# Appendix C: Glossary of Terms

<u>Accountability</u>: The full assumption of responsibility, without distortion, minimization, or denial, while also claiming responsibility for the abusive behaviors, accepting the consequences of those behaviors, and actively working to repair the harm and preventing future abusive behavior.

<u>Aftercare Plan</u>: An offender's written plan for utilizing concepts learned in treatment. This plan shall include ways to address individual risk factors, criminogenic needs and continued pro-social support systems in order to maintain non-abusive long-term change.

<u>Anger Management Treatment</u>: Is often a psycho-education and therapy based program to address a person's struggles or inability to manage their disruptive angry behavior. Anger management treatment shall never be a substitute for domestic violence offender treatment.

Application Review Committee (ARC): The Application Review Committee (ARC) is delegated the authority by the Domestic Violence Offender Management Board (DVOMB) within the Division of Criminal Justice (DCJ) to perform the functions identified in C.R.S. This includes reviewing all applications seeking approval in order to determine whether an applicant has met the requirements for listing status, including those applications by Approved Providers seeking a different status.

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

<u>Approved Provider Working with Specific Offender Populations</u>: An Approved Provider who has demonstrated his/her ability to meet the criteria as described in the *Standards* and the application process for specific offender populations, and has been approved as a DVOMB provider by the Application Review Committee.

<u>Assessment</u>: An ongoing collection of facts to draw conclusions regarding an offender's progression or regression in treatment, which may suggest the proper course of action.

<u>Assessment Tool</u>: A tool used in conjunction with a thorough clinical assessment to determine diagnosis, risk factors, lethality, or the treatment needs of the offender.

<u>Board</u>: As defined in Section 16-11.8-102, C.R.S. The Colorado Domestic Violence Offender Management Board (DVOMB) is a policy board made up of 19 multi-disciplinary experts in the field of domestic violence who are charged with the responsibility for developing Standards related to the consistent and comprehensive evaluation, treatment, and continued monitoring of domestic violence offenders (16-11.8-101 C.R.S.). The DVOMB is organizationally located in the Colorado Department of Public Safety (CDPS), in the Division of Criminal Justice, Office of Domestic Violence and Sex Offender Management.



<u>Case Management</u>: The coordination and implementation of the cluster of activities directed toward supervising, treating, and managing the behavior of domestic violence offenders.

<u>Colorado Department of Public Safety (CDPS)</u>: Colorado Department of Public Safety is responsible for staffing the Board pursuant to Section 16-11.8-103, C.R.S.

Clock Hours: 60 minutes in an hour.

<u>Co-facilitation:</u> Experiential hours accumulated by a future applicant, which are completed in the physical presence of a Full Operating Level or a Domestic Violence Clinical Supervisor Level provider. Co-facilitation hours may only be accumulated while the future applicant is also being supervised by a Domestic Violence Clinical Supervisor during the period of time co-facilitation is taking place.

<u>Competencies</u>, <u>Additional</u>: Some offenders have additional risk factors that require demonstration of additional competencies. Additional competencies shall be required for offenders based on risk factors and individual treatment needs, as determined at the initial evaluation or during Treatment Plan Reviews. Examples of additional competencies are listed in *Standard* 5.08VI (A-G).

<u>Competencies</u>, <u>Core</u>: Core Competencies represent the goals of treatment and are measured throughout treatment by the MTT. There are 18 core competencies listed in *Standard* 5.08V (A-R). These competencies shall be demonstrated by offenders prior to discharge.

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

<u>Couples Counseling</u>: A prohibited intervention while a domestic violence offender is receiving domestic violence offender treatment.

<u>Criminal Justice System</u>: Includes activities and agencies, whether <u>state</u> or local, public or private, pertaining to the prevention, prosecution and defense of offenses, the disposition of offenders under the criminal <u>law</u> and the disposition or <u>treatment</u> of juveniles adjudicated to have committed an act which, if committed by an <u>adult</u>, would be a crime. This <u>system</u> <u>includes</u> police, public prosecutors, defense counsel, courts, correction systems, mental health agencies, crime victims and all public and private agencies providing services in connection with those elements, whether voluntarily, contractually or by <u>order</u> of a <u>court</u>.

<u>Criminogenic Needs</u>: A term used to reference offender dynamic factors such as substance abuse (alcohol and other drugs), antisocial attitudes, personality traits, associates, employment, marital and family relationships, and other dynamic variables statistically shown to be correlated with criminal conduct and amenability to change (Andrews & Bonta, 1994). As dynamic risk factors, criminogenic needs may contribute towards criminal behavior (e.g., domestic violence), and if effectively addressed, should decrease level of risk (Andrews, 1989, Andrews & Bonta, 1994; Bonta, 2002).



