

Colorado Department of Public Safety

Division of Criminal Justice

OFFICE OF DOMESTIC VIOLENCE AND SEX OFFENDER MANAGEMENT

FORMATIVE RESEARCH RESULTS

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BACKGROUND

The Office of Domestic Violence and Sex Offender Management (ODVSOM) provides support to the Domestic Violence Offender Management Board (DVOMB) and the Sex Offender Management Board (SOMB) that uphold the standards of practice for the court-ordered treatment of individuals charged with domestic violence or sex offenses (DV/SO).

To showcase the importance of a provider's role in delivering quality services and treatment in this field, **with a communications goal of sustaining current providers and attracting additional providers to this field of work**, ODVSOM seeks to develop an outreach plan to help reach the right people with the right tactics. Together with marketing and research partner, Orange Circle Consulting (Orange Circle), ODVSOM completed formative research to better understand the existing audience and build audience profiles that will translate into messaging and outreach materials that will help attract qualified providers to this important work.

FORMATIVE RESEARCH DESIGN

Orange Circle implemented a two-pronged approach for collecting audience data that included both qualitative and quantitative data collection. Those research elements included stakeholder groups (5) and individual interviews (4) with a total of 16 participants; and an online survey with 309 responses from individuals both in Colorado and Nationally. Demographic details for all participants are described respectively in the sections following.

Included in the Addenda, the Facilitator Guide and Online Survey were developed collaboratively between Orange Circle and ODVSOM.

STAKEHOLDER RESEARCH OBJECTIVES & RESULTS

The goal for talking directly to stakeholders was to establish a clear understanding about the types of characteristics and perspectives of approved providers while documenting the benefits and barriers of becoming an approved provider for DV/SO clients.

Research Objectives included:

- Build an audience profile of current providers (skills; characteristics; motivators).
- Discover how current providers learned about the DV/SO approval application and uncover the specific reasons why they moved forward with seeking approval.
- Describe key motivators that help attract (and retain) individuals/groups to providing services for specialized clientele.
- Identify barriers that may keep other providers from applying to be approved.

Stakeholders were categorized as DV/SO Board Members, Supervisors, providers, and partners including community-based organizations (CBOs) and correctional/justice system representatives. A total of 16

stakeholders participated in either a virtual individual interview or a virtual discussion group. All participants agreed to have their discussion recorded.

Stakeholders were asked a series of questions, customized to fit their position and perspective. Participants were not necessarily asked all the questions outlined in the Facilitator Guide and often supplemental questions were asked in addition. Responses were transcribed and analyzed to identify common trends among participants.

Awareness of the Work

Stakeholders were asked how they learned about either becoming an approved provider, partner or Board member. Many participants used the term “I fell into it” as a reason for getting involved in DV/SO work, including completing an internship as a part of their professional education. Some were referred to the field or recommended by mentors based on their skills while a few were assigned to the work as a part of their job responsibilities.

“I’ve seen the majority of people getting into this work through internships, via school. I don’t know anyone that has come to me saying that they’ve always wanted to do this work.” – DV focused participant

“And I’ve noticed that that’s how I tend to bring people in the field is, as I’m working with different therapists, I kind of identify, hey, you would be good working with this population. You’ve got the right temperament. You’ve got the right skill set. You’ve got kind of the right approach and the right balance of holding your clients accountable, but not being overly, you know, overly harsh and punitive.” – SO focused participant

Motivation Toward DV/SO

When asked what motivated participants to continue working in the DV/SO field, long-term providers and Supervisors described their passion for seeing progress and changes in clients paired with making an impact on interrupting “generational violence” that can truly benefit communities. They cited the challenge and complexity of the work that keeps them interested. Several participants mentioned topics related to positive shifts in social justice and promoting community safety as reasons they are committed to continuing this work. Veteran providers listed their interest in forensics, investigation, research, and evidence-based treatment practices as a driver for staying in the field.

“What I enjoy is the investigative piece of trying to conceptualize the client ... being able to look at in a very objective way, like not just looking at the details of their offense, which is important, but kind of trying to take that emotional piece out and looking at like, what are their actual risk factors.” – SO focused participant

“But to know that I can create a healthy individual that hopefully will go on to lead a healthy life and not harm other people, and not do more damage. That is the reward that I get from working with this population. And that keeps me going.” – SO focused participant

“And this is about systemically stopping a cycle of violence that can reverberate you, if you stop that cycle of violence that changes generations to come. That really interrupts all that generational violence that we hear so much and talk so much about as a society, you get to be the one that stops it. You get to be the one that helps people see how they stop it. Like, how cool is that?” – DV focused participant

Characteristics Of Qualified Professionals

To help establish a profile for providers, participants were asked to describe specific characteristics of qualified professionals that would describe a good provider for DV/SO clients. Top characteristics identified by participants included:

- Interest in helping people;
- Consistently maintain a belief that people are capable of change;
- Intrinsic curiosity of being a change agent;
- Big picture vision of helping not only an individual but the community and next generation;
- Have passion for the work;
- Ability to separate the work from personal life;
- Capability to set strong boundaries and hold high standards;
- Being firm and consistent with clients;
- Maintain an unbiased approach;
- Good communication and strong skills in conflict resolution;
- Detail orientated with ability to track, document, and submit significant amount of paperwork;
- Excellent case management skills;
- Enjoy conducting group therapy; and
- Interested in trauma related treatment, helping to uncovering root cause issues.

“...have to be able to sit with the client and really get into the emotions and get into the process of things. And then turn around and check 50 boxes, make sure five emails get sent out, make sure I took good note that's to standard.” – DV focused participant

“...have to really believe in the inherent worth and dignity of human beings. Even if they've done bad things, but then there's this balance of caring for them without colluding on what they've done.” – DV focused participant

“...people who are really intrigued about human behavior and human behavior change...get into the nitty gritty of the more dysfunctional things that we've seen in our society and really get to help facilitate change.” – DV focused participant

Incentives for DV/SO Work

Participants were asked to list elements of the work that might motivate a provider to seek and apply for approval to treat DV/SO clients. Several participants believe that the desire to implement cutting-edge and evidence-based work is a motivator for some individuals. Participants explained that learning new therapy strategies and skills while applying their problem-solving skills was a benefit to becoming an approved provider.

Additionally, seeing the impact the work has on clients and their families can motivate certain types of individuals. Many people listed social justice and the desire to influence safer communities as a driver for providers to apply for approval and several participants stated that being an approved provider made them better therapists. Some participants believe that approved providers are better positioned to be hired because of having worked with a challenging population. The development of professional networks as well as working with mentors and developing those relationships were mentioned by a few participants as another benefit to becoming DV/SO approved.

“I like belonging to a group of people who are like minded and have that, you know, because the professional network is very strong. And especially within I mean, the sex offense specific field, I think that we most of us know each other get to know each other through the work because there aren't very many of us. And I think that's really good. Having that network is definitely a benefit.” - SO focused participant

“I think it makes you a better clinician, I think it really challenges your skill set - how I was able to get them to look at their thinking and challenge some of their behaviors. I do think it's a challenging population to work with but it makes you grow as a therapist and develop a higher skill set than I think people that kind of always work with the easier clients.” - SO focused participant

Challenges of DV/SO Work

Participants were asked about the challenges of the type of work it takes to being an approved DV/SO provider as well as how those challenges might be barriers to recruitment/retention.

Almost all participants described working with DV/SO clients as challenging (while some do believe it can also be a motivator) both mentally and emotionally. Many participants suggested that there was an additional element of professional liability and risk associated with being an approved provider due to the nature of the DV/SO clientele that can be manipulative, vindictive, litigious, and possibly more likely to submit a grievance. Most participants agreed that the pay scale for DV providers did not match the amount of work necessary while there were differing opinions on the pay for SO providers, some believing it was reasonable and some believing it was not enough.

“I would say that one of the biggest barriers to retaining providers is that we are tasked with doing a lot of work and holding a lot of liability for very little compensation or rewards.” – DV focused participant

Many participants described the difficulties of diversifying their caseload with both DV/SO and other non-court ordered clients. The biggest challenges to diversifying their caseload was the logistical issues such separate offices and waiting areas. Additionally, the amount of paperwork requirements for DV/SO clients can be vast and therefore difficult to add non-court ordered clients.

Some participants believed the “learning curve” for treating DV/SO clients is about two-years and once they were in that mindset, it was hard to do anything else, even possibly getting “pigeon-holed” into become subject matter expert and therefore, locked into this type of work.

“...there is no credentialing. It’s an approval, there’s no certificate, there’s no license. But yet, there’s a lot of work that goes into becoming a provider...there’s not even standard initials for it.” – DV focused participant

DV/SO Approval and Renewal

Regarding the DV/SO provider approval processes, many participants recognized the changes, updates and ongoing work the ODVSOM has been conducting to address a historically challenging approval and renewal processes. Many understood the necessity for the rigorous application paperwork but did not believe the renewal process should be as stringent. The costs associated with finding and completing continuing education to maintain approval status was mentioned as a barrier to approval and renewal. Often participants described challenges with provider burnout with conducting such intensive work. Some participants reported the need for protections against vengeful clients. A few participants mentioned that it would be a benefit to have Board members with experience as an approved and operational provider to best understand both the treatment and business side of this work.

“I understand like a big packet when you’re first getting in, but on renewals, it should be a lot easier, like there should not be an extra jumping through hoops kind of thing.” – DV focused participant

Standards and Recruitment

When asked about the benefits to having statewide standards and recruiting additional providers to the field of DV/SO, veteran participants recognized progress and proactive efforts that have been made by the board. The focus on evidence-based practices and research was acknowledged as cutting edge and set Colorado aside from other states. Some participants stated that the Boards are headed in the right direction but believe it will take a significant amount of time, effort, and refinement to attract new providers. Several participants provided suggestions for improvements that could help in a provider recruitment effort:

- Simplification of the process (most specifically for renewing providers)
- Changes be made on a regular schedule (i.e., twice a year, once a year)
- Consistent and simple notifications and communications from the board or ODVSOM
- The Boards can support the Approval Review Committee (ARC) to consider modifications and changes to the standards
- Provide a list of full operating providers who are willing to take somebody on as an intern or to supervise
- Create scholarships to help with continuing education
- Expanding internship opportunities
- Streamline relevant requirements across various applications (e.g.: Juvenile; DV/SO) to reduce redundancies

Many participants stated that established therapists are a more difficult audience to attract and may not be likely to complete approval applications as a part of their existing practice due to the lack of credentials and the amount of work to apply. Some believe internships are the best form of recruitment to capture students

just completing their degrees. Mentorship and referrals were described as helpful tools to recruit new providers. Additionally, some participants believe that stereotypes about DV/SO clients and treatment exist and can keep providers from applying or considering the work.

