

## 9.0 Provider Qualifications

Due to the nature and seriousness of domestic violence, professionals who work with court ordered domestic violence offenders require training, competencies, and expertise in domestic violence offender dynamics and victim safety.<sup>1</sup> The following section outlines the requirements necessary to become a DVOMB Approved Provider, and to continue practicing as a DVOMB Approved Provider (hereafter Provider).

- I. Pursuant to Section 16-11.8-104, C.R.S., court ordered domestic violence offender treatment shall only be provided by a DVOMB Approved Provider. Providers not on the DVOMB Approved Provider List, including any provider who is denied placement or removed from the Provider List, shall not provide any treatment, evaluation, or assessment services pursuant to statute in Colorado to court ordered domestic violence offenders. No referral source shall use any provider not on the Provider List, denied placement or removed from the provider list per Section 16-11.8-104, C.R.S.<sup>2</sup>
- II. All face-to-face sessions with clients must be co-facilitated with a Full Operating Level (FOL) Provider or a Domestic Violence Clinical Supervisor (DVCS), physically present throughout the application process for any level or specific status. This includes all domestic violence services, including but not limited to individual sessions, group sessions, evaluations and any other domestic violence related services governed by these Standards.
- III. New applicants who are co-facilitating any domestic violence offender treatment or evaluation services, must have supervision by a DVCS who is registered and in good standing with the Colorado Department of Regulatory Agencies (DORA).
- IV. All training and co-facilitation hours used for the purpose of an application must have been obtained within the past five (5) calendar years.
- V. New Applicant Status – Not Listed on the DVOMB Approved Provider List

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<sup>1</sup> Babcock, J., Armenti, N., Cannon, C., Lauve-Moon, K., Buttell, F., Ferreira, R., . . . Solano, I. (2016). Domestic Violence Perpetrator Programs: A Proposal for Evidence-Based Standards in the United States. *Partner Abuse*, 7(4), 355-460. doi:10.1891/1946-6560.7.4.355. Lynch, L. & Happell, B. (2008). Implementing clinical supervision: Part I: Laying the groundwork. *International Journal of Mental Health Nursing*, 17, 57-64.; Roth, A. D., Pilling, S., & Turner, J. (2010). Therapists training and supervision for clinical practice. *Behavioural and Cognitive Psychotherapy*, 38, 291-302.

<sup>2</sup> 16-11.8-104(1) C.R.S. On and after January 1, 2001, the department of corrections, the judicial department, the division of criminal justice within the department of public safety, or the department of human services shall not employ or contract with and shall not allow a domestic violence offender to employ or contract with any individual or entity to provide domestic violence offender treatment evaluation or treatment services pursuant to this article unless the individual or entity appears on the approved list developed pursuant to section 16-11.8-103 (4).

**New Applicant Status** is for individuals who have never applied to become listed as a Provisional Level (PL), Entry Level (EL), or Full-Operating Level (FOL) Provider on the DVOMB Approved Provider List. Individuals working towards meeting the necessary requirements for approval as a PL, EL, or FOL Provider shall submit for the New Applicant Status using the required application. Initial listing at the New Applicant Status is good for one year to allow the provider time to develop competency in the required areas. The application shall be submitted and include a supervision agreement co-signed by their approved DVCS, and submit fingerprints through an approved vendor (for purposes of a criminal history record check pursuant to Section 16-11.8-104(2)(a), C.R.S) prior to beginning work with domestic violence offenders. Once approved, New Applicants may begin accumulating co-facilitation hours and must not provide any domestic violence offender services without co-facilitation.

*Discussion Point: Individuals designated as New Applicant Status will not be shown on the Approved Provider List.*

VI. Out-of-State Applicants: Individuals who hold professional licensure, domestic violence offender (intimate partner) or batterer intervention licensure, certification or approval, and reside outside Colorado may seek Entry or Full Operating Level status if they meet all of the qualifications listed in these Standards. Required supervision hours must have been provided by an individual whose qualifications substantially match those of a DVOMB Approved Clinical Supervisor as defined in these Standards. Out-of-state applications will be reviewed on a case-by-case basis.

VII. Listing Status as an Approved Provider

Applicants may seek approval for six different types of listing status on the DVOMB Approved List.

