific responsibility to "contain" offenders. It is incumbent upon each participant to know how his/her actions interrelate and complement the rest of the containment process. A containment strategy strives for efficiency and thoroughness, not duplication of services. The guiding philosophy of the Standards for Treatment is that most offenders are capable of change, but treatment is only one component of Colorado's containment of domestic violence offenders.

4.0. DECLARATION OF 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 offender requiring a specialized approach. The primary goals are cessation of violence and victim safety.

To this end, the Board subscribes to the following principles:

4.1. Violence can never be condoned. All behaviors, whether intentional or unintentional, have consequences and are the sole responsibility of the offender. Domestic violence offenders must learn that engaging in violent behavior has consequences.

4.2. The rights of the victim should be respected. 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. Any treatment provider who blames the victim or in any way places the victim in a position of danger is in violation of the principles of these standards. Coordination between the offender's treatment provider and the victim's advocate and/or therapist is highly recommended within the laws of confidentiality.

4.3. Standards for Treatment address treatment with court ordered offenders who commit acts of violence that involve adult-to-adult intimate relationships. The standards do not regulate treatment of other acts of family violence such as child abuse or abuse of the elderly.

4.4. The individual differences and rights of the offender should be respected. Each individual has different needs that should be addressed by individual treatment plans.

4.5. The Board recognizes that some offender populations do have unique needs. All approved treatment providers shall either develop skills to meet these needs and comply with these standards, or refer offenders to other programs that provide more effective programming.

4.6. The standards cannot recognize all specific offender populations, but offenders from these populations need to be provided with appropriate programming to meet their needs.

4.7. Approved treatment programs shall strive to have staff composition reflect the diversity of the community they serve.

4.8. Approved treatment providers shall design and implement appropriate treatment programs consistent with the standards. The creation of appropriate programs requires a thorough understanding of domestic violence dynamics, methods of intervention, and proper alternatives to violence. As research in the area of domestic violence

offender treatment progresses, philosophical and programmatic changes may be necessary to implement effective programs.

4.9. Approved treatment providers shall cooperate with other community agencies. Information shall be shared with law enforcement, the courts, probation, victim advocates, victim services' personnel, district and city attorneys' offices, and other agencies that may be appropriate to ensure the containment of the offender. Court ordered treatment of the offender is one response by the community and the criminal justice system. Continued interagency communication and cooperation are essential to assess the risk of re-offense, the potential for harm to the victim, and the effectiveness of the programs. The Board encourages the development of local coalitions/task forces to enhance interagency communication and to strengthen program development.

4.10. Approved treatment providers can increase public awareness by disseminating information about the issue of domestic violence.

4.11. Approved treatment providers shall maintain individual standards that reflect professionalism.

4.12. State standards should reflect the fact that Colorado communities have unique geographic features, problems, and resources; therefore, communities need be able to address their special needs.

4.13. State standards should undergo continuous review and revision according to new knowledge, research, skills, and methods.

5.0. PROVIDER QUALIFICATIONS

All approved treatment providers shall meet the following educational, experiential, ethical, and supervisory criteria for approval:

5.1. Initial Education/Training Requirements: Approved treatment providers shall have a Bachelors Degree in a human service related area and training to include the following: A total of 192 clock hours in basic domestic violence and counseling related areas. These hours may be gained through credit courses in colleges and universities, workshops, seminars, in-services, conferences, lectures or other documented training. These educational hours can be provided by electronic means (such as telephone, 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 approval application. Required hours shall be completed in the following areas:

5.1.1. Domestic Violence Training:

(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, crisis management

(b) Offender Specific Training:

- 7 hrs Intimate Partner Abuse (types of abuse [physical, sexual including marital rape, psychological including harassment and stalking, and economic deprivation/financial abuse], causes/characteristics of abusers, context and motivation, 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)
- 14 hrs 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 (overview of criminal justice system and its agencies that supervise offenders, confidentiality, duty to warn, standards, etc.)

5.1.2. Facilitating Treatment Training:

- 7 hrs Learning Styles: Training that educates on 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 Specific 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.
- 14 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 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.
- 14 hrs Clinical Interviewing and Evaluation: 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.
- 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)

5.1.3. Approved Treatment Provider in a Specific Offender Population: If a provider is specializing in serving in a specific offender population, an additional 14 hours of training is required in that area of specialization. If a provider is specializing in the populations listed below, that training needs to address the following issues:

(a) Gay/Lesbian Offenders: If specializing with gay and lesbian offenders, the training should include externalized/externalized homophobia, the coming out process, victimization/trauma as a result of prejudice and hate crimes, HIV's impact on relationships, and abuse techniques specific to offender population.