DV/SO Differences & Similarities

Participants were also asked to describe any differences or similarities between the fields of domestic violence and sex offense treatment. Participants consistently reported the following observations:

- DV providers are paid less
- Treating SO clients come with more stereotypes (both internally among therapists and externally among the public)
- SO treatment approach is more prescriptive than DV treatment
- Many SO clients have DV history

Diversity, Equity & Inclusion

When mentioning the topic of diversity, equity, and inclusion during the discussion, many participants reported the lack of ethnic and bilingual representation among DV/SO approved providers. Participants recognized the significant gap between the diverse nature of DV/SO clients and number of providers that have the cultural and linguistic experience to treat and relate to this population. Many participants acknowledged that there are systemic issues surrounding this topic, starting with access to education and training.

QUANTITATIVE SURVEY GOALS AND METHODOLOGY

The goal of the online survey was to discover motivation and values of respondents regarding their pursuit of work and current work in the field of therapy and counseling. The survey was intended to identify core values among individual who choose this field. Additionally, the survey sought to determine any familiarity with the Colorado Standards and identify what might motivate an individual to consider applying to become an approved provider.

The online survey was implemented by our research partner, Davis Research, who recruited and screened all survey respondents. Instructors from three different partner universities in Colorado were asked to share invitations to complete the survey with their students, offering a \$20 Amazon Gift Card as an incentive. A total of nine students responded.

QUANTITATIVE SURVEY RESULTS

The research team made determinations of statistical significance at the $\alpha = .05$ which gives us a 95% confidence that the results are not caused by chance.

Respondent Characteristics

All demographics data collected are outlined in Figure 1, further broken down by Colorado and other United States respondents. The priority of the research team was to get a representative sample based on location (Colorado resident preferred) age, gender, and race. The prioritization of Colorado respondents resulted in a much higher number of female respondents (79%) compared to male respondents (18%). There was a good representation of respondents from several ethnic groups including African American/Black and Hispanic/Latino. Other notable results included:

- Over two-thirds of respondents were under the age of 35;
- Almost 85% of respondents completed some college or higher; and
- Almost a third of respondents were students.

FIGURE 1. RESPONDENT DEMOGRAPHICS

Characteristic	Percent of sample			Characteristic	Percent of sample		
Age	ALL	CO	US	Ethnicity	ALL	CO	US
18-24	34.6	34.7	34.6 %	Caucasian/White	64.7	69.4	61.6 %
25-34	33.7	34.7	33.0	Asian/Pacific Islander	3.2	4.8	2.2
35-44	23.6	23.4	23.8	African American/Black	12.3	8.9	14.6
45-54	8.1	7.3	8.6	American Indian or Alaskan	1.3	1.6	1.1
Household income	ALL	CO	US	Hispanic or Latino	14.2	10.5	16.8
Up to \$25,000	19.1	21.8	17.3 %	Unknown	2.9	4.0	2.2
Between \$25,000 and \$49,999	26.2	26.6	25.9	Mixed	1.3	0.8	1.6
Between \$50,000 and \$74,000	23.0	20.2	24.9	Education	ALL	CO	US
Between \$75,000 and \$99,999	15.2	15.3	15.1	Some high school	1.9	3.2	1.1 %
Between \$100,000 and \$150,000	5.8	5.6	5.9	GED or high school diploma	11.0	12.9	9.7
Over \$150,000	5.2	4.0	5.9	Some college	33.3	33.1	33.5
Prefer not to answer	5.5	6.5	4.9	Technical/vocational school	2.6	2.4	2.7
Gender	ALL	CO	US	College graduate (4 year)	30.1	25.0	33.5
Female	79.3	83.1	76.8 %	Post-graduate	16.8	17.7	16.2
Male	17.8	14.5	20.0	Prefer not to answer	4.2	5.6	3.2
Transgender Male	0.6	0.0	1.1	Type	ALL	CO	US
Transgender Female	0.3	0.0	0.5	Student	27.2	29.0	25.9 %
Non-binary	1.6	2.4	1.1	Job Seeker	67.2	58.9	74.1
Prefer not to respond	0.3	0.0	0.5	Non-job seeker	4.9	12.1	0.0

Note: Percentages for each group may not sum to 100% due to rounding.
Source: ODVSOM Survey.

The research team asked respondents to self-classify themselves as student, job seekers, and non-job seekers. Figure 2 illustrates the distribution between those three groups. Job seekers were those that indicated they are currently looking for work or are open to new work opportunities. Non-job seekers indicated they were happy with their current work situation.

FIGURE 2. RESPONDENT TYPE

Degree	ALL	CO	USA
Student	27.2 %	29.0 %	25.9 %
Job Seeker	10.0	7.3	11.9
Open to new work opportunities or expanding upon the work I already do	57.2	51.6	62.2
Happy with my current work situation and not interested in additional work opportunities	4.9	12.1	0.0
n	309	124	185

Source: ODVSOM Survey.

Respondents indicated the field of study for degree they have obtained or are working to complete. Figure 3 illustrates those responses. About half of respondents indicated a degree in psychology.

FIGURE 3. RESPONDENT DEGREES

Degree	ALL	CO	USA
Psychology	49.8 %	38.7 %	57.3 %
Social Work	18.8	22.6	16.2
Counseling	14.6	15.3	14.1
Criminal justice	4.5	6.5	3.2
Sociology	4.5	6.5	3.2
Other, please specify	7.8	10.5	5.9
n	309	124	185

Source: ODVSOM Survey.

Respondents were asked to identify any relevant certification they have achieved. Many respondents only indicated a specific degree or are a certified/licensed therapist. Figure 4 shows a list of open-ended responses regarding any further certifications and specialties outside of degree.

FIGURE 4. RESPONDENT CERTIFICATIONS

Certifications	Areas of Focus
Licensed Clinical Social Worker (LCSW)	Marriage and family
Certified Master Social Work (CMSW)	Child psychology
Certified Nursing Assistant (CAN)	Gerontology
Certified Addiction Counselor (CAT & CAC)	Hazmat
Certified Brain Injury Specialist (CBIS)	Fingerprints
Board Certified Behavioral Analyst (BCBA)	Offender treatment
Licensed Professional Counselor (LPCC)	Abnormal psychology
Qualified Medication Administration Personnel (QMAP)	Motivational interviewing
	Art therapy certification
	MCP Microsoft certified professional
	NET+ Network certified

Source: ODVSOM Survey.

Work Status

A series of questions asked about current job status and values for choosing a field in therapy.

To differentiate between active therapists vs students, the research team again asked about their employment or student status. This question was presented differently than the previous “respondent self-classification” question. Responses from this question did contradict some responses from the previous question where less than a third indicated they were students. Figure 5 illustrates that 44% of respondents indicated that they are working towards a degree in social or behavioral science, 23% indicated they are currently working as a therapist, and 29% are looking for work as a therapist. Among Colorado respondents, there was a higher rate of individuals working in an un-related field but looking for work as a therapist. Other responses included unemployed, working student, and other type of therapy work.

It should be noted, that when data is split between student and job seeker, the “self-classification” data where students represent a third of respondents was used.

FIGURE 5: CURRENT EMPLOYEMENT STATUS

Response	ALL	CO	USA
Primarily working towards a degree in social or behavioral science	44.0 %	44.4 %	43.8 %
Working for or with a group of other therapists	16.2	16.1	16.1
Working in a field not related to therapy but looking for work as a therapist	15.2	19.4	12.4
Seeking work as a therapist	13.9	7.3	18.4
Operating independent therapy practice	6.5	6.5	6.5
Other, please specify	4.2	6.5	2.7
n	309	409	405

Source: ODVSOM Survey.

Respondents were asked to rate statements about their reason for choosing the therapy field based on what influenced them the most. Figure 6 illustrates the mean responses by location. Respondents indicated that what most influenced them was the desire to help people with their emotional and mental journey, followed closely by understanding the value and benefit of therapy, and to help clients address their concerns. The pay was rated the least influential for choosing a career in therapy.

FIGURE 6: WHY CHOOSE A FIELD IN THERAPY
SCALE OF 1 (STRONGLY INFLUENCE) TO 4 (DID NOT STRONGLY INFLUCENCE)

Belief	ALL	CO	USA
Desire to help people with their emotional and mental journey~	1.73	1.68	1.77
Understanding the value and benefit of therapy~	1.78	1.76	1.79
Helping clients address their concerns~	1.78	1.77	1.78
To help bring about community and social change~	1.88	1.81	1.92
The connection and relationship I build with clients	1.91	1.95	1.88
The ability to work independently*^	2.04	2.11	1.99
The diverse type of people I would work with	2.13	2.15	2.11
Personal experience with therapy in past	2.14	2.21	2.10
Providing support to other professionals in the field	2.29	2.24	2.33
Influenced by someone close to me (i.e., family member, friend, co-worker)	2.38	2.24	2.47
The pay	2.60	2.77	2.48
n	309	124	185

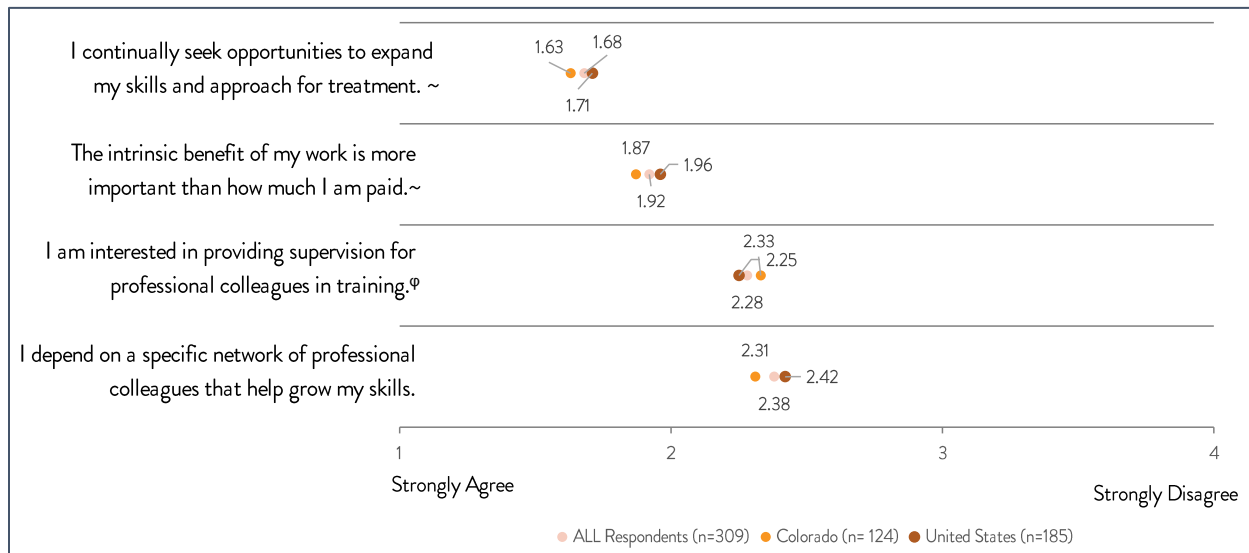
Note: Statistically significant difference at the 95% confidence level: *between type of respondent, ^ Colorado and National respondent, ~ male and female respondents; and ¶ Black, Latino and White survey respondents.

