Domestic Violence Offender Management Board
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Position Paper Regarding Second Clinical Contacts

adopted November 8, 2013

Offenders who are in level B and level C therapy are at increased risk to re-offend. As such their interventions need to be more intensive. The MTT must ensure that second clinical contacts are (1) appropriate for the offender and address the offender's specific needs; (2) are facilitated or overseen by someone who is a member of the MTT or who can report back on compliance; and (3) are provided by a clinician or other professional who understands the overall goals of offender treatment.

Level B Treatment

Purpose of second clinical contact:

An offender in level B treatment is required to attend weekly group clinical sessions that address core competencies, criminogenic needs, and Treatment Plan issues. In addition to those weekly meetings, an offender must also attend one additional monthly clinical intervention: (a) as an individual session to address denial or resistance; (b) a clinical contact to further evaluate and/or monitor issues such as mental health; or (c) additional treatment such as substance abuse treatment or mental health treatment.[1]

In order for an offender to qualify for Level B treatment, usually an evaluator will have to identify two to four DVRNA identified risk factors. There are also some Significant Risk Factors identified in the Standards requiring a minimal placement in Level B. Prior domestic violence related incidents, drug or alcohol abuse, and mental health issues are some of the Significant Risk Factors.

An offender's Treatment Plan may recommend a variety of clinical treatment in additional to other pro-social activities. Some activities which may be identified in the Treatment Plan as appropriate for an offender are not appropriate as a second clinical contact. These activities include peer-support groups, and pro-social activities such as organized sports or other activities with people who are not criminally oriented.

Guidelines for Second Clinical Contact:

The MTT must carefully consider the use of alternative interventions to determine whether they are appropriate as a second clinical contact for an offender. The goal of the second clinical contact a month is to address issues of denial or resistance to treatment, to further evaluate or monitor mental health issues, or to serve as additional treatment necessary to address an offender's criminogenic needs.

The determination of the second clinical contact may be made in collaboration with the results of the Level of Supervision Inventory (LSI) completed by Probation which identifies the criminogenic needs of the offender.

[1] Standards 5.06 (VII); 5.02 (I)

Many of the Significant Risk Factors will have to be addressed by a clinician in part through the second clinical contact. For example, if an offender is in need of substance abuse treatment or additional mental health counseling, that intervention, even if done on a weekly basis instead of once a month, would qualify as a second clinical contact. It is important to remember that simple educational programming (e.g., substance abuse education alone) is not allowed as a second clinical contact.

Monitoring

The MTT is collectively charged with the monitoring of this second clinical contact. In order for the MTT to find the offender is in compliance with the second clinical contact requirement, it will be necessary for one MTT member to take the responsibility to confirm the offender's participation and report back to the MTT to assess his or her performance. The MTT will determine which member shall be responsible for maintaining contact with this professional. If the MTT does not identify a member to do this, the treatment provider is required to reach out to that professional and make every effort to include that professional as part of the MTT to facilitate communication and monitoring. It is inappropriate for an offender to simply be present at a second clinical contact for the sake of attending a second clinical contact. As such, the second clinical contact must be facilitated or overseen by a professional who can report to the MTT.

The purpose of the MTT in part is to reach out to area professionals to address the needs of the offender. Many of these professionals may have no background in domestic violence or may not understand how to deal with domestic violence offenders. It will be necessary for the MTT to assess the appropriateness of any professional addressing an offender's other criminogenic needs. Ultimately, it is the decision of the MTT whether to allow an offender to participate in any program that addresses other criminogenic needs.

Examples of Second Clinical Contact:

The following are examples of second clinical contacts. This list is not meant to be an exhaustive list of possible second clinical contacts. It is the responsibility of the MTT to approve any second clinical contact.

Cognitive Skills Treatment
Moral Reconation Therapy (MRT) and Thinking for a Change (T4C) are examples of treatment that can be appropriate depending on the offender's needs and treatment plan.

Substance abuse treatment or mental health treatment
Substance abuse treatment and mental health treatment are often on-going, longer term treatment and can co-occur with domestic violence treatment. Often this concurrent treatment will meet more often than once a month (often weekly) and would generally meet the requirements of second clinical contact by the MTT.

Anti-social criminogenic needs
In order to properly address criminogenic needs in this area, it is necessary for treatment to be provided by a trained professional who can address anti-social orientations. Often this individual is a therapist but in some instances a probation officer with proper training may provide this treatment. In order to address these needs, the interventions must be able to be

monitored and must be provided by a trained professional approved by or participating on the MTT.

Family and/or marital criminogenic needs
Couple's and/or family counseling is not permitted until an offender completes offender treatment.[2] When a parenting intervention is utilized, the curriculum needs to be designed for adults who have been abusive towards children or a partner. In order to provide this treatment, a person must have professional training, but does not necessarily have to be a clinician. In some instances, providers through local child protection departments (e.g., human services, child protection, etc.) may be able to provide this treatment with the approval of the MTT.

School and/or work criminogenic needs (for Level B Treatment only)
An offender may have issues regarding schooling and employment that have been identified in the Treatment Plan. While some coaching may be used as part of the overall Treatment Plan, there may be other root causes of problems with school and/or work (e.g., substance abuse, antisocial personality, etc.). In some circumstances, short term career counseling intervention (including resume writing, interviewing skills, and exploring job interest) or vocational rehabilitation may be appropriate for a second clinical contact. However, it is never appropriate to use the second clinical contact to have an offender apply for employment or educational programs or to study for school. Interventions to address school and work criminogenic needs are meant to be short term and should be addressed by a clinician to address any underlying criminogenic needs, not just the simple fact an offender is out of work or school.