(b) Female Offenders: If specializing with female offenders, the training should include women and substance abuse and how that interrelates to the violence in their lives, victimization/trauma, and the context of female violence in relation to

prior victimization, the role of children in female decision-making, and economic resources.

5.2. Initial Experiential and Supervision Requirements:

5.2.1. General Experiential Hours: Approved treatment providers shall have 600 face-to-face client contact hours providing evaluations, individual, group, couples, 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.

5.2.2. Experiential Hours in an Approved Treatment Program: In addition to the 600 face-to-face client contact hours, all approved treatment providers shall have no less than 300 face-to-face client contact hours directly observed by an approved treatment provider working in an approved treatment program with offenders. These contact hours may include treatment- and intake-evaluations, co-facilitating groups, and individual treatment. Of these 300 hours, providers shall have no less than 50 hours conducting supervised treatment- and intake-evaluations and no less than 54 hours co-facilitating offender groups with an approved treatment provider. Approved treatment providers 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 treatment provider without the client present. Approved treatment providers shall provide a letter from the approved treatment provider who provided the supervision, concerning the applicant's competence in the areas of group and individual treatment and evaluations with offenders.

5.2.3. Substance Abuse Hours: Providers 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.

5.2.4. Approved Treatment Provider in a Specific Offender Population Hours: If a provider is applying for approval for to work with a specific offender population, the 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 applicant does not have 50 face-to-face client contact hours with that population, the applicant must demonstrate expertise with this population and detail how that expertise was gained.

5.3. Ethical Standards Requirements:

5.3.1. Professional Ethics: Approved treatment providers working with court ordered offenders shall meet ethical standards outlined by their professional groups.

Unaffiliated and unlicensed practitioners shall adopt the ethical standards of one of the state sanctioned professional groups. Questions regarding professional ethics shall be directed to the Department of Regulatory Agencies.

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

5.3.3. Criminal Convictions:

(a) Approved treatment providers shall not have a conviction of a municipal ordinance violation, misdemeanor, or a 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, felony is related to the ability of the provider to practice under these standards. A certified copy of the judgment of a court of competent jurisdiction of such conviction or plea shall be conclusive evidence of such conviction or plea.

(b) Approved treatment providers shall not engage in criminal activity.

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

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

5.4. Ongoing Clinical Supervision Requirements:

5.4.1. Modality: The appropriate modality for supervision shall be determined by the supervisor based on the training, education, and experience of the supervisee, as well as the treatment setting. In addition to community standards and offender needs, urban vs. rural setting and the availability of resources are factors that shall be considered. 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.

5.4.2. Level:

(a) The level of supervision provided, including whether each case is directly supervised and whether the supervisor meets with the offender, shall be determined by the education, training, and experience of the supervisee, the treatment needs of the offender, and the professional judgment of the supervisor. All approved treatment providers are required to have a minimum of four hours of supervision per month. In the first two years of practice as a provider, a minimum of two hours shall be individual supervision.

(b) If provider is licensed and approved, then supervision can be replaced by two hours per month of peer consultation with other providers who are also approved treatment providers and licensed mental health professionals. This peer consultation shall be documented as to time, date and who attended.

5.4.3. Approved Treatment Provider in a Specific Offender Population: If provider is specializing with a specific offender population, the provider shall obtain 50% of the provider's required supervision from a clinician who has expertise with this population.

5.5. Qualifications of Clinical Supervisors: A Clinical Supervisor shall be an approved treatment provider, be a licensed mental health professional, meet the qualifications of a CAC II certification or have passed the NCAC II Exam or demonstrate equivalent training, have 3500 hours of direct contact hours with issue of domestic violence, attend eight hours of supervisory training, have 100 hours of general supervisory experience in clinical work during the past five years, and provide supervision in accordance with these Standards.