Source: ODVSOM Survey.

Respondents were also asked to state other reasons why they chose the mental health field. Majority of individuals (50%) who identified another reason indicated that it was the enjoyment or interest in helping people because of a desire to help individuals and society. Over a third of respondents indicated they had their own mental health struggles or saw a person close to them struggle, wanting to pass on anything they learned from that experience to others in need.

Respondents were asked to indicate their level of agreement with certain value statement regarding their work. Figure 7 illustrates the mean of those respondents by location. Respondents agree that they are continually seeking opportunities to expand their skills and approach to treatment. Also notable, they somewhat agree that the intrinsic benefit of their work is more important than how much they get paid.

FIGURE 7: VALUES AROUND THERAPY WORK
SCALE OF 1 (STRONGLY AGREE) TO 4 (STRONGLY DISAGREE)



Note: Statistically significant difference at the 95% confidence level: between type of respondent ~ male and female respondents; and [¶] Black, Latino and White survey respondents.

Source: ODVSOM Survey

When asked where they look for job opportunities, respondents indicated that several online sources are used including general online job boards and sometimes therapy specific job boards. Professional and personal networks are also utilized by about two-thirds of respondents. Figure 8 illustrates responses by location. Other responses clarified that the respondents were not necessarily ready to look for work.

FIGURE 8: WHERE SEEK NEW JOB OPPORTUNITIES

Response	ALL	CO	USA
General online job boards (indeed, LinkedIn, Ziprecruiter, etc.): [!]	68.6 %	60.5 %	74.1 %
Through professional and personal networks* [^]	63.1	62.1	67.3
Professional organizations. [¶]	41.1	42.7	40.0
Through word of mouth or current clients	40.1	32.3	47.3
Therapy specific websites (Sondermind, Headway)	37.5	35.5	38.9
Other, please specify	1.9	3.2	0.0
n	396	409	405

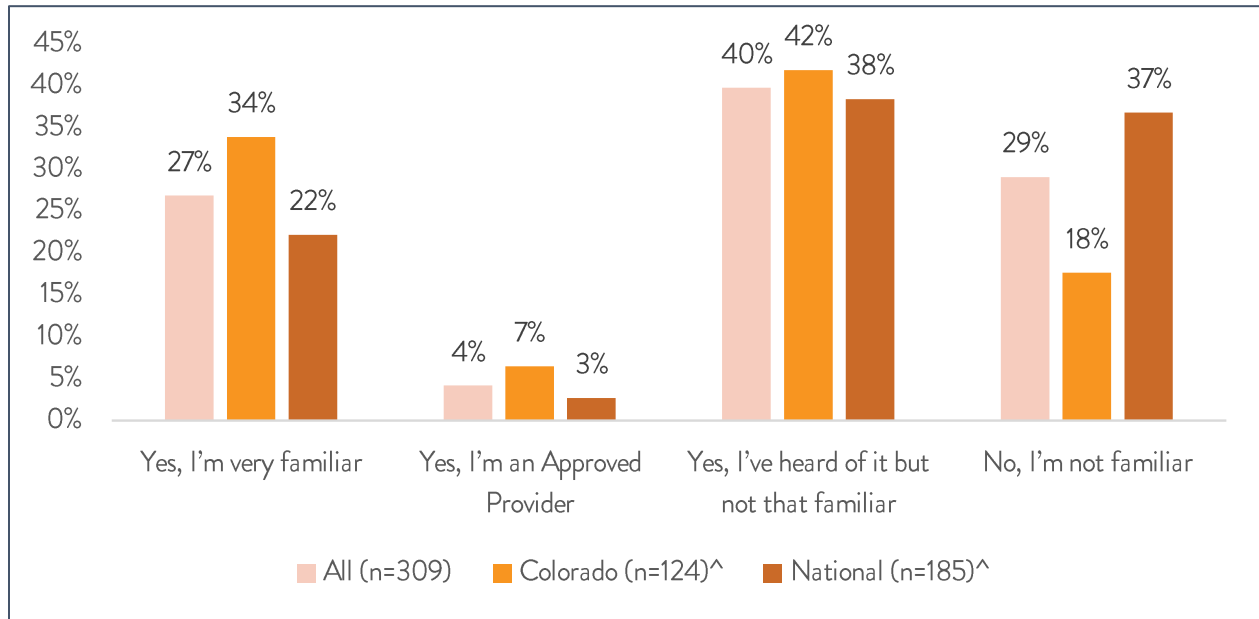
Note: Statistically significant difference at the 95% confidence level: *between type of respondent, [^] Colorado and National respondent, and [¶] Black, Latino and White survey respondents.

Source: ODVSOM Survey

Colorado Standards Familiarity and Willingness

Respondents were asked about their familiarity with the Colorado Standards for Domestic Violence and Sex Offender Management (Colorado Standards) as well as their willingness to become an approved provider. Figure 9 illustrates respondents' familiarity with Colorado Standards and is also compared by location. Over a fourth of respondents indicated they are familiar with Colorado Standards and Colorado respondents were more likely to be familiar. Around 5% of respondents indicated they are already approved providers.

FIGURE 9: FAMILIARITY WITH COLORADO STANDARDS



Note: ^ Statistically significant difference at the 95% confidence level between Colorado and National respondent.

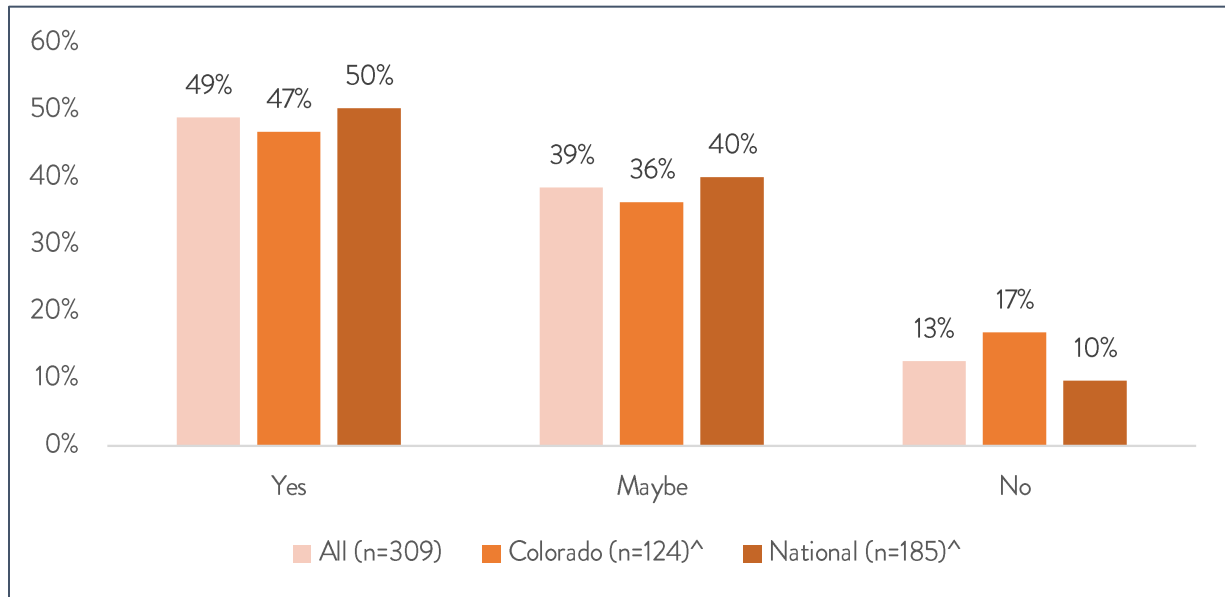
Source: ODVSOM Survey.

Respondents were given the following description of the Colorado Standards:

Individuals convicted of domestic violence or sexual offenses in Colorado are required to seek therapeutic services of an approved treatment provider. The Domestic Violence Offender Management Board (DVOMB) and the Sex Offender Management Board (SOMB) set and review standards of practice for the evaluation and, assessment, treatment, and behavioral monitoring of these individuals. The DVOMB and SOMB Standards are designed to uphold victim and community safety by allowing an opportunity for those who engage again in violent or abusive behavior to be accountable and participate in a treatment process to prevent re-offense. Trained professionals can complete an application for approval to provide victim-centered, evidence-based, and trauma informed services to these clients. Providers must meet the Boards' standards and renew their approval periodically. Adding the credential of an approved treatment provider for either domestic violence or sexual assault offenders can expand a provider's practice to include a variety of different clients. All approved providers are listed on the state's Office of Domestic Violence and Sex Offender Management (ODVSOM) website.

They were then asked their willingness to consider becoming an approved provider. Figure 10 illustrates those respondents by location. Over 87% of respondents indicated that yes or maybe they would consider becoming an approved provider. There was a significant difference among Colorado and National respondents with National respondents being more willing to consider becoming an approved provider.

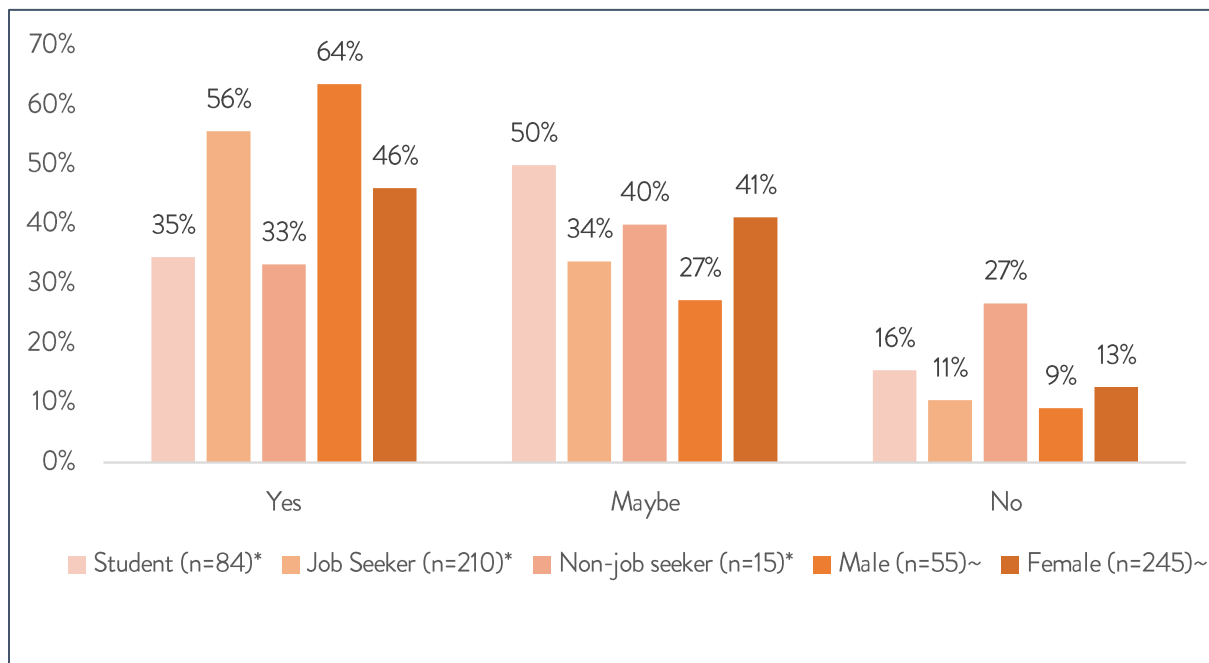
FIGURE 10A: WILLINGNESS TO CONSIDER BECOMING APPROVED PROVIDER



Note: ^Statistically significant difference at the 95% confidence level between Colorado and National respondents.
 Source: ODVSOM Survey.

