

INCLUSION OF TREATMENT VICTIM ADVOCATE IN MULTI-DISCIPLINARY TREATMENT TEAM

The purpose of this document is to offer guidance on the active participation and importance of the Treatment Victim Advocate (TVA) in the Multi-disciplinary Treatment Team (MTT).

Section 5.02 of the *Standards* states, “The MTT consists of Approved Provider, responsible referring criminal justice agency, and Treatment Victim Advocate at a minimum. Other professionals relevant to a particular case may also be a part of the MTT such as human services, child welfare, and child protection services”. The underlying reasons for requiring participation by the TVAs in the MTT are:

- TVAs view domestic violence cases through the lens of victim safety, which is the priority of offender treatment. They bring an unique perspective to represent victims and victims’ considerations, whether or not victim contact was made.
- TVAs bring balance to decisions made by the MTT about the offender’s progress in treatment or about offender accountability through sharing their perspectives on victim safety or by sharing information specific to the case. They can help mitigate a dynamic of being overly focused on the offender or collusion with the offender, and broaden the information available for making the most informed decisions possible.
- Shared information and decision-making among professionals involved with offender treatment is crucial to the purpose of treatment, to increase victim and community safety by reducing the offender’s risk of future of abuse.
- TVAs are integral to the purpose of the MTT, which is to collaborate and coordinate offender treatment. The MTT’s purpose cannot be fulfilled without the active participation of each of its fundamental members because vital pieces of information will be missing, which are necessary for making informed decisions related to risk assessment, treatment, behavioral monitoring, and management of offenders.

Suggested ways the TVA can communicate with the MTT:

- In person is best practice, schedule meetings when every team member can be present
- Phone contact is second best, when all members cannot be present
- Video format/video conferencing is next best, when members cannot be present in person. Use only secure and HIPAA compliant formats.
- Email is less ideal and caution is required regarding sensitive, confidential information. If email is used, send secure and password protected emails to all team members with ample time to review.

Consideration for why the TVA may not be able to participate in MTT meetings in person:

- The TVA may have other employment
- The TVA cannot travel the distance to meeting and does not receive mileage reimbursement to travel to meetings

Suggestions for information sharing when the TVA cannot attend MTT meetings:

- Provide a summary by phone, video conference, or secure email to all of the participants in the MTT meeting
- Provide a summary by phone, video conference, or secure email for the treatment provider to share at the meeting

Important note: It is the treatment provider’s responsibility to obtain the input of the Treatment Victim Advocate for the MTT meetings and to include the TVA in the scheduling of meetings.

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Reminder: No specific information regarding the identified victim in a case shall be shared by the TVA without a written release.

If a victim wants only the TVA to have information, the information cannot be shared with the treatment provider or any other MTT member. However, the TVA can still ask general questions of the MTT.

The TVA can ask questions of the MTT such as:

- Did the offender complete the substance use evaluation?
- When did the offender start treatment?
- Are there absences?
- Is the offender showing signs of escalation?
- Is there evidence of sobriety?

In some cases, a victim will give the TVA permission to share information with the treatment provider only. In these cases, the TVA and the treatment provider can communicate independently about possible treatment interventions that won't reveal the source of information. However, the treatment provider must keep the information confidential from the offender and the MTT.

Examples: The treatment provider and the TVA may strategize together about monitored sobriety and pulling the offender for a random UA.

The treatment provider may select a group topic for all to address that is also specific to a victim's concerns, such as strangulation, stalking, or substance use.

The treatment provider may focus more in general of this offender in group, paying close attention to interactions.

The provider may convey to members of the MTT that they suspect that the offender is "treatment wise" or doing assignments but does not seem to be internalizing concepts, etc.

If a victim cannot be contacted, the TVA still provides vital contributions to the MTT by sharing about victims' perspectives and reminding the MTT of victim considerations through the lens of victim safety.

The TVA can remind the MTT about general victim considerations, raise concerns related to victim safety, participate in case problem solving, provide a trauma-informed perspective and recommendations, and provide specific knowledge and expertise on victim dynamics.