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

5.6.1. Case coordination with victim, victim advocate, and victim's therapist when available.
5.6.2. Discussion of services provided by the supervisee.
5.6.3. Discussion of treatment plans, intervention strategies, and evaluations of offender's progress for each offender seen by the supervisee.
5.6.4. Administrative procedures of the practice, i.e., record keeping, billing procedures, phone service, etc.
5.6.5. Discussion of ethical issues.
5.6.6. Evaluation of supervisory process, including performance of the supervisor and supervisee.
5.6.7. Coordination of services among other professionals involved in particular cases, such as probation, criminal justice and victim service agencies.
5.6.8. Colorado Standards for Treatment with Court Ordered Domestic Violence Offenders.
5.6.9. Relevant Colorado laws, rules and regulations, including confidentiality and duty to warn.
5.6.10. Discussion of offender resistance, transference, and counter-transference issues.

5.7. Continuing Education for Providers: All approved treatment providers shall complete 32 clock hours of continuing education training every two years in topic areas relevant to improved treatment with court-ordered domestic violence offenders. (The re-approval process shall occur every two years.) Four out of the 32 hours shall be on diversity issues and four hours 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 32 hours. The 32 hours shall be obtained within

the two years prior to application for re-approval. It is the responsibility of the provider to document attendance and relevance of continuing education hours.

5.8. Transitioning: Those providers working in a certified domestic violence program as of December 31, 2000 shall meet the approved treatment provider qualifications by December 31, 2001. If the provider does not have a bachelor's degree and has been providing domestic violence treatment in a certified program for the past three years, the provider may apply for an extension until December 31, 2002 in order to obtain the bachelor's degree. A provider seeking this extension shall request the extension prior to December 31, 2001.

6.0. PROGRAM PROCEDURES

6.1. Theoretical Approaches:

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

6.1.2. 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.

6.2. Treatment Modality:

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

6.2.2. Sexual Orientation: All treatment groups shall be specific to sexual orientation. If group treatment is not available, then the offender shall be seen individually or referred to a provider that has such a group available.

6.2.3. Language: When possible, approved treatment 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 does provide treatment in the offender's primary language. If no program exists, the provider shall provide a translator.

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

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

6.2.6. Couple's Therapy vs. Couple's Meetings: Treatment shall not be initiated utilizing traditional couples or family therapy techniques; nor shall couples or family therapy be the primary mode of treatment in court-ordered domestic violence cases. These modalities may be used if the criteria identified in subsection 6.2.6(a) are not in existence and the criteria in 6.2.6(b) are met. Periodic couple's meetings (as opposed to ongoing couple's therapy) may be used to elicit information, set behavioral goals, arrange 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 couples' meetings must be structured and co-facilitated by provider and victim's advocate or therapist, ensuring support and protection for the victim.

(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, is censored, or otherwise participates against the victim's will.
2. Offender has severe and continuous 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 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 others, specifically has homicidal and suicidal ideation.
9. Offender exhibits lack of empathy for victim.
10. Offender persists in using violence and being abusive.
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. Couples 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 couples 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 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 couples' therapy, thereby ensuring support and protection for the victim.
9. Each partner shall agree to follow safety guidelines recommended by the therapists.

6.2.7. Substance Abuse: Violence cannot be successfully treated without concurrently treating the 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 indicates need for further evaluation or the offender was using a substance at the time of the current offense, the offender shall be referred to a CAC II or higher for a substance abuse evaluation and/or treatment. All offenders evaluated as needing substance abuse treatment shall complete such treatment, and such treatment shall be provided by a CAC II or higher.

(b) Treatment: An integrated substance abuse and domestic violence program provided by an approved treatment provider and a CAC II or III counselor is the recommended treatment for a domestic violence offender with substance abuse issues. Treatment sessions for substance abuse may not be counted towards the offender's sessions for court ordered domestic violence treatment. Domestic violence and substance abuse treatment content may be combined but substance abuse treatment cannot be in lieu of court ordered domestic violence treatment sessions as defined in these Standards. If the provider does not provide an integrated treatment program, the provider shall conduct shared case supervision (treatment planning) with the substance abuse provider at a minimum of once per month or as the case dictates.

6.2.8. 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¶, 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.

6.3. 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 treatment 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.