Further looking at those individuals that were willing to consider becoming an approved provider, there were significant differences among respondent type and by gender. Job seekers and males were more likely to indicate yes that they would consider becoming an approved provider, and students more often said maybe. Figure 10b illustrates all results by respondent type and gender.

FIGURE 10B: WILLINGNESS TO CONSIDER BECOMING APPROVED PROVIDER BY RESPONDENT TYPE AND GENDER



Source: ODVSOM Survey.

Values and Beliefs Around DV and SO Therapy

Individuals who indicated that yes or maybe they would consider becoming an approved provider were asked what aspects of the work appealed to them. Figure 11a illustrates the responses for all respondents as well as Colorado vs. National respondents. The top answers included the ability to learn new skills; opportunity to provide a community service and increase victim and public safety; and work in a social and community justice area.

FIGURE 11A: ASPECTS OF BECOMING APPROVAL PROVIDER THAT ARE APPEALING SCALE OF 1 (VERY APPEALING) TO 4 (NOT VERY APPEALING)

	ALL	CO	USA
The ability to learn new skills as a therapist.	1.64	1.58	1.68
The opportunity to provide a community service and increase both victim and public safety.	1.67	1.71	1.65
To be working in an area that addresses social and community justice.	1.73	1.73	1.74
The ability to work with individuals with specific needs.	1.76	1.80	1.74
A new challenge of providing treatment for this specific population.	1.81	1.86	1.78
The opportunity to expand my practice.	1.91	1.91	1.90
Adding domestic violence and/or sexual assault treatment to my credentials.	2.06	2.09	2.05
Ability to build a client base by being listed as a provider on the State's website.	2.15	2.24	2.10
I would like to add clients to my current caseload.	2.37	2.42	2.34
n	270	103	167

Source: ODVSOM Survey.

Male and female responses varied, and those differences are illustrated in Figure 11b. Overall, females rated the different aspects a more appealing than men. More specifically, females found the following aspects significantly more appealing than men:

- Ability to learn a new skill;
- Provide community service and increase victim and public safety;
- New challenge of providing treatment to a specific population; and
- Opportunity to expand practice.

Additionally, men were more motivated by adding clients to their caseload than females.

FIGURE 11B: ASPECTS OF BECOMING APPROVED PROVIDER THAT ARE APPEALING BY GENDER
SCALE OF 1 (VERY APPEALING) TO 4 (NOT VERY APPEALING)

	ALL	Male	Female
The ability to learn new skills as a therapist.~	1.64	1.82	1.57
The opportunity to provide a community service and increase both victim and public safety.~	1.67	1.84	1.61
To be working in an area that addresses social and community justice.	1.73	1.90	1.68
The ability to work with individuals with specific needs.	1.76	1.94	1.70
A new challenge of providing treatment for this specific population.~φ	1.81	2.08	1.73
The opportunity to expand my practice.~	1.91	2.06	1.83
Adding domestic violence and/or sexual assault treatment to my credentials.φ	2.06	2.22	2.01
Ability to build a client base by being listed as a provider on the State’s website.	2.15	2.30	2.11
I would like to add clients to my current caseload.	2.37	2.18	2.39
n	270	50	214

Note: Statistically significant difference at the 95% confidence level: between ~ male and female respondents, and φ Black, Latino and White survey respondents.

Source: ODVSOM Survey.

Those that indicated they would “maybe or not consider” becoming an approved provider were asked what aspects of the work did not appeal to them. Overall, respondents felt that they would need more training to provide this type of therapy. Figure 12a illustrates mean results by location.

FIGURE 12A: ASPECTS OF BECOMING APPROVAL PROVIDER THAT ARE NOT APPEALING
SCALE OF 1 (STRONGLY AGREE) TO 4 (STRONGLY DISAGREE)

	ALL	CO	USA
I feel like I would need more training to provide this type of therapy.	1.7	1.82	1.61
Providing therapy to domestic violence and/or sexual assault offenders is outside my scope of practice or have an interest in pursuing.	2.33	2.20	2.42
I believe offenders who have been convicted of these offenses are difficult to treat.	2.34	2.32	2.35
The work would be too emotionally taxing for me.	2.37	2.30	2.41
Working with domestic violence and/or sexual assault offenders does not appeal to me.	2.38	2.36	2.39
I currently am not accepting new clients.	2.63	2.47	2.74
I have personal beliefs that would keep me from working with this specific population.	2.68	2.71	2.65
I'm not interested in doing therapy that is court-ordered.	2.73	2.74	2.73
The approval process to become an approved provider is more than I'm willing to do.	2.92	3.00	2.87
n	158	66	92

Source: ODVSOM Survey.

Ethnic groups had significantly different responses regarding what does not appeal to them about becoming an approved provider. Figure 12b illustrates the mean responses by three ethnic groups – Black, White, and Latino. Overall, the most significant differences among ethnic groups included:

- The work is outside their scope of practice, or they have limited interest in pursuing;
- Belief that convicted offenders are difficult to treat;
- Work would be too emotionally taxing for them;
- Working with DV/SO offenders does not appeal to them;
- Personal beliefs that keep them from working with population;
- Not interested in court-ordered work; and
- Approval process more than they are willing to do.

FIGURE 12B: ASPECTS OF BECOMING APPROVED PROVIDER THAT ARE NOT APPEALING BY ETHNICITY
SCALE OF 1 (STRONGLY AGREE) TO 4 (STRONGLY DISAGREE)

	ALL	Black	White	Latino
I feel like I would need more training to provide this type of therapy.~	1.7	1.72	1.72	1.71
Providing therapy to domestic violence and/or sexual assault offenders is outside my scope of practice or have an interest in pursuing. ^φ	2.33	2.78	2.26	2.29
I believe offenders who have been convicted of these offenses are difficult to treat. ^φ	2.34	2.67	2.31	2.29
The work would be too emotionally taxing for me. ^φ	2.37	2.78	2.32	2.41
Working with domestic violence and/or sexual assault offenders does not appeal to me. ^φ	2.38	2.44	2.44	2.12
I currently am not accepting new clients.	2.63	2.56	2.65	2.59
I have personal beliefs that would keep me from working with this specific population. ^φ	2.68	2.72	2.71	2.06
I'm not interested in doing therapy that is court-ordered. ^φ	2.73	2.89	2.81	2.47
The approval process to become an approved provider is more than I'm willing to do. ^φ	2.92	3.00	2.90	2.82
n	158	18	108	17

Note: ^φ Statistically significant difference at the 95% confidence level: between Black, Latino and White survey respondents.

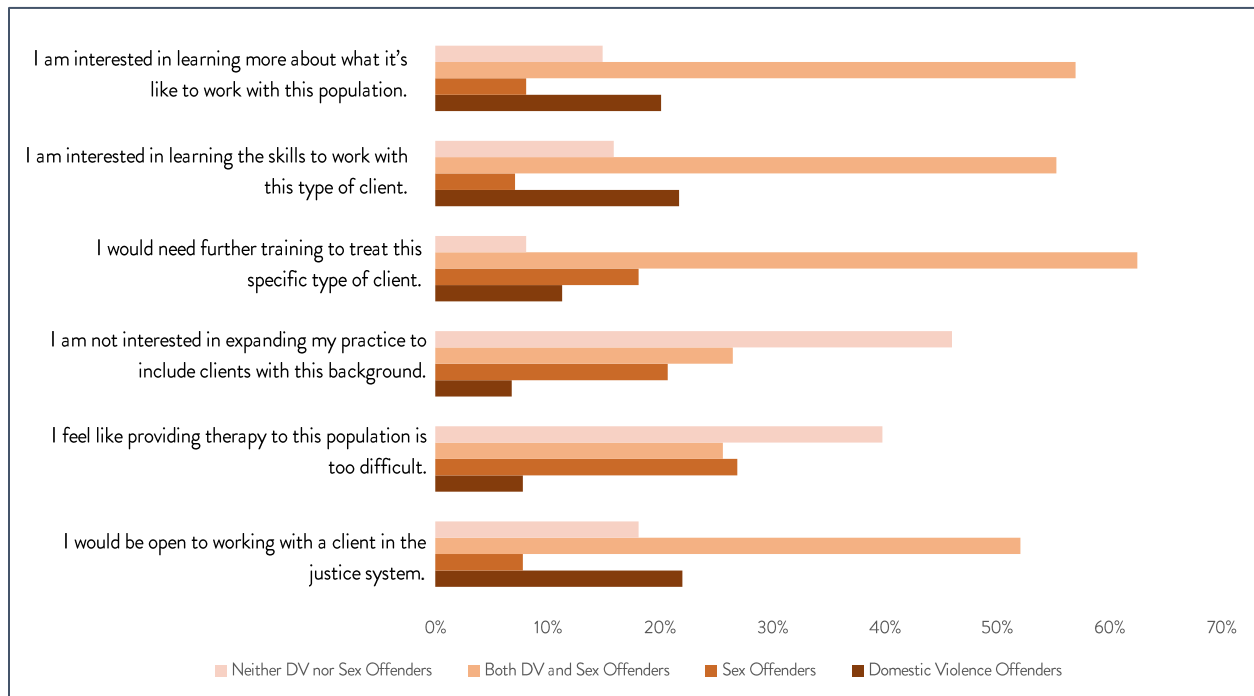
Source: ODVSOM Survey.

All respondents were asked about their beliefs around working with DV and SO clients. Overall, majority of respondents believe that about both DV and SO clients:

- Interested in learning more about working with population;
- Interested in learning skills wo work with population;
- Need further training; and
- Open to working with client in justice system.