<u>Denial, Severe</u>: This level of denial consists of offenders who deny committing the current offense and refuse to acknowledge responsibility for even remotely similar behaviors. Offenders may also appear excessively hostile or defensive. This type of denial is the most resistant to change and may require other interventions or may not be amenable for treatment. See Standard 5.06 and 5.08 for more details.

<u>DVOMB Approved Provider List</u>: The DVOMB Approved Provider List is a list that identifies the providers who are eligible to receive referrals to provide evaluation, treatment, and assessment services to court ordered domestic violence offenders in Colorado.

<u>Domestic Violence</u>: Pursuant to Section 18-6-800.3(1), C.R.S., "domestic violence" means an act or threatened act of violence upon a person with whom the actor is or has been involved in an intimate relationship. "Domestic violence" also includes any other crime against a person, or against property, including an animal, or any municipal ordinance violation against a person, or against property, including an animal, when used as a method of coercion, control, punishment, intimidation, or revenge directed against a person with whom the actor is or has been involved in an intimate relationship. The term also includes, but is not limited to the following definitions:

- a) Physical abuse: Strangulation, punching, hitting, kicking, shoving/pushing, blocking exits, restraining, or biting.
- b) Spiritual abuse: Using religion as an excuse to abuse/control, forbidding someone from attending church, or putting down someone's faith.
- c) Sexual abuse: Sexual putdowns, treating someone like a sexual object, forcing/coercing/withholding sex, having or threats of having an affair, or refusing/forcing use of birth control.
- d) Psychological abuse: Threats of suicide or homicide, threatening gestures/actions, denial of abuse, gaslighting, or stalking.
- e) Using culture: Someone not being allowed to participate in mainstream culture, or using culture as excuse for abuse/control.
- f) Verbal abuse: Yelling, swearing, sarcasm, putdowns, name calling, degrading, or objectifying comments.
- g) Social abuse: Isolation from someone's friends or family, monitoring calls and/or emails, or use of privilege as excuse to control.
- h) Using children: Abuse of children, threaten to harm or take children, using visitation to harass or belittle in front of children.
- i) Pets and property: Threats or acts of harm to pets, punching holes in the wall, or breaking property (phone, car, etc).
- j) Financial abuse: Controlling finances, not paying child support, making the victim to account for all spending, forcing or having the victim to pay for offender treatment, prohibiting employment, or forcing someone to work against their will.
- k) Intellectual abuse: Making someone question their intellect or self-worth, calling someone stupid, ignorant, or dumb, or attacking someone's ideas or opinions.

<u>Domestic Violence Clinical Supervisor</u>: An Approved Provider who meets the qualifications identified in *Standard* 9.0, and has been approved as such by the ARC as a Domestic Violence Clinical Supervisor.

Domestic Violence Risk Assessment: A valid and reliable assessment tool which identifies



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<u>Department of Regulatory Agencies (DORA)</u>: The Department of Regulatory Agencies is responsible for supervision and control of the mental health professional boards and unlicensed psychotherapists pursuant to Section 12-43-101, et. seq., C.R.S.

<u>Diagnostic and Statistical Manual of Mental Disorders (DSM)</u>: The Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association. Providers who utilize this manual shall use the most current version.

<u>Emergency Action</u>: In the event of a public safety issue, the ARC Chair Person in conjunction with the ODVSOM Program Manager may remove a provider from the Approved Provider List and take any necessary action to inform the proper law enforcement and regulatory authorities.

<u>Executive Session</u>: The members of the DVOMB, or the ARC, upon affirmative vote of two-thirds of the quorum present may hold an executive session to discuss legal issues with the DVOMB attorney or to review personnel and confidential information as noted in the Colorado Open Meetings Law (Section 24-6-402(4), 24-6-402(3)(a)(III), 24-6-402(3)(a)(IV), 24-6-402(3)(a)(XII), 13-90-107 (1)(g), 13-90-107 (1)(k), C.R.S.).

<u>Evaluator</u>: An Approved Provider who conducts either pre- or post-sentence offender evaluations according to the Standards contained in this document, and according to professional standards. Only licensed mental health professionals who are Approved Providers shall conduct pre-sentence evaluations.

<u>Face-to-Face Clinical Contact Hours</u>: The actual time an applicant or Approved Provider spends with an offender in person, in the same room, at the same time conducting evaluations, sessions, or other therapeutic interventions. E-therapy is prohibited under these Standards.