6.3.1. Has been free of all forms of violence as defined in 10.1.9. from the inception of treatment according to victim and offender reports.
6.3.2. Has accepted responsibility for violent behavior.
6.3.3. Has cooperated in treatment by openly processing personal feelings.
6.3.4. Has a low probability of continued violence based on a reoffense evaluation.
6.3.5. Has no known alcohol or drug abuse involvement.
6.3.6. Has met financial responsibilities of the treatment program.
6.3.7. Has not harassed the victim.
6.3.8. Has no obsessional thinking regarding jealousy or blaming the victim for real or perceived injuries to self-esteem.

6.3.9. Has no obsession with abandonment issues, or attempts to locate the victim, if separated.

6.4. 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 treatment contract, and the approved treatment provider must notify and consult with the responsible criminal justice agency to determine appropriate consequences. All offender absences must be reported to the responsible criminal justice agency within 24 hours of the absence. When the offender is absent, the provider or the provider's victim advocate shall conduct a well-being check with the victim within 24 hours of that absence.

6.5. Fees: The offender paying for his/her own evaluation and treatment is an indicator of responsibility and must be incorporated into the treatment plan. All approved treatment providers shall offer court-ordered domestic violence evaluation and treatment services for a fee based on a sliding scale.

6.6. American Disabilities Act: All approved treatment providers shall comply with the American Disabilities Act.

6.7. Offender Records: All approved treatment providers shall have written documentation of the offender's evaluation information, treatment plan, case notes, offender's observed progress, attendance, payment of fees, collateral contacts and records, record of referrals, violations of offender contract, and discharge summary.

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

6.8.1. Release of Information: The approved treatment provider shall obtain signed releases of information from the offender for the following persons: victim, victim's advocate/therapist, and the responsible criminal justice agency. Other releases of information may include the offender's current and/or past therapist or treatment 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 provider must document any exceptions to this standard.

6.8.2. Duty to Warn: Approved treatment providers have the duty to warn as defined in §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 the 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 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.

6.8.3. Child Abuse and Neglect: Providers are required by law to report child abuse or neglect according to statute §19-3-304 C.R.S.

7.0. PROGRAM COMPONENTS

7.1. Admission:

7.1.1. Timeliness: Approved treatment providers shall make all reasonable attempts to provide admission to treatment within one week of contact by the offender.

7.1.2. Initial Appointment: Approved treatment providers shall report to the responsible criminal justice agency any lack of response by the offender within one week following the initial referral, if responsible criminal justice agency is known.

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

7.1.4. Transferring Programs: Approved treatment providers shall not accept a transferring offender into their program without the responsible criminal justice agency's written approval.

7.2. Evaluation:

7.2.1. Treatment-Evaluation: The treatment-evaluation as described in §18-6-801 (b) C.R.S. is to assess appropriateness for treatment, treatment amenability, and to determine the most effective containment strategy for the offender. An approved treatment provider who is a licensed mental health professional shall conduct the treatment-evaluation. When the provider completes an evaluation, he/she shall provide a written report of their recommended intervention to the court or responsible criminal justice agency. If the court orders treatment, then the court or responsible criminal justice agency shall determine the most appropriate provider.

(a) The treatment-evaluation shall include the following components:

1. Face Sheet
   a. Basic identification information
   b. Demographic information
2. Social History Questionnaire to include:
   a. History of Offender
      i. Alcohol and drug use history
      ii. Financial stability
      iii. Employment stability
      iv. History of all violent behavior towards both intimate and non-intimate partners
      v. Previous counseling or domestic violence treatment
      vi. Parent-child relationship
      vii. Relationships with intimate partners
      - Multiple separations

- Accusations of infidelity, drug abuse, or intimate partner using inappropriate behavior
- Obsessive thoughts or behavior towards intimate partner

viii. Medical health inventory including current medications
ix. Disturbed relationship pattern
- Conflicts with neighbors
- Conflicts with employers
- Conflicts with children
- Conflicts with adults

x. Patterns of isolation

b. Information on the offender's family of origin, to include any dysfunction, including:
i. History of physical and emotional abuse inflicted by the offender's parents or parental figures
ii. History of neglect or abandonment inflicted by the offender's parents or parental figures
iii. History of alcoholism or drug abuse by offender's parents or parental figures
iv. Intimate violence perpetrated by parent of offender
v. Mental health disorders of parents
vi. Multiple primary caretakers
vii. Frequency of residence changes
viii. Sibling violence
ix. Divorce or single parent upbringing
x. Parental loss

c. Peer violence and childhood problems to include:
i. School problems
ii. Arrest as a juvenile
iii. School discipline
iv. Health problems
v. Suicide attempts as a child
vi. Drug and alcohol abuse