Figure 13a illustrates all responses.

FIGURE 13A: BELIEFS ABOUT WORKING WITH DV AND SO CLIENTS



Source: ODVSOM Survey.

There were significant differences among ethnic groups – Black, White, and Latino, in their beliefs around working with DV and SO clients. Figure 13b illustrates responses by ethnic groups. Whites indicated that they are more interested in learning the skills needed to work with DV/SO population yet also feel like they need further training to treat this specific type of client. Forty-four percent of whites believe neither DV or SO clients are too difficult to treat whereas, only 24% of black and 30% of Latinos feel the same.

FIGURE 13B: BELIEFS ABOUT WORKING WITH DV AND SO CLIENTS BY ETHNICITY

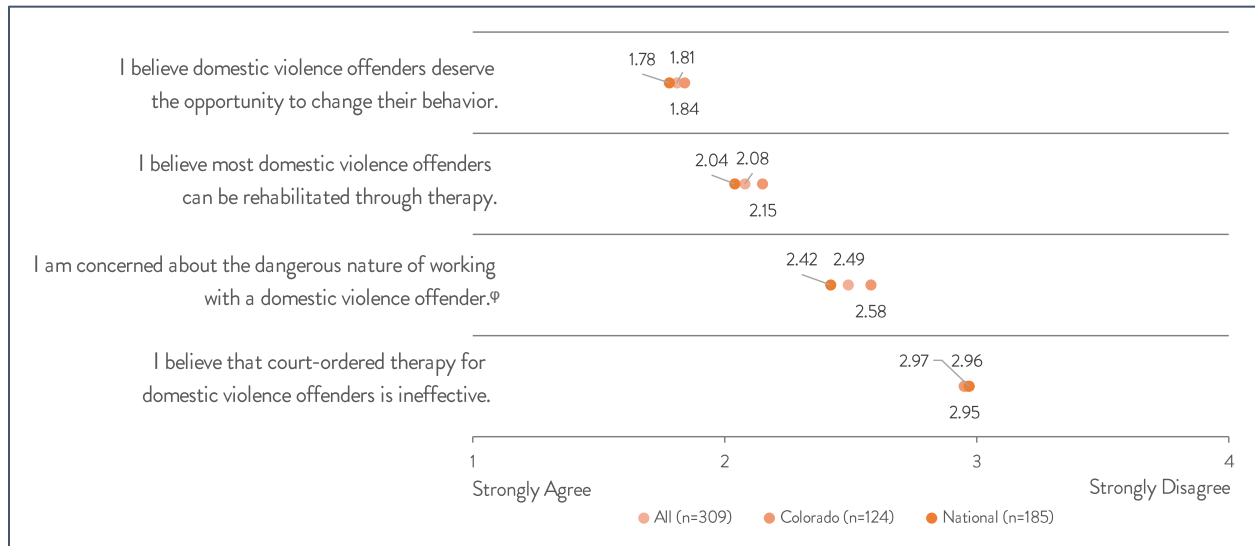
Belief	Black		White		Latino	
	Both DV/SO	Neither DV/SO	Both DV/SO	Neither DV/SO	Both DV/SO	Neither DV/SO
I would need further training to treat this specific type of client. [¶]	47.4 %	7.9 %	65.0 %	8.0 %	56.8 %	9.1 %
I would be open to working with a client in the justice system. [¶]	44.7	7.9	52.5	19.5	43.2	20.5
I am interested in learning more about what it's like to work with this population. ^{~¶}	55.3	13.2	56.5	13.5	50.0	20.5
I am interested in learning the skills to work with this type of client. [¶]	36.8	21.1	60.0	14.0	45.5	18.2
I feel like providing therapy to this population is too difficult. [¶]	31.6	23.7	20.0	44.0	40.9	29.5
I am not interested in expanding my practice to include clients with this background. [¶]	34.2	36.8	23.0	49.0	36.4	38.6
n	38		200		44	

Note: [¶] Statistically significant difference at the 95% confidence level: between Black, Latino and White survey respondents.

Source: ODVSOM Survey.

Respondents were asked their beliefs specifically around working with DV clients. Figure 14 illustrates mean responses regarding their agreement on certain aspects of the DV client. Overall, respondents believe that DV offenders deserve the opportunity to change their behavior.

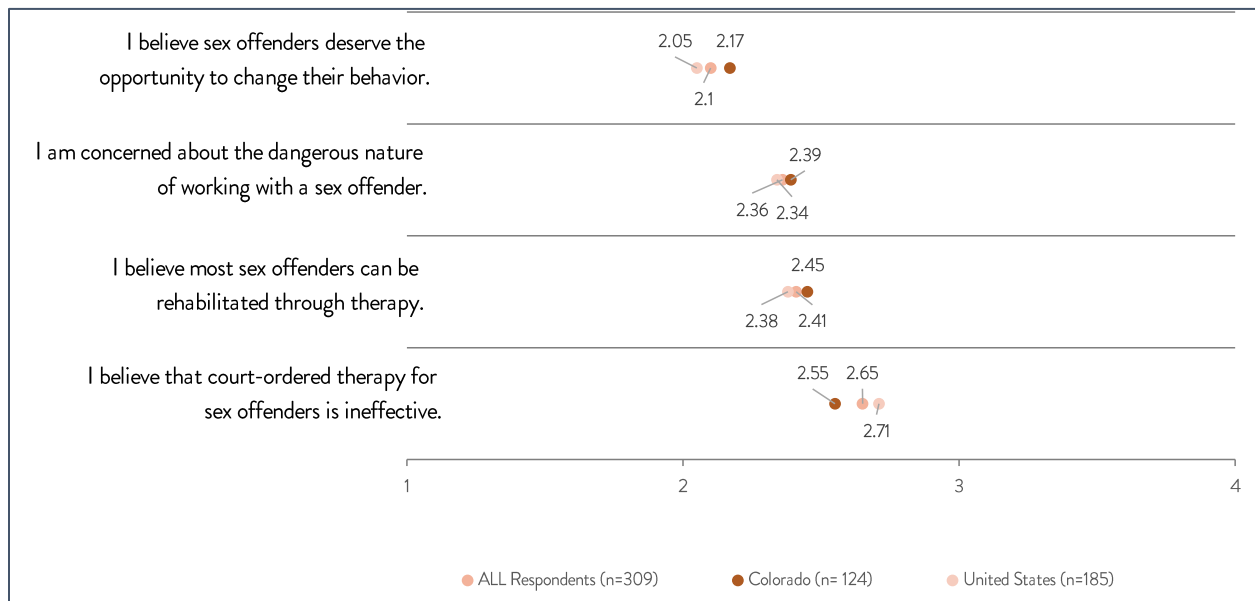
FIGURE 14: BELIEF ABOUT WORKING WITH DV CLIENTS
SCALE OF 1 (STRONGLY AGREE) TO 4 (STRONGLY DISAGREE)



Source: ODVSOM Survey.

Similarly, respondents were asked to indicate their agreement with statements about SO clients.

FIGURE 15A: BELIEF ABOUT WORKING WITH SO CLIENTS
SCALE OF 1 (STRONGLY AGREE) TO 4 (STRONGLY DISAGREE)



Note: Statistically significant difference at the 95% confidence level: *between type of respondent, and [¶] Black, Latino and White survey respondents.
Source: ODVSOM Survey.

Respondents of different ethnicities had significant differences regarding their beliefs about work with SO clients. Black respondents disagreed more significantly that SO offenders deserve the opportunity to change their behavior. Figure 15b illustrates mean responses by ethnicity.

FIGURE 15B: BELIEF ABOUT WORKING WITH SO CLIENTS BY ETHNICITY
SCALE OF 1 (STRONGLY AGREE) TO 4 (STRONGLY DISAGREE)



Note: Ⓢ Statistically significant difference at the 95% confidence level between Black, Latino and White survey respondents.
Source: ODVSOM Survey.

Respondents were then asked to rate statements about how strongly working with court-ordered offenders would influence their decision to work with that population. Figure 16a illustrates the mean responses by location. Overall, respondents were most influenced by helping to provide victim safety through rehabilitation; adding knowledge about the intersection between psychology, law, and forensics; and helping at a community level to rehabilitate offenders.

FIGURE 16A: BELIEF AROUND WORKING WITH DV AND SO CLIENTS
SCALE OF 1 (WOULD STRONGLY INFLUENCE) TO 4 (DEFINITELY WOULD NOT INFLUENCE)

	ALL	CO	USA
Helping to provide victim safety by rehabilitating offenders	1.65	1.73	1.59
Adding knowledge about the intersection between psychology, law, and forensics	1.68	1.71	1.66
Helping at a community level to rehabilitate offenders	1.80	1.88	1.74
Be part of a client's rehabilitation	1.81	1.92	1.74
Add to clinical focus or skills	1.85	1.85	1.84
Expand clinical credentials	1.96	1.92	1.99
Opportunity to work with a potentially challenging population	2.03	2.08	1.99
Ability to add grow my practice or caseload	2.14	2.23	2.09
Option to work with either domestic violence offender, sexual assault offender, or both	2.15	2.25	2.09
n	309	124	185

Source: ODVSOM Survey.

Again, ethnic groups reported significantly different responses to what would influence them to consider working with DV/SO populations. Whites and Latinos were more influenced by helping to provide victim safety through rehabilitation whereas, Blacks were most motivated by adding knowledge about the intersection between psychology, law, and forensics. All mean responses by ethnic group are illustrated in Figure 16b.