Level C Treatment

Purpose of the second clinical contact:

Offenders placed in Level C treatment pose the highest risk to their victim and to re-offend in the community. Offenders having five or more DVRNA risk factors or any Critical Risk Factors are identified as having the greatest risk. Critical Risk Factors include the use of a weapon in a current or past offense, an offender being on community supervision at the time of the new offense, serious homicidal or suicidal ideation or intent within the past year, or a prior domestic violence related conviction. The DVOMB Treatment Standards require a Level C offender have a minimum of two contacts per week. One contact is designed to address core competencies while the other is a treatment session to address criminogenic needs utilizing treatment modalities such as cognitive skills group, substance abuse, or mental health issues. For Level C treatment, a clinical contact necessarily involves therapeutic intervention specifically related to an offender's criminogenic needs and risk factors. Further, face-to-face contact is required and is critical so the approved provider can assess the offender's attention level responsiveness, appearance, possible substance abuse, and mental health status.[3]

[2] Standard 5.10; Position Paper: Restricting Couple's Counseling (March 2009) http://dcj.state.co.us/odvsom/domestic_violence/DV_Pdfs/Restricting%20Couples%20Counseling%20031309.pdf

[3] Standards 5.06 (VIII)

The second clinical contact for Level C offenders is often different from what is required for level B offenders in terms of intensity of treatment. While some of the risk factors between level B and level C offenders may be similar, the MTT must focus on the identified root criminogenic needs of the offender.

In many cases, a Level C offender will be participating in concurrent treatment addressing substance abuse and/or mental health issues in addition to offender treatment. This concurrent treatment may count as an offender's second weekly clinical contact. In other situations, offenders may be required to complete more intensive domestic violence treatment or have one-on-one sessions because of repeated domestic violence offenses.

All Level C treatment must be approved by the MTT and participation in the MTT by any clinicians beyond the domestic violence treatment provider is greatly encouraged.[4]

Transition to Level B Treatment:

The goal of Level C Treatment is to provide intensified treatment to an offender to help mitigate the offender's risk to re-offend while addressing the offender's criminogenic needs. The use of the weekly second clinical contact is designed to accomplish this goal.

After an offender has been actively involved in Level C Treatment, the MTT has the option of re-assessing an offender's treatment level during the Treatment Plan Reviews. While the MTT may move an offender from Level C to Level B Treatment, the MTT may require an offender to continue with second clinical contacts as directed in the Treatment Plan to address an offender's treatment needs.

Guidelines for Second Clinical Contact:

For Level C Treatment, the second clinical contact includes treatment sessions such as cognitive skills group, substance abuse, and mental health issues group. While this list is not exhaustive, it is more specific than the suggested second clinical contacts list for Level B Treatment. The goal of the second weekly clinical contact is to disrupt patterns of abuse and reduce the risk to the victim.[5] The MTT must exercise care in determining whether the use of alternative interventions are appropriate as a second clinical contact for a Level C offender.

The determination of the second clinical contact may be made in collaboration with the results of the Level of Supervision Inventory (LSI) completed by Probation which identifies the criminogenic needs of the offender.

Many of the Critical Risk Factors identified by the DVRNA will have to be addressed by the domestic violence treatment provider. Some of these factors include prior domestic violence convictions, possession of a weapon in violation of a court order or use or threatened use of a weapon, and if the offender is currently being supervised in the community for other law violations.

Monitoring

[4] Standards 5.02 (I)
[5] Standard 5.06 (VII)(B)(1)(b)

The MTT is collectively charged with the monitoring of this second clinical contact. In order for the MTT to find the offender is in compliance with the second clinical contact requirement, it will be necessary for one MTT member to take the responsibility to confirm the offender's participation and report back to the MTT to assess his or her performance. The MTT will determine which member shall be responsible for maintaining contact with this professional. If the MTT does not identify a member to do this, the treatment provider is required to reach out to any professional involved in providing the second clinical contact and make every effort to include that professional as part of the MTT to facilitate communication and monitoring.[6]

For Level C Treatment, the second clinical contact is done each week.

The purpose of the MTT in part is to reach out to area professionals to address the needs of the offender. Many of these professionals may have no background in domestic violence or may not understand how to deal with domestic violence offenders. It will be necessary for the MTT to assess the appropriateness of any professional addressing an offender's other criminogenic needs. Ultimately, it is the decision of the MTT whether to allow an offender to participate in any program that addresses other criminogenic needs.

Examples of Second Clinical Contact:

Many of the examples provided under the Level B Treatment section will also be appropriate for Level C Treatment. An offender in Level C Treatment will often be engaging in longer term substance abuse treatment or more intensive mental health counseling or cognitive skills development. The second clinical contact for Level C Treatment requires the professional providing that second clinical contact to be part of the MTT.

Programs offered through the new LSIP (Limit Setter Intensive Probation) program, such as cognitive skill groups, can be utilized based upon an offender's individualized treatment needs when approved by the MTT.

[6] Standard 5.02(I)