3. Simple Screening Inventory (SSI)
4. Screen for other addictions
5. Assess for risk of reoffense
6. Assess for risk of suicide
7. Assess to determine the offender's current stage of change
8. Assess for learning style
9. Arrest, Court and Probation Records and Reports
10. Victim Interview. If not available, victim impact statement.
11. Collateral Contacts:
i. Responsible criminal justice agent
ii. Previous therapists or treatment providers
iii. Offender's family (as needed)
12. Mental Health Status Exam and/or psychometric testing if deemed appropriate

7.2.2. Intake-Evaluation: The intake-evaluation as defined in §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 for alternative disposition. The intake-evaluation shall be conducted on all offenders as the initial intake and assessment interview between offender and provider, and shall be done by an approved treatment provider. The provider shall document the results of their intake-evaluation.

(a) The intake-evaluation shall include the following components:

1. Face Sheet
   a. Basic identification information
   b. Demographic information
2. Social History Questionnaire to include:
   a. History of Offender
      i. Alcohol and drug use history
      ii. Financial stability
      iii. Employment stability
      iv. History of all violent behavior towards both intimate and non-intimate partners
      v. Previous counseling or domestic violence treatment
      vi. Parent-child relationship
      vii. Relationships with intimate partners
         - Multiple separations
         - Accusations of infidelity, drug abuse, or intimate partner using inappropriate behavior
         - Obsessive thoughts or behavior towards intimate partner
      viii. Medical health inventory including current medications
      ix. Disturbed relationship pattern
         - Conflicts with neighbors
         - Conflicts with employers
         - Conflicts with children
         - Conflicts with adults
      x. Patterns of isolation
   b. Information on the offender's family of origin, to include any dysfunction, including:
      i. History of physical and emotional abuse inflicted by the offender's parents or parental figures
      ii. History of neglect or abandonment inflicted by the offender's parents or parental figures
      iii. History of alcoholism or drug abuse by offender's parents or parental figures
      iv. Intimate violence perpetrated by parent of offender
      v. Mental health disorders of parents
      vi. Multiple primary caretakers
      vii. Frequency of residence changes
      viii. Sibling violence

ix. Divorce or single parent upbringing
x. Parental loss

c. Peer violence and childhood problems to include:
i. School problems
ii. Arrest as a juvenile
iii. School discipline
iv. Health problems
v. Suicide attempts as a child
vi. Drug and alcohol abuse

3. Simple Screening Inventory (SSI)
4. Screen for other addictions
5. Assess for risk of reoffense
6. Assess for risk of suicide
7. Assess to determine the offender's current stage of change
8. Assess for learning style
9. Assess for participation barriers
10. Arrest, Court and Probation Records and Reports
11. Victim Interview. If not available, victim impact statement.
12. Collateral Contacts:
i. Responsible criminal justice agent
ii. Previous therapists or treatment providers
iii. Offender's family (as needed)
13. A Mental Health Status Exam and clinical impressions if deemed appropriate

(b) Gay and Lesbian Offenders: When working with gay/lesbian offenders, the intake-evaluation shall assess how the offender's internalized homophobia affects his/her life, and the offender's stage in the "coming out" process.

7.3. 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 goals should be based on those listed in 7.5. The treatment plan shall also address substance abuse, child abuse, sexual abuse and/or mental health concerns.

7.4. Offender Contract: An offender contract is the treatment agreement between the provider and the offender that specifies the responsibilities and expectations of each party. Offender contracts will 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.

7.4.1. Responsibilities of Offender: The contract shall include the following agreements by the offender:

(a) To be free of all forms of violence as defined in 10.1.9. during the time in treatment
(b) To accept responsibility for previous violent behavior
(c) To meet financial responsibilities for evaluation and treatment

(d) To be alcohol and drug free during treatment if this is indicated, complete substance abuse treatment, and abide by any conditions that may be applied as determined by the substance abuse evaluation.
(e) To sign releases of information allowing the approved treatment 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 provider
(f) To cooperate in treatment by talking openly and processing personal feelings
(g) To not violate criminal statutes, whether city, state, or federal
(h) To meet court-ordered family obligations
(i) To not purchase or possess firearms