FIGURE 16B: BELIEF AROUND WORKING WITH DV AND SO CLIENTS BY ETHNICITY
SCALE OF 1 (WOULD STRONGLY INFLUENCE) TO 4 (DEFINITELY WOULD NOT INFLUENCE)

	ALL	Black	White	Latino
Helping to provide victim safety by rehabilitating offenders [¶]	1.65	1.97	1.60	1.73
Adding knowledge about the intersection between psychology, law, and forensics [¶]	1.68	1.84	1.65	1.91
Helping at a community level to rehabilitate offenders* [^] [¶]	1.80	2.05	1.74	1.80
Be part of a client's rehabilitation [¶]	1.81	1.92	1.75	2.07
Add to clinical focus or skills [¶]	1.85	2.03	1.81	1.91
Expand clinical credentials [¶]	1.96	2.08	1.93	2.14
Opportunity to work with a potentially challenging population [¶]	2.03	2.03	2.03	2.02
Ability to add grow my practice or caseload [¶]	2.14	2.08	2.18	2.11
Option to work with either domestic violence offender, sexual assault offender, or both [¶]	2.15	2.08	2.14	2.20
n	309	38	200	44

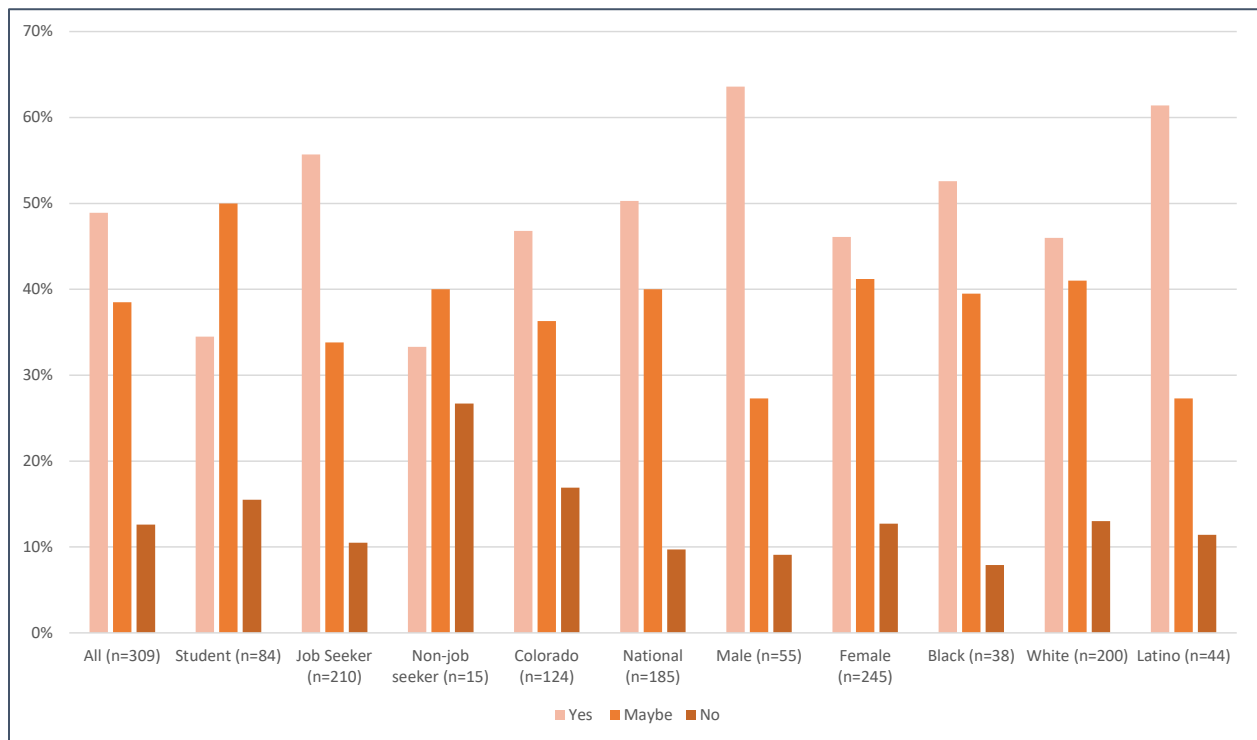
Note: Statistically significant difference at the 95% confidence level: *between type of respondent, ^ Colorado and National respondent, and [¶] Black, Latino and White survey respondents.

Source: ODVSOM Survey.

Profiles of Respondents Willingness to Become Approved Provider

The research team analyzed the individuals indicating a willingness to become an approved provider by those stating yes, maybe, and no. Figure 17 illustrates different demographics among those that responded yes, no, and maybe to becoming an approved provider. Students were more likely to say maybe to becoming an approved provider.

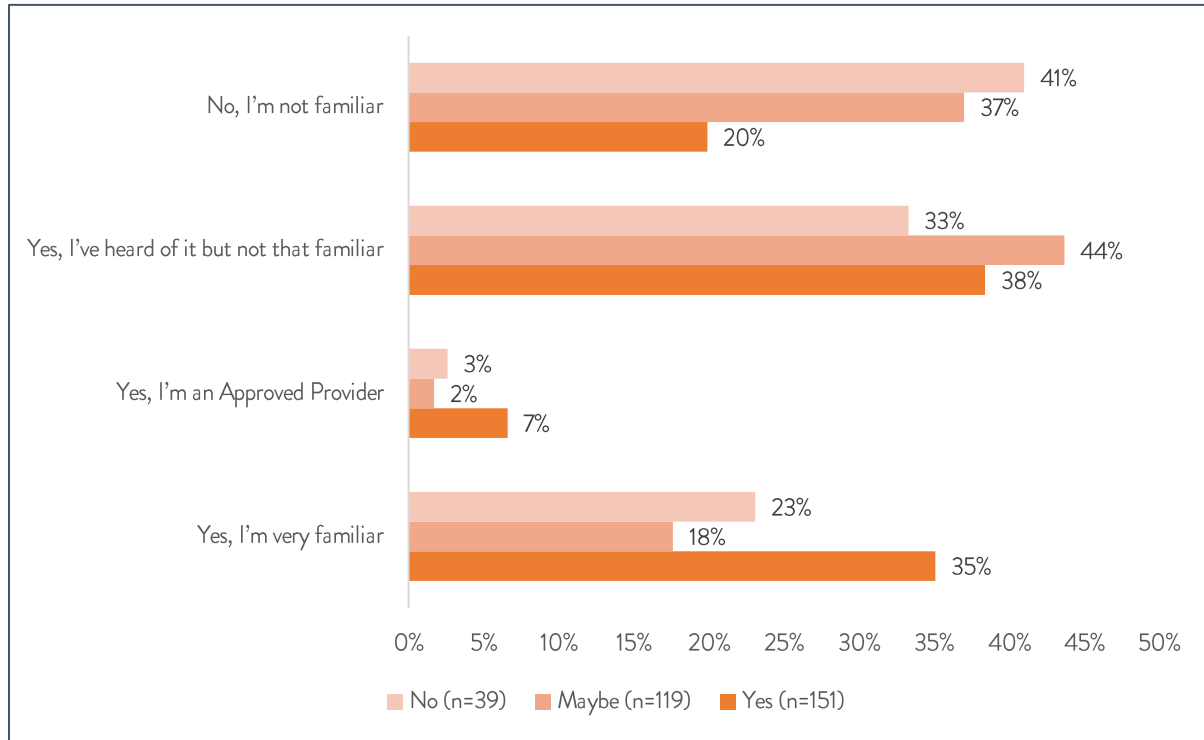
FIGURE 17: DEMOGRAPHICS BY WILLINGNESS TO BECOME APPROVED PROVIDER



Source: ODVSOM Survey.

Similarity, the research team explored the respondents' familiarity with Colorado Standards versus their willingness to become an approved provider. Those that were more familiar with the Colorado Standards were more likely to say yes to considering becoming an approved provider. Figure 18 illustrates the responses.

FIGURE 18: FAMILIARITY WITH COLORADO STANDARDS BY WILLINGNESS TO BECOME APPROVED PROVIDER



Source: ODVSOM Survey.

Those that were open to considering becoming an approved provider had stronger beliefs around working with DV/SO clients. For instance, they were more interested in learning about what it was like to work with DV/SO clients; interested in learning the skills to work with DV/SO clients; and open to working with clients in the justice system. Figure 19 illustrates the responses by willingness to become approved provider.

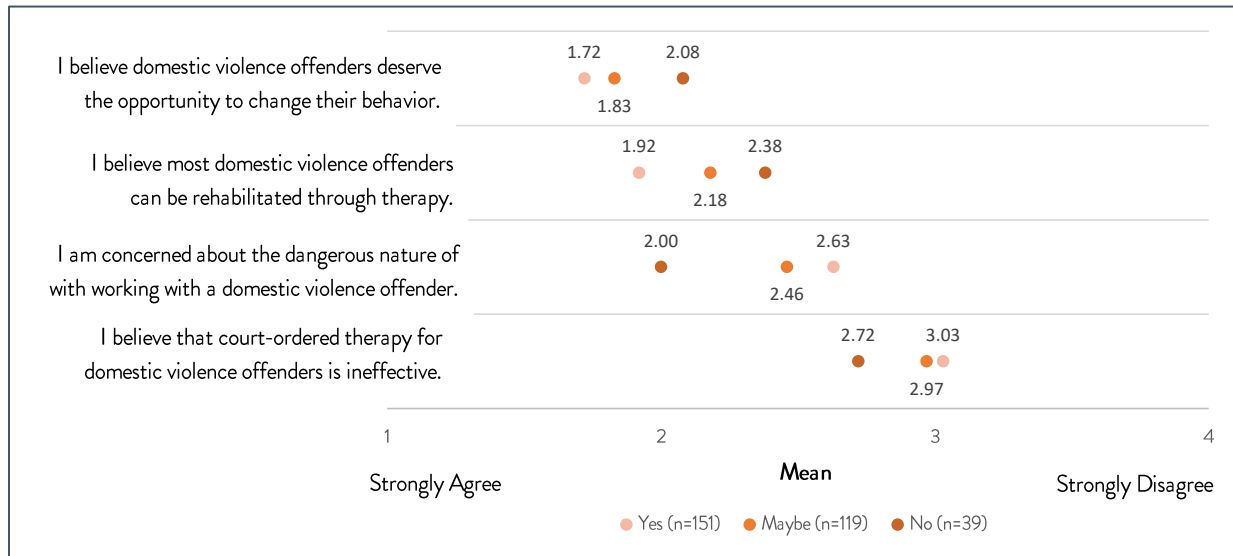
FIGURE 19: PROFESSIONAL BELIEFS REGARDING WORKING WITH DV/SO CLIENTS BY WILLINGNESS TO BECOME APPROVED PROVIDER

Belief	Yes		Maybe		No	
	Both DV/SO	Neither DV/SO	Both DV/SO	Neither DV/SO	Both DV/SO	Neither DV/SO
I am interested in learning more about what it's like to work with this population.	68.9 %	5.3 %	54.6 %	13.4 %	17.9 %	56.40 %
I am interested in learning the skills to work with this type of client.	66.9	4.6	54.6	15.1	12.8	61.50
I would be open to working with a client in the justice system.	61.6	8.6	54.6	15.1	7.7	64.1
I would need further training to treat this specific type of client.	55.6	7.9	68.9	6.7	69.2	12.80
I am not interested in expanding my practice to include clients with this background.	25.8	53.6	21.8	44.5	43.6	20.50
I feel like providing therapy to this population is too difficult.	22.5	49	22.7	34.4	46.2	20.50
n	151		119		39	

Source: ODVSOM Survey.

Respondents more willing to consider becoming approved provider also have stronger beliefs around working with DV clients. They more strongly agreed that DV offenders can be rehabilitated through therapy, and they deserve the opportunity to change their behavior. Figure 20 illustrates the mean responses by willingness to become approved provider.

FIGURE 20: BELIEFS AROUND WORKING WITH DV CLIENTS BY WILLINGNESS TO BECOME APPROVED PROVIDER
SCALE OF 1 (STRONGLY AGREE) TO 4 (STRONGLY DISAGREE)



Source: ODVSOM Survey.