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

Interstate Compact/Out-Of-State Domestic Violence Offenders: When a domestic violence offender seeks domestic violence offender treatment in Colorado, on a case from another state, the Approved Provider will comply with Section 17-27.1.101 et. Seq., and must receive approval from the Interstate Compact Office for each offender, prior to providing any clinical services to the offender. Failure to comply may result in legal and monetary penalties pursuant to Section 17-27.1-101(9)(a) and 17-27.1-101(7), C.R.S. Offender must be fingerprinted where attending treatment, not where person lives.

Intimate Partner: Pursuant to 18-6-800.3(2), an intimate relationship means a relationship between spouses, former spouses, past or present unmarried couples, or persons who are both the parents of the same child regardless of whether the persons have been married or have lived together at any time.

<u>Lethality Assessment</u>: Lethality assessment is the identification of risk factors that may be linked to intimate partner homicide (Jurik & Winn, 1990). Although there are



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overlapping concerns, risk assessment, lethality assessment, and safety planning are not the same. Victims may or may not be aware of their level of risk. This information can be used to identify potential risk in an offender and for safety planning for victims.

<u>LGBTQIA+</u>: Abbreviation for Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual/Agender/Aromantic, etc. Umbrella term utilized to refer to victims and offenders in this community as a whole.

<u>Multi-Disciplinary Treatment Team (MTT)</u>: A group of professionals comprised at a minimum of the DVOMB approved domestic violence offender treatment provider, judicial supervising officer and Treatment Victim Advocate, designed to collaborate and coordinate offender treatment.\_</u>

<u>Office of Behavioral Health (OBH)</u>: The Office of Behavioral Health, formerly Division of Behavioral Health (DBH), and Alcohol and Drug Abuse Division (ADAD), is responsible for licensing substance abuse programs, pursuant to Part 2 of Article 2 of Title 25, C.R.S.

<u>Offender</u>: Pursuant to Section 16-11.8-102, C.R.S, any person who on or after January 1, 2001, has been convicted of, pled guilty to, or received a deferred judgment and sentence for any domestic violence offense which includes any crime where the underlying factual basis as defined in Section 18-6-800.3 (1), C.R.S.

<u>Offender Accountability</u>: 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.

<u>Offender Contract</u>: The signed treatment agreement between the Approved Provider and the offender that specifies the responsibilities and expectations of the offender, Approved Provider, and MTT. All items identified on section 5.05, II, A, B, C and D shall be included in the signed offender contract.

<u>Offender Evaluation</u>: The systematic collection and analysis of psychological, behavioral, and social information; the process by which information is gathered, analyzed, and documented for an offender court ordered to undergo a pre- or post-sentence evaluation prior to engaging in domestic violence offender treatment.

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

<u>Open Meetings</u>: All meetings of the DVOMB or its committees shall be subject to the provisions of the Colorado Open Meeting Law (Section 24-6-401 et seq., C.R.S.).

<u>Personal Change Plan:</u> An offender's personal change plan includes a plan for preventing abusive behaviors, identifying triggers, identifying cycles of abusive thoughts and behaviors, as well as a plan for preventing or interrupting the triggers and cycles. This plan is to be designed and implemented during treatment and utilized after discharge as well.

<u>Protection Order</u>: A criminal or civil court order prohibiting or limiting offender access to victims and sometimes children or animals.

Protective Factors: Conditions or attributes (skills, strengths, resources, supports or



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Standards For Treatment With Court Ordered Domestic Violence Offenders coping strategies) in individuals, families, communities or the larger society that help people deal more effectively with stressful events and mitigate or eliminate risk in families and communities.

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

<u>Responsivity</u>: 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.

<u>Risk</u>: Services provided to offenders should be proportionate to the offenders' relative level of static and dynamic risk (i.e., low, moderate, or high risk) based upon accurate and valid research-supported risk assessment instruments (Bonta and Wormith, 2013). The risk principle indicates that criminal behavior is predictable and that treatment services need to be matched to an offender's level of risk.

<u>Risk Assessment</u>: A tool utilized to assess offender risk, treatment needs, aid in diagnosis, and which informs treatment planning.

<u>Second Clinical Contact</u>: Offenders who are higher risk to victims and the community require more intensive treatment and supervision designed to address an offender's criminogenic needs. Second clinical contacts require adjunct treatment interventions that are based on the offender treatment plan and shall comply with the Position Paper Regarding Second Clinical Contacts (November, 2013).

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

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

<u>Specific Offender Populations - Assessment Criteria</u>: A section of the Appendix B containing criteria based on research and literature for working with specific offender populations. This section may be periodically modified.