7.4.2. Responsibilities of Provider: The contract shall include the following disclosures by the approved treatment provider:
(a) 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 or threats of child abuse and neglect, evidence of imminent risk to the victim and/or another identifiable person, and in any other circumstance in which the provider is required by law to report information.
(b) Costs of evaluation and treatment services
(c) Frequency of treatment and duration
(d) Grievance procedures should the offender have concerns regarding the provider or the treatment
(e) Response plan for offenders in crisis
(f) Information on referral services for 24-hour emergency calls and walk-ins
(g) Reasons that the offender would be terminated from treatment
(h) Disclosure that the provider and his/her records may be audited for the Approval Process

7.4.3. 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 when the offender shows signs of imminent danger or escalated behaviors that may lead to violence.

7.5. Treatment Goals: The content of offense specific treatment for domestic violence offenders shall be designed to:

7.5.1. All Offenders:
(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 on 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 with violence;
(f) Educate the offender on the sociocultural basis for violence;
(g) Educate the offender to the legal ramifications of their 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;
(r) Increase the offender's empathic skills so that the offender increases ability to empathize with the victim;
(s) Identify the effects of the 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) Aid 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;

7.5.2. Specific Offender Populations: The treatment goals should be designed to encompass the needs of specific offender populations.
Gay/Lesbian Offenders: When working with gay/lesbian offenders, the provider is to increase the offender's understanding of how internalized/externalized homophobia impacts his/her own violence.

7.6. Treatment Discharge: Prior to discharging the offender, the approved treatment provider shall consult with responsible criminal justice agency, and the victim or victim's advocate/therapist. The approved treatment provider's judgement, information from 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.

7.6.1. Successful Discharge: A successful discharge will be given when the offender successfully completes the treatment program with fulfillment of the offender contract.

7.6.2. 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) or the offender's court order for treatment expires prior to fulfillment of the conditions of the offender contract.

7.6.3. 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.

7.6.4. Documentation: Treatment discharge will include a written summary regarding the offender's progress in treatment and if an unsuccessful discharge, the violation of the offender contract. This documentation will be sent to the responsible criminal justice agency.

7.6.5. Re-admission: In order for the offender to re-enter an approved treatment program:

(a) The approved treatment 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 provider shall provide notification to the responsible criminal justice agency.

7.7. Victim Advocacy for Court Ordered Domestic Violence Treatment: The purpose of victim advocacy in an approved treatment program 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. Though 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 in victim's issues.

7.7.1. Qualifications for Domestic Violence Approved Treatment Provider Victim Advocate:

(a) Victim advocates shall have 15 hours of training on domestic violence and victimization.

(b) If providers are specializing in a specific population of offender, the advocates shall have 8 hours of training on that population.
(c) Victim advocates shall have continuing education.
(d) Victim advocates shall be supervised by a person who has expertise in domestic violence victim advocacy. Modes of supervision may be provided as described in 5.4.1.
(e) Victim advocates must be violence free.

7.7.2. Procedures:
(a) Ongoing advocacy shall not be provided by the primary treatment provider of the offender due to dual role, confidentiality, and safety issues, but all approved treatment providers shall have the knowledge and capability to develop a safety plan for a victim.
(b) Advocacy contact needs be made in conjunction with offender's treatment - evaluation and/or intake-evaluation, prior to discharge from treatment, and at any other point when need arises. While information from the victim is valued, victim safety is the first priority. Offender treatment is not contingent on victim contact, and the offender shall not be used as a mechanism to reach victim. The victim shall be contacted unless the contact may endanger the victim.
(c) Attempts to contact the victim need to be made throughout the course of treatment unless the victim requests no contact. Attempts to contact the victim shall be documented.
(d) Approved treatment 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.
(e) No victim contact information shall be in the offender's file.
(f) The provider and/or the provider's victim advocate are responsible for informing the victim of their right to choose not to give information and whether that information may be used as part of the offender's treatment process. Providers shall have a written release of confidentiality for victim information to be shared with the offender. Even when the victim gives permission to share information with the offender, the 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 that decision shall be respected.

7.7.3. Contact: Victim contact 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, and duty to warn. If the 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 so that the victim will not have contact with the offender.