Similarity, respondents more willing to consider becoming approved provider have stronger beliefs around working with SO clients. They more strongly disagree that court-ordered therapy for SOs is ineffective and are less concerned about the dangerous nature of working with SOs.

FIGURE 21: BELIEFS AROUND WORKING WITH SO CLIENTS BY WILLINGNESS TO BECOME APPROVED PROVIDER
SCALE OF 1 (STRONGLY AGREE) TO 4 (STRONGLY DISAGREE)



Source: ODVSOM Survey.

Lastly, individuals' willingness to consider becoming an approved provider also had strong beliefs around aspects of working with DV/SO clients that would influence them to become approved provider. Those willing to consider becoming approved provider were influenced by helping provide victim safety through rehabilitation of offenders; adding knowledge about the intersection between psychology, law, and forensics; and helping at a community level to rehabilitate offenders. Figure 22 illustrates mean responses by willingness to consider becoming approved provider.

FIGURE 22: INFLUENCERS TO WORKING WITH DV/SO CLIENTS BY WILLINGNESS TO BECOME APPROVED PROVIDER
SCALE OF 1 (WOULD STRONGLY INFLUENCE) TO 4 (DEFINITELY WOULD NOT INFLUENCE)

	Yes	Maybe	No
Helping to provide victim safety by rehabilitating offenders	1.56	1.61	2.13
Adding knowledge about the intersection between psychology, law, and forensics	1.56	1.69	2.15
Helping at a community level to rehabilitate offenders	1.59	1.81	2.56
Be part of a client’s rehabilitation	1.64	1.82	2.46
Add to clinical focus or skills	1.68	1.91	2.33
Opportunity to work with a potentially challenging population	1.83	2.02	2.85
Expand clinical credentials	1.83	1.97	2.46
Option to work with either domestic violence offender, sexual assault offender, or both	1.86	2.23	3.05
Ability to add grow my practice or caseload	2.00	2.16	2.64
n	151	119	39

Source: ODVSOM Survey.

CAVEATS & LIMITATIONS

There are a few caveats and limitations to be considered regarding the formative data collection.

1. Colorado representation in survey responses: The larger the sample size, the smaller the margin of error in drawing conclusions from the sample. Based on the project specifications, the research team determined that a total sample size of 300 with a priority of Colorado respondents would be the project goal. Of the 309 survey respondents, 124 were Colorado residents. Survey demographics were constantly monitored during data collection to try to prioritize those Colorado respondents. The research team utilized screening questions to ensure responses were limited to individuals that were working or pursuing work in the relevant fields. These screening questions had to be adjusted twice in order to increase the number of Colorado respondents. Given the time constraints of the project, the survey could not stay open long enough to increase the Colorado sample size.
2. Focus group and interview sample size: Again, due to timeline constraints, the sample size of the focus groups or interviews was limited to 16 participants.
3. Survey participant demographics: The research team had aimed to get a 25-30% representation of male survey respondents. Due to the limited time in the field and priority of Colorado residents, the male representation came in below the goal at 17.8%.

CONSIDERATIONS & CONCLUSIONS

The following qualitative and quantitative data results represent important content for consideration when developing the conclusions:

- Therapist motivators for working in DV/SO field are primarily intrinsic, a desire to make a difference for both individuals and communities; a curiosity to learn more and problem solve.
- Motivators that draw people to the field of counseling/therapy also apply to those that choose to work in the field of DV/SO treatment.
- Cutting edge, evidence-based practices are motivating factors for working in the field of DV/SO.
- Important characteristics for providers of DV/SO clients are excellent case management skills and a willingness to track a lot of detailed information.
- Established providers do not typically seek out work specific to DV/SO clients.
- Systemic challenges exist that may keep some providers from applying for approval.
- Internships and Mentors are critical tools for attracting and training new providers.
- Approximately one-third of survey respondents state that the requirements to become an approved provider could be more than they would be willing to do.
- Most survey respondents believe that they would need additional training to become an approved provider.
- Over half of the survey respondents believe DV/SO clients would be difficult to treat, while many stating that DV/SO clients deserve the chance to change their behavior.
- Survey respondents with some familiarity with the Colorado Standards were more open to becoming an approved provider.
- Male survey respondents are more open to working with SO clients than females.
- Forty-four percent of white survey respondents believe neither DV or SO clients are too difficult to treat whereas, only 24% of black and 30% of Latinos feel the same.

Conclusions based on the data include:

- Many approved providers stated that they did not necessarily seek out or choose work in the DV/SO field, and many believe that established providers also might not intentionally choose including this type of work into their existing practice. For marketing and communication purposes, it may be necessary to consider targeting different types of audiences other than current therapists such as students pursuing degrees in the field of behavioral health. Furthermore, investing in the development of internships, and establishing more opportunities for mentorship programs can also help with recruitment of new approved providers.
- There are many intriguing and positive attributes of working with DV/SO clients that perfectly align with the values of why individuals go into the field of therapy and behavioral health services. Communications and targeted messaging should showcase the intrinsic benefits that motivate prospective providers and highlight the positive outcomes of being a part of the work.

- Although barriers to becoming involved in this field of work are not necessarily the focal point of messaging, transparency in outreach is important to help the audience gain confidence that some of those barriers are minimal or can be overcome. As one example, survey results indicate the therapists are open to becoming approved providers because of their values around the foundational purpose of therapy but do have some reservations about working with the DV/SO population. Messaging must be strategic to help address misconceptions, concerns, and uncertainties that might keep a provider from applying.
- A concerted “positive public relations” outreach effort with internal audiences could help promote the proactive efforts ODVSOM is taking to address application renewal concerns including:
 - Simplification of the renewal process of becoming reapproved as a provider.
 - A more streamlined approach for paperwork and administrative tasks required for a DV/SO provider.
 - Consistent notification and technical assistance for providers to implement changes in their practice.
 - Creating a culture of support and necessary protections for providers during the process of client grievances.
- Black and Latino survey respondents indicated they are open to considering work with DV/SO clients but do still have some concerns about working with these types of clients. Targeted messaging to address this concern could offer ODVSOM the opportunity to capitalize on increasing the ethnic diversity of approved providers.

IMPLICATIONS FOR COMMUNICATIONS OUTREACH

Defining the appropriate approach to reach the identified communications goal is dependent on specific variables including time, budget, and success measures. ODVSOM will work together with Orange Circle to narrow down the following communications considerations to help define the right tactics for an outreach effort:

AUDIENCE(S): Several audiences were considered as prospects for targeted messaging to encourage applying for approval to treat DV/SO clients. First, direct target groups included practicing therapists that may or may not be seeking to expand their case load as well as students working toward a degree and/or certification in behavior health field. This audience includes audience segments that include diverse ethnicities, backgrounds, and experiences.

Second, there are also several indirect audiences that can be identified as ‘influencers’ that might help recruit new (or retain current) providers including professors at institutions of higher education as well as instructors for continuing education courses and certification programs. Current stakeholders such as approved providers, supervisors, and other partners also serve as connectors and ambassadors to promote the importance of this work.

MESSAGING: Effective messaging is directly related to the audience being targeted. What motivates them? What content is relevant to their current situation? What do we want them to do and how do we help them overcome any barriers to take action?

Based on the survey results of the respondents’ knowledge regarding the Colorado Standards for becoming an approved provider, an outreach effort may need to simply start with awareness messaging to bring attention to the option of becoming an approved provider. Highlighting identified benefits to becoming an approved provider as well as packaging information for outreach that speaks directly to the target audience which will help drive prospects to learn more. Crafting language for public messaging that presents fewer barriers, while remaining transparency, can help shift pre-conceived, negative perceptions that some audiences may have while also intriguing others.

Calls-to-action must be realistic and attainable. ODVSOM may first want people to learn more, ask questions, or complete a “profile quiz,” before jumping to the requested action of completing the application.

TACTICS: Identifying appropriate methods of communicating is dependent upon the audience and the outreach budget. Broad reach, mass media tactics would not be an approach to reach such targeted groups like current providers, students, instructors, or stakeholders. Identifying and developing outreach tools that help reinforce messaging, support relationship building, encourage internships, and provide networking opportunities could help ODVSOM be better equipped for promoting the opportunity to become an approved provider.

ADDRESSING SYSTEMIC BARRIERS: Documenting challenges, as identified by stakeholders, that may present themselves as barriers to attracting new or retaining current providers is an important step in communications outreach. Analyzing the feedback will help ODVSOM and Orange Circle identify real vs. perceived issues, possible solutions for factors that can be addressed, and determine how to communicate about elements of the process that cannot be changed.

Addenda A - Interview/Discussion Group Facilitation Guide

FACILITATOR GUIDES

Providers/Supervisors

1. Where (and when) did you first learn about DVOMB/SOMB and/or the opportunity to become an approved Provider/Supervisor for DV/SO clients? What was your understanding about the expectations of becoming an approved provider?
2. What motivated you to become an approved Provider/Supervisor?
3. What was the process of approval like for you?
4. Have you had to renew your status? If so, why did you decide to renew?
5. What are some of the advantages to being approved to provide treatment for ____ clients? (Probe: gets name out there; increased business; new types of challenges; end outcomes)
6. What is most challenging about maintaining your approval status?

If time allows:

7. Describe the differences between a provider that is approved to treat offenders convicted of domestic violence vs. those approved to treat sexual offenses.

Board Members (No Additional Role as Provider/Supervisor)

1. How did you become involved as a Board member?
2. Why do you believe a provider should apply for approval to become a treatment provider for DV/SO clients?
3. What characteristics is the board looking for when determining if a provider should be approved? (What characteristics does the board seek to attract?)
4. What actions/behavior would jeopardize a provider's status of maintaining approval/good standing with the board?
5. What role does the Board play in increasing the number of providers that seek approval?

If time allows:

6. Describe the differences between a provider that is approved to treat offenders convicted of domestic violence vs. those approved to treat sexual offenders.
7. Is there anything the Board should improve upon that might help attract additional providers?

Non-Providers

1. Describe your familiarity with the DVOMB and SOMB Standards for treatment providers?
2. Based on your level of familiarity, how do organizations that are not treatment providers intersect with ODVSOM (and/or directly with DVOMB and SOMB)?
3. What is the benefit of having state-approved providers for your organization? What are the challenges?

4. Why would you recommend that a treatment provider obtain approval to provide services for DV/SO offenders?
5. Describe the differences between a provider that is approved to treat offenders convicted of domestic violence vs. those approved to treat sexual offenders.

Addendum B – Online Survey Instrument

Screening Questions

(Screening questions are designed to qualify or disqualify respondents from taking the survey in order to obtain feedback from a targeted group with certain demographics, characteristics or other traits.)