- **Provisional Level (PL) Provider – Section 9.02**

Provisional Level (PL) is a status designed for communities with a demonstrated need for an Approved Provider. Provisional approval is most often applicable to rural areas and where offender or specific populations needs are underserved or unmet. Provisional approval shall only be for a designated area of the state. Once approved by the DVOMB, PL Providers are not eligible to practice in other areas of the state.

- **Entry Level Provider (EL) – Section 9.03**

Entry Level (EL) Provider is an introductory level status. After receiving approval through the Intent to Apply Application, applicants receive ongoing supervision by an Approved Domestic Violence Clinical Supervisor (DVCS) and can begin working toward approval. EL Applicants may seek a modified approval for either offender treatment only, post-sentence offender evaluation only, or both. Once approved by the DVOMB, EL Providers are required to receive ongoing supervision by an Approved DVCS while providing domestic violence offender services.

- **Full Operating Level Provider (FOL) – Section 9.04**

Full Operating Level (FOL) Provider is a status for those who have met all educational, training, and experiential requirements and no longer require ongoing supervision. Applicants seeking placement for FOL status are not eligible for modified approval for either offender treatment only, post-sentence offender evaluation only. Once approved by the DVOMB, these individuals are expected to be competent and capable of providing both domestic violence post-sentence offender evaluation and offender treatment services independently with the support of a peer consultant. FOL Providers may co-facilitate with PL or EL applicants, but may not supervise PL or EL applicants.

- **Domestic Violence Clinical Supervisor (DVCS) – Section 9.05**

Domestic Violence Clinical Supervisor (DVCS) is a status for licensed FOL Provider who has obtained the additional training and experiential requirements for supervisors. Once approved, these individuals may provide supervision to applicants and Providers in accordance with the Standards.

- **Specialized Pre-Sentence Evaluator Status – 9.06**

Specialized Pre-Sentence Evaluator is a status for licensed FOL Providers who demonstrate competencies, skills, and knowledge in conducting complex and in-depth offender evaluations prior to sentencing. Once approved by the DVOMB, these individuals may conduct Pre-Sentence Evaluations (PSE) in accordance with the Standards.

- **Specific Offender Population Status – 9.07**

Specific Offender Population (SOP) is a status for either female and/or LGBT+ offenders. Once approved by the DVOMB, these individuals may provide domestic violence services to that population.

### 9.01 General Requirements for All Applicants<sup>3</sup>

Applicants for any listing status shall meet all of the following general criteria:

- A. Hold a baccalaureate degree or above in a behavioral science with training and experience as a counselor or psychotherapist. The degree must be obtained from a college or university accredited by an agency recognized by the U.S. Department of Education.<sup>4</sup>

OR

Hold a CAC-II or CAC-III with a minimum of a baccalaureate degree in any field. The degree must be obtained from a college or university accredited by an agency recognized by the U.S. Department of Education.

- B. Hold a professional mental health license, certification, be listed as a candidate for a mental health license, or registered psychotherapist with the Colorado Department of Regulatory Agencies (DORA), and not be under current disciplinary action that the Application Review Committee (hereafter ARC) determines would impede the applicant's ability to practice as a DVOMB Approved Provider.
- C. Submit to a current background investigation in addition to a state and national criminal history record check pursuant to Section 16-11.8-104(2)(a), C.R.S.
- D. Demonstrate community collaboration with local non-profit victim services, probation offices, and task forces.

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<sup>3</sup> Spence, C., Cantrell, J., Christie, I., & Samet, W. (2002). A collaborative approach to the implementation of clinical supervision. *Journal of Nursing Management*, 10, 65-74.; 16-11.8-104(2)(a) C.R.S. The board shall require any person who applies for placement, including any person who applies for continued placement, on the approved provider list developed pursuant to section 16-11.8-103 (4) to submit to a current background investigation that goes beyond the scope of the criminal history record check described in section 16-11.8-103 (4) (a) (III) (A). In conducting the current background investigation, the board shall obtain reference and criminal history information and recommendations that may be relevant to the applicant's fitness to provide domestic violence offender treatment evaluation or treatment services pursuant to this article.