<u>Stalking</u>: Pursuant to 18-3-602(1), C.R.S., a person commits stalking if directly, or indirectly through another person, the person knowingly:

 a) Makes a credible threat to another person and, in connection with the threat, repeatedly follows, approaches, contacts, or places under surveillance that person, a member of that person's immediate family, or someone with whom that person has or has had a continuing relationship; or



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- b) Makes a credible threat to another person and, in connection with the threat, repeatedly makes any form of communication with that person, a member of that person's immediate family, or someone with whom that person has or has had a continuing relationship, regardless of whether a conversation ensues; or
- c) Repeatedly follows, approaches, contacts, places under surveillance, or makes any form of communication with another person, a member of that person's immediate family, or someone with whom that person has or has had a continuing relationship in a manner that would cause a reasonable person to suffer serious emotional distress and does cause that person, a member of that person's immediate family, or someone with whom that person has or has had a continuing relationship to suffer serious emotional distress.

<u>Standards Compliance Review</u>: A process undertaken by the ARC to conduct a review of an Approved Provider in order to determine the level of compliance with the *Standards*, areas for improvement or sustainment, and to identify any best practices.

<u>Supervising Agents</u>: The probation, parole, community corrections case manager to whom the offender's case is assigned.

<u>Therapeutic Alliance</u>: The formation of a positive relationship between the client and the therapist which consists of the following core elements: (1) an agreement on the treatment goals, (2) collaboration on the tasks that will be used to achieve the goals (specific interventions), and (3) an overall bond that facilitates an environment of progress and collaboration. However, developing a therapeutic alliance is often a dynamic and challenging process with forensic populations due to the involuntary nature of mandated treatment (Skeem et al., 2007).

<u>Supervision Contract</u>: Contract between Domestic Violence Clinical Supervisor and supervisee (applicant or approved provider), delineating agreements of supervision, agreements of supervisor and agreements of supervisee.

<u>Training</u>: Specific education instruction that supports the philosophy and principles as described in the *Standards*.

<u>Training</u>, <u>Demonstrated Equivalent Experience and Training</u>: The ability to document the equivalent experience and training for a specific requirement.</u>

<u>Treatment</u>: As defined in Section 16-11.8.102, C.R.S, treatment means therapy, monitoring, and supervision of any court ordered domestic violence offender which conforms to the *Standards* 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, abusive thoughts, and behaviors. Such treatment specifically addresses the occurrence and dynamics of domestic violence and utilizes differential strategies to promote offender change. Much more importance is given to the meeting of all treatment goals than the passage of a specific amount of time, since offenders 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.

Treatment Amenability: Amenability to domestic violence treatment refers to the



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offender's capacity to effectively participate, function, and understand treatment concepts. Significant cognitive (e.g., thinking) impairments can preclude an individual's ability to sufficiently pay attention during treatment sessions, learn new information, and/or self-reflect. Similarly, some cases of acute mental illness may interfere with participation due to the presence of impaired reality testing (e.g., delusions or hallucinations).

<u>Treatment Plan</u>: The written Treatment Plan shall include goals that specifically address all clinical issues identified in the intake evaluation. The treatment goals shall be based on offender criminogenic needs, offender competencies, and identified risk factors. A Personal Change Plan and an Aftercare Plan shall be components of the Treatment Plan. Treatment plan must include Personal Change Plan and Aftercare plan. <u>Section 5.05, 1.</u>

<u>Treatment Plan Review</u>: The purpose of the Treatment Plan Review is to re-assess offender degree of progress and risk, and to make any necessary modifications to the Treatment Plan and goals. All offenders shall have at least the minimum number of required Treatment Plan Reviews at identified intervals based on level of treatment and individual Treatment Plan(s). Section 5.07.

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

<u>Treatment Report</u>: At a minimum of once a month, approved providers shall submit a written report to the supervising criminal justice agency that includes results from most recent offender Treatment Plan Review; progress regarding competencies; recommendations related to discharge planning; level of treatment; evidence of new risk factors; and offender's degree of compliance with fees, attendance, and level of participation. Section 8.06.

<u>Treatment Victim Advocate</u>: The person who works in conjunction with the Approved Provider and the domestic violence community to provide advocacy to the victim, as outlined section 7.0.

<u>Vicarious Trauma</u>: A state of tension or emotional distress by professionals working in a service related field due to a preoccupation with the thoughts, behaviors, and reenactments of the abuse by offenders against victims. Sometimes referred to as compassion fatigue, vicarious trauma can impact a person's professional or personal life, such as relationships with friends and family, as well as the person's overall health, both emotional and physical.

<u>Victim</u>: A person who is or has been the target of domestic violence as defined in the Glossary.

<u>Victim Advocate</u>: See Treatment Victim Advocate.

<u>Victim, Secondary</u>: Secondary victims are children, relatives, or other individuals who are impacted emotionally, psychologically, or physically by virtue of their relationship or involvement with the trauma suffered by the primary victim.