1. Are you currently:
 - a. A student [Go to 2a]
 - b. A job seeker [Go to 2b]
 - c. Open to new work opportunities or expanding upon the work I already do
 - d. Happy with my current work situation and not interested in additional work opportunities [disqualified]
 - e. Retired [disqualified]
 - f. Other, please specify [disqualified]

- 2a Please select the field of study/degree you are seeking:
[select all that apply]
 - a. Architecture and Engineering
 - b. Arts, Design, Entertainment, Sports, and Media
 - c. Building and Grounds Cleaning and Maintenance
 - d. Business and Financial Operations
 - e. Human services, child welfare
 - f. Computer and Mathematical
 - g. Construction, Housing
 - h. Education, research, training
 - i. Farming, Fishing, and Forestry
 - j. Finance, Banking, insurance
 - k. Food Preparation and Serving
 - l. Guards, Military, police, justice
 - m. Healthcare, Paramedics, laboratory
 - n. Hospitality, Tourism, Leisure, Sports
 - o. Installation, Maintenance, and Repair
 - p. IT, Telecommunications
 - q. Library, Archive, Museum
 - r. Legal, Administration, Inspection, Policy adviser
 - s. Marketing, PR, Advertising
 - t. Office and Administrative Support
 - u. Oil, Gas, Mining, Utilities
 - v. Personal Care and Service
 - w. Production
 - x. Sales and Related
 - y. **Social Work, Community and Social Service**
 - z. **Therapy, Psychology, Behavioral and Social Science**
 - aa. Transportation and Materials Moving
 - bb. Other, please specify

2b. Which of the following best describes the industry in which you work or are seeking work?

[select all that apply]

- a. Architecture and Engineering
- b. Arts, Design, Entertainment, Sports, and Media
- c. Building and Grounds Cleaning and Maintenance
- d. Business and Financial Operations
- e. Human services, child welfare
- f. Computer and Mathematical
- g. Construction, fittings, housing
- h. Education, research, training
- i. Farming, Fishing, and Forestry
- j. Finance, Banking, Insurance
- k. Food Preparation and Serving
- l. Guards, Military, police, justice
- m. Healthcare, Paramedics, Laboratory
- n. Hospitality, Tourism, Leisure, Sports
- o. Installation, Maintenance, and Repair
- p. IT, Telecommunications
- q. Library, Archive, Museum
- r. Legal, Administration, Inspection, Policy adviser
- s. Marketing, PR, Advertising
- t. Office and Administrative Support
- u. Oil, gas, mining, utilities
- v. Personal Care and Service
- w. Production
- x. Sales and Related
- y. Social Work, Community and Social Service**
- z. Therapy, Psychology, Behavioral and Social Science**
- aa. Transportation and Materials Moving
- bb. Other, please specify

[2a and 2b, if = y or z go to 3, if other = disqualified]

3. Do you currently, or intend to, work as a mental health professional, such as a therapist or counselor?
- a. Yes [Go to 4]
 - b. No [Disqualified]

Beginning of Full Survey

4. Please indicate what your current employment status is:
- a. Seeking work as a therapist
 - b. Primarily working towards a degree in social or behavioral science
 - c. Operating independent therapy practice
 - d. Working for or with a group of other therapists
 - e. Working in a field not related to therapy but looking for work as a therapist
 - f. Other, please specify
5. Please rate the following reasons you may have had for choosing a degree in this field. [1: strongly influenced decision 4: did not strongly influence decision]
- a. Personal experience with therapy in past

- b. Understanding the value and benefit of therapy
- c. Influenced by someone close to me (i.e., family member, friend, co-worker)
- d. Desire to help people with their emotional and mental journey
- e. The ability to work independently
- f. The pay
- g. The diverse type of people I would work with
- h. Helping clients address their concerns
- i. The connection and relationship I build with clients
- j. Providing support to other professionals in the field
- k. To help bring about community and social change

5b. What other reason (not already mentioned) influenced your decision to choose a degree in the mental health field? [open ended]

No other reasons

6. Please rate the following statements regarding how strongly you agree. [1 strongly agree to 4 strongly disagree]

- a. The intrinsic benefit of my work is more important than how much I am paid.
- b. I continually seek opportunities to expand my skills and approach for treatment.
- c. I am interested in providing supervision for professional colleagues in training.
- d. I depend on a specific network of professional colleagues that help grow my skills.

7. Where do you seek information about new opportunities as a therapist or identify opportunities to expand your practice? (Select all that apply)

- a. General online job boards (indeed, LinkedIn, Ziprecruiter, etc.)
- b. Therapy specific websites (Sondermind, Headway)
- c. Professional organizations
- d. Through professional and personal networks
- e. Through word of mouth or current clients
- f. Other, please specify

8. Are you familiar with Colorado's Standards of practice for mandatory treatment of individuals convicted of domestic violence and sexual offenses to help prevent any future offenses?

- a. Yes, I'm very familiar
- b. Yes, I'm an Approved Provider
- c. Yes, I've heard of it but not that familiar
- d. No, I'm not familiar

Individuals convicted of domestic violence or sexual offenses in Colorado are required to seek therapeutic services of an approved treatment provider. The Domestic Violence Offender Management Board (DVOMB) and the Sex Offender Management Board (SOMB) set and review standards of practice for the evaluation and, assessment, treatment, and behavioral monitoring of these individuals. The DVOMB and SOMB Standards are designed to uphold victim and community safety by allowing an opportunity for those who engage again in violent or abusive behavior to be accountable and participate in a treatment process to prevent re-offense. Trained professionals can complete an application for approval to provide victim-centered, evidence-based, and trauma informed services to these clients. Providers must meet the Boards' standards and renew their approval periodically. Adding the credential of an approved treatment provider for either domestic violence or sexual assault offenders can expand a provider's practice to include a variety of different clients. All approved providers are listed on the state's Office of Domestic Violence and Sex Offender Management (ODVSOM) website.

9. Would you ever consider applying to become an approved treatment provider for domestic violence and/or sexual offenders?
 - a. Yes [Go to 10a, skip 10b]
 - b. Maybe [Go to 10a and 10b]
 - c. No [Go to 10b]

10a. Please rate the following aspect of working as a Domestic Violence (DV) and Sex Offenders (SO) approved provider [scale 1: very appealing to 4: not very appealing]

- a. The ability to work with individuals with specific needs.
- b. A new challenge of providing treatment for this specific population.
- c. The ability to learn new skills as a therapist.
- d. Adding domestic violence and/or sexual assault treatment to my credentials.
- e. The opportunity to expand my practice.
- f. The opportunity to provide a community service and increase both victim and public safety.
- g. To be working in an area that addresses social and community justice.
- h. I would like to add clients to my current caseload.
- i. Ability to build a client base by being listed as a provider on the State's website.

10b. Please rate your level of agreement with the following statements about working as a Domestic Violence (DV) and Sex Offenders (SO) approved provider [1: strongly agree to 4: strongly disagree]

- a. Working with domestic violence and/or sexual assault offenders does not appeal to me.
- b. Providing therapy to domestic violence and/or sexual assault offenders is outside my scope of practice or have an interest in pursuing.
- c. I currently am not accepting new clients.
- d. I have personal beliefs that would keep me from working with this specific population.
- e. The work would be too emotionally taxing for me.

- f. I feel like I would need more training to provide this type of therapy.
- g. I'm not interested in doing therapy that is court-ordered.
- h. The approval process to become an approved provider is more than I'm willing to do.
- i. I believe offenders who have been convicted of these offenses are difficult to treat.

11. Please select one option for each statement that represents your professional beliefs about working with these two types of clients.

	Domestic Violence Offenders	Sex Offenders	Both DV and Sex Offenders	Neither DV nor Sex Offenders
I would be open to working with a client in the justice system.				
I feel like providing therapy to this population is too difficult.				
I am not interested in expanding my practice to include clients with this background.				
I would need further training to treat this specific type of client.				
I am interested in learning the skills to work with this type of client.				
I am interested in learning more about what it's like to work with this population.				

12. Please select your level of agreement with the following statements regarding working with domestic violence offenders. [1: strongly agree to 4: strongly disagree]

- a. I believe most domestic violence offenders can be rehabilitated through therapy.
- b. I believe that court-ordered therapy for domestic violence offenders is ineffective.
- c. I believe domestic violence offenders deserve the opportunity to change their behavior.
- d. I am concerned about the dangerous nature of with working with a domestic violence offender.

13. Please select your level of agreement with the following statements regarding working with sexual offenders. [1: strongly agree to 4: strongly disagree]

- a. I believe most sex offenders can be rehabilitated through therapy.
- b. I believe that court-ordered therapy for sex offenders is ineffective.
- c. I believe sex offenders deserve the opportunity to change their behavior.
- d. I am concerned about the dangerous nature of working with a sex offender.

14. Please rate how strongly you believe the following benefits might influence you to consider working with domestic violence and/or sexual offenders. [1: would strongly influence, 2: might influence, 3: probably would not influence, 4: definitely would not influence]
- a. Opportunity to work with a potentially challenging population
 - b. Add to clinical focus or skills
 - c. Expand clinical credentials
 - d. Helping at a community level to rehabilitate offenders
 - e. Helping to provide victim safety by rehabilitating offenders
 - f. Be part of a client's rehabilitation
 - g. Option to work with either domestic violence offender, sexual assault offender, or both
 - h. Ability to add grow my practice or caseload
 - i. Adding knowledge about the intersection between psychology, law, and forensics

Demographics

1. What is your gender identification?
 - a. Male
 - b. Female
 - c. Transgender Male
 - d. Transgender Female
 - e. Non-binary
 - f. Other
 - g. Prefer not to respond

2. What is your race/ethnicity?
 - a. Black/African American
 - b. Asian American
 - c. American Indian or Pacific Islander
 - d. White
 - e. Hispanic/Latino
 - f. Other, please specify
 - g. Prefer not to respond

3. What is the ZIP code where you live?

4. What is your age range?
- a. 18-24
 - b. 25-34
 - c. 35-44
 - d. 45-54
 - e. 55-64
 - f. 65 or older
 - g. Prefer not to respond
5. What is your annual salary range?
- a. Under \$25,000
 - b. \$25,000 and \$49,999
 - c. \$50,000 and \$74,999
 - d. \$75,000 and \$99,999
 - e. \$100,000 and \$150,000
 - f. Over \$150,000
 - g. Prefer not to respond
6. What is the highest level of education you have received?
- a. Some high school
 - b. GED or high school diploma
 - c. Some college
 - d. Technical/vocational school
 - e. College graduate
 - f. Post-graduate
 - g. Prefer not to respond
7. Please indicate what field of study your degree is:
- a. Criminal justice
 - b. Social Work
 - c. Sociology
 - d. Psychology
 - e. Counseling
 - f. Other, please specify
8. Please list any certifications you have received in relation to your degree or work.
[open-ended]
- No additional certifications