<sup>4</sup> Babcock, J., Armenti, N., Cannon, C., Lauve-Moon, K., Buttell, F., Ferreira, R., . . . Solano, I. (2016). Domestic Violence Perpetrator Programs: A Proposal for Evidence-Based Standards in the United States. *Partner Abuse*, 7(4), 355-460. doi:10.1891/1946-6560.7.4.355. Cannon, C., Hamel, J., Buttell, F., & Ferreira, R. J. (2016). A survey of domestic violence perpetrator programs in the United States and Canada: Findings and implications for policy intervention. *Partner Abuse*, 7(3), 226-276.

- E. Demonstrate compliance with the DVOMB *Standards* by completing all application requirements which include, but are not limited to, submitting offender services work product, reference letters, and an assessment of competencies.
- F. Shall not have a conviction of, or a deferred judgement (other than a traffic violation of 7 points or less) for a municipal ordinance violation, misdemeanor, felony, or have accepted by a court a plea of guilty or nolo contendere to a municipal ordinance violation, misdemeanor, or felony if the municipal ordinance violation, misdemeanor, or felony is related to the ability of the approved provider to practice under these *Standards* as reviewed and determined by the Application Review Committee. A certified copy of the judgment from a court of competent jurisdiction of such conviction or plea shall be conclusive evidence of such conviction or plea.
- G. Shall notify the Board of any civil dispute involving an underlying factual basis of domestic violence, in order for the ARC to review and determine the ability of the individual to practice under these *Standards*.
- H. Comply with all other requirements as outlined in the DVOMB Administrative Policies.

#### 9.02 Provisional Level Provider Requirements

Provisional approval is most often applicable to rural areas where the needs of a community are underserved or unmet. The decision to grant provisional approval will be primarily based upon a well-documented community need that demonstrates that certain community needs cannot be met by existing DVOMB Approved Providers. Provisional approval shall only be for a designated area of the state. Provisional approved providers are not eligible to practice in other areas of the state.

Provisional Level is granted at the discretion of the ARC.

- I. Applicants seeking to be listed as a Provisional Level Provider shall demonstrate community need for offender treatment that cannot be met by existing approved providers by obtaining at least five letters of community support documenting and identifying specific community need for offender treatment from victim services, criminal justice supervision agency, and other individuals representing agencies involved in offender containment.
- II. Applicants seeking to be listed as a Provisional Level Provider shall meet the following experiential criteria:

- A. Possess 300 general experiential counseling hours. These hours shall be face-to-face client contact hours providing evaluations and/or individual and/or group counseling sessions. The applicant must have received a minimum of 15 hours of one-to-one supervision while accruing the 300 hours.
- B. In addition to the 300 general experiential hours, applicants who hold a master's degree in counseling or higher with a minimum of 1000 hours of counseling experience, shall have accrued 30 face-to-face client contact hours working with domestic violence offenders obtained in no less than a four-month period. These contact hours shall include the co-facilitation of offender evaluations, group sessions, and may include individual treatment sessions.

III. The Provisional Applicant shall meet the following training hours:

- A. All applicants shall possess a minimum of 35 hours of documented training comprised of 7 hours of victim safety and victim dynamic subject areas, 14 hours of offender evaluation and assessment, and 14 hours of offender treatment facilitation and treatment planning.<sup>5</sup>

Domestic Violence Victim Issues – 7 Hours:

- Role of Treatment Victim Advocate in domestic violence offender treatment
- Offender containment and working with a Treatment Victim Advocate
- Crisis intervention
- Legal issues including confidentiality, duty to warn, and orders of protection
- Impact of domestic violence on victims
- Safety planning
- Victim dynamics including obstacles and barriers to leaving abusive relationships
- Trauma issues

Offender Evaluation and Assessment Specific to Domestic Violence – 14 Hours:

- Clinical interviewing skills
- Domestic violence risk assessment
- Substance abuse screening
- Criminal justice cases and the use of collateral sources of information
- Types of abuse
- Domestic violence offender typologies
- Cognitive distortions
- Criminal thinking errors
- Criminogenic needs

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<sup>5</sup> Babcock, J., Armenti, N., Cannon, C., Lauve-Moon, K., Buttell, F., Ferreira, R., . . . Solano, I. (2016). Domestic Violence Perpetrator Programs: A Proposal for Evidence-Based Standards in the United States. *Partner Abuse*, 7(4), 355-460. doi:10.1891/1946-6560.7.4.355.