7.7.4. Safety Plan: 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) Provide information on the victim's right to apply and how to apply for Victim's Compensation.
(f) Ensure that the victim and all those in caretaker positions for the children have a safety plan for the children, such as school/daycare having a copy of 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, ready to be taken as the victim vacates.

8.0. COORDINATED RESPONSE

8.1. Community Relationships: Approved treatment providers shall not exist in isolation. 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 treatment providers and criminal justice programs, as well as alcohol/drug abuse programs and social services. These relationships shall be monitored through formal memorandums of understanding. In order to increase networking opportunities, it is recommended that providers attend community based task force meetings.

8.2. Responsibilities of Approved Treatment Providers to the Criminal Justice System:

8.2.1. Initial Appointment: Approved treatment providers shall report to the responsible criminal justice agency any lack of response by the offender within one week following the initial referral, if known.

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

8.2.3. Transferring Programs: Approved treatment providers shall not accept a transferring offender into their program without the responsible criminal justice agency's written approval.

8.2.4. Absences: All providers shall report absences within 24 hours to the offender's responsible criminal justice agency. The fourth absence is a non-negotiable violation of the treatment contract, and the approved treatment provider shall notify and consult with the responsible criminal justice agency as to appropriate consequences.

8.2.5. 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 offender contract. Responsible criminal justice agencies may request additional information regarding level of participation in treatment.

8.2.6. Length of Treatment: In order to reduce the length of treatment, the approved treatment provider with require approval from the responsible criminal justice agency prior to reducing the length of treatment from 36 to 24 weeks.

8.2.7. 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.

8.2.8. Treatment Discharge: Prior to discharging the offender, the approved treatment provider shall consult with responsible criminal justice agency, and the

victim or victim's advocate/therapist. The approved treatment provider's judgement, information from 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. Treatment discharge will include a written summary regarding the offender's progress in treatment and if an unsuccessful discharge, the violation of the offender contract. This documentation will be sent to the responsible criminal justice agency.

9.0. APPROVAL PROCESS

The Approval Process applies to approving individual treatment providers.

9.1. Initial and Renewal Application: The initial approval process if effective as of January 1, 2001. All providers listed as working in a certified program according to their Judicial District Domestic Violence Certification Board as of December 31, 2000 have until December 31, 2001 to apply for approval. The renewal process for approval shall occur every two years. The application for both initial approval for providers and renewal of approval of providers will include:

9.1.1. Philosophy Statement: Provider shall provide a philosophy statement regarding domestic violence treatment.

9.1.2. Provider Qualifications:
(a) Bachelor's degree in human service field
(b) Criminal background check
(c) Training/experience documentation
(d) Documentation of continuing education (for renewal applicants)
(e) Signed statement agreeing to abide by the ethical standards for providers
(f) Documentation of supervision requirements and the letter from the approved treatment provider who provided the supervision concerning the applicant's competence in the areas of group and individual treatment and evaluations with offenders.
(g) Documentation of Domestic Violence Approved Treatment Provider Victim Advocate Qualifications

9.1.3. Program Content/Curriculum: Provider shall provide a copy of their treatment program curriculum that addresses the treatment goals.

9.1.4. Specific Offender Populations: Providers shall provide a statement that addresses how their interventions are sensitive to specific offender populations.

9.1.5. Treatment Data: Providers shall provide the following data on offenders treated:
(a) Discharge status: successful, administrative, unsuccessful
(b) Gender
(c) Ethnicity
(d) Offender's full name and date of birth
(e) Admission (start) date and discharge date
(f) Offenders zip code at discharge

9.1.6. Policies/Procedures:
(a) Administrative - Provider shall provide the following administrative policies for:
i. Anti-discrimination
ii. Sexual harassment
iii. American Disability Act compliance

(b) Program - Provider shall provide the following programmatic policies/procedures for:

i. Reasons that a program would deny service to an offender
ii. Non-compliance of offender
iii. Treatment discharge
iv. Confidentiality
v. Duty to warn
vi. Sliding scale
vii. Victim advocacy
viii. Safety issues when working with male and female offenders
ix. Reporting of child abuse
x. Re-offense
xi. Offenders that have substance abuse issues or other addiction's issues
xii. Offender's who have mental health, neurological issues, or sexual abuse issues
xiii. Communication with victim services.

9.1.7. Program Offender Forms: Provider shall provide copies of their intake-evaluation form, offender contract, and release of information form.

9.1.8. Community Support: Provider shall provide letters of support from the 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 on the provider's ability to provide domestic violence treatment to court-ordered offenders according to the standards.

9.1.9. Memorandum's of Understanding: Provider shall provide copies of memorandums of understanding with local community agencies such as mental health centers, substance abuse treatment programs and social services, the responsible criminal justice agencies, and the local domestic violence victim services. The memorandums of understanding shall establish procedural guidelines for referrals, case communication, joint case management, case reporting and duty to warn.

9.1.10. Compliance with Standards: Provider shall provide a signed statement agreeing to comply with the Standards.

9.1.11. False Information: Provider shall provide a signed statement acknowledging that any false information submitted in the application could be cause for not approving (new applicants), disapproving, or not re-approving (renewing applicants).

9.1.12. Audit: Provider shall provide a signed statement that states that by applying for approval the provider agrees to be audited if necessary based on the standards.

9.1.13. Approval Fee: Provider shall include a check or money order for the approval fee.

9.2. Application Review: The Board shall review all requested materials.

9.3. Appeal: Provider may appeal by providing the Board with new information not already presented if provider is not approved.

9.4. Provisional Approval: The Board may provide provisional approval to those providers who do not fully meet the qualifications for approved treatment providers, but demonstrate strong community support to have certain requirements waived for a period of time until the provider is able to meet the necessary qualifications in order to meet the needs of the local community. If a provider is to be provisionally approved, they shall be supervised by a supervisor who meets the Supervision Qualifications detailed in section 5.5.

9.5. Applicant Audit: The Board shall audit for 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.

9.6. Provider Grievances: Any victim, offender or community member that has concerns or questions regarding an approved treatment provider or their treatment practices may contact the Board.

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

10.0. APPENDIX:

10.1. Glossary:

10.1.1. ADAD: The Alcohol and Drug Abuse Division, responsible for licensing substance abuse programs, pursuant to Part 2 of Article 2 of Title 25, C.R.S.

10.1.2. Approved Treatment Program: A program that provides treatment as defined in §16-11.8.102, C.R.S. by one or more approved treatment providers.

10.1.3. Approved Treatment Provider in a Specific Offender Population: An approved treatment provider that is able to demonstrate his/her ability to meet the criteria as described in the standards for specific offender populations.

10.1.4. Approved Treatment 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 Department of Regulatory Agencies and the Domestic Violence Offender Management Board pursuant to §16-11.8-103, C.R.S.

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

10.1.6. Clock hours: 60 minutes in an hour.

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

10.1.8. Domestic Violence Approved Treatment Provider Victim Advocate: The person who works in conjunction with the approved treatment provider and the domestic violence community to provide advocacy to the victim.

10.1.9. Domestic Violence: The term is defined in §18-6-800.3 (1), C.R.S. and is expanded to include the following definitions for the purpose of the 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

10.1.10. DORA: The Department of Regulatory Agencies is responsible for supervision and control of the mental health professional boards and unlicensed psychotherapists pursuant to §12-43-101, et. seq., C.R.S.

10.1.11. Evaluation: A face-to-face interview between the offender and an approved treatment provider in order to systematically collect and analyze the psychological, behavioral, and social information of the offender to assess the appropriateness for treatment and to determine the most effective containment strategy for the offender.

10.1.12. Face-to-face Client Contact Hours: The clock hours that the prospective provider or provider is providing assessments/evaluations, individual, group, couples, or family therapy to the client/offender.

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

10.1.14. Memorandum of Understanding: A written memorandum that describes the mutual understanding between two or more agencies as to their respective roles and interactions in containing offenders.

10.1.15. 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.

10.1.16. 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.

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

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

10.1.19. Provider: Approved Treatment Provider

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

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

10.1.22. Specific Offender Populations: Individual offenders or groups of offenders who may need particular expertise or accessibility features in order for services to be effective.

10.1.23. Training: Specific training that supports the philosophy and principles as described in the Standards. The training shall be, whenever possible, developed in cooperation with the local domestic violence community.

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

10.1.25. Victim Safety: The condition of the victim being safe from undergoing further harm by the offender, and is the first priority in offender containment.

10.1.26. Victim: An adult or child who is or has been the target of violence as defined by 10.1.8 and/or an adult or child who has witnessed the offender committing violence as defined in 10.1.8.