Facilitation and Treatment Planning – 14 Hours

- Substance abuse and domestic violence
- Offender self-management
- Motivational interviewing
- Provider role in offender containment
- Forensic psychotherapy
- Coordination with criminal justice system
- Offender accountability
- Recognizing and overcoming offender resistance
- Offender contracts
- Ongoing domestic violence offender assessment: skills and tools
- Offender responsivity to treatment
- Learning Styles
- Personality Disorders

IV. Supervision Requirements for Provisionally Approved Provider or Applicant:

- A. The DVCS shall review and is charged with the responsibility for all clinical work performed by the applicant. In the event that co-facilitation is obtained with a FOL Provider, session notes must be co-signed by that FOL Treatment Provider doing the co-facilitation.
- B. The DVCS shall employ supervision methods aimed at assessing and developing required competencies. It is incumbent upon the supervisor to determine the need for additional training and supervision hours, based upon the supervisee's progress in attaining competency to perform such treatment.<sup>6</sup>
- C. The minimum amount of hours of face-to-face supervision of domestic violence specific treatment and/or evaluation is calculated as follows:

Direct Clinical Contact Hours per Month	Minimum Supervision Hours per Month
0-59	2
60-79	3
80 or more	4

- D. The appropriate modality for supervision shall be determined by the DVCS based upon the competencies, training, education, and experience of the supervisee, as well as the treatment setting. Factors that shall be considered are community

<sup>6</sup> Fairburn, C. G. & Cooper, Z. (2011). Therapist competence, therapy quality, and therapist training. *Behaviour Research and Therapy*, 49, 373-378.; Lynch, L. & Happell, B. (2008). Implementing clinical supervision: Part I: Laying the groundwork. *International Journal of Mental Health Nursing*, 17, 57-64.

safety and offender needs, urban versus rural setting, and the availability of resources.

- E. Modes of supervision may include individual or group supervision, direct observation and electronic (such as telephone, audio/videotape, teleconferencing, and Internet). At minimum, the initial supervision meeting must be face-to-face supervision at the beginning of the supervision relationship.
- F. The DVCS shall seek feedback from at a minimum the core MTT members (i.e. treatment provider, criminal justice supervising officer, treatment victim advocate) in order to assist in the assessment of applicant competencies.
- G. Supervision for Provisional Level applicants shall include training on offender evaluation and assessment.

V. Continued Placement for Provisional Level providers.

- A. Continuing education for PL Providers shall consist of the completion of 14 clock hours every year in topic areas relevant to improve the provider competencies in delivering services, and working with court ordered domestic violence offenders. The 14 hours shall be comprised of trainings recommended by the DVCS to enhance the PL Provider's competencies including diversity, victim safety, and victim dynamics. Of the 14 hours, the PL Providers shall obtain at least 7 hours on diversity, victim safety, and victim dynamics. PL Providers shall also attend a *Standards Booster and Policy Update* training, in addition to a *DVRNA Booster* training. The remaining balance of training hour requirements shall be completed toward Entry or Full Operating Level approval.
- B. PL Providers shall reapply for continued placement every two years or as determined by the DVOMB. Approval as a PL Provider is valid for two renewal cycles from the initial approval date. PL Providers must apply to EL or FOL Status in order to remain listed on the Provider List.

9.03 Entry Level Provider Requirements

- I. Applicants seeking to be listed as an EL Provider shall meet the following experiential criteria:
  - A. Possess 300 general experiential counseling hours. These hours shall be face-to-face client contact hours providing evaluations and/or individual and/or group counseling sessions. The applicant must have received a minimum of 15 hours of one-to-one supervision while accruing the 300 hours.



*Discussion Point: Applicants with a CAC II or higher or a masters in counseling may demonstrate this with transcripts, licensure or certification.*

- B. In addition to the 300 general experiential hours, applicants who hold a master's degree in counseling or higher shall have accrued 54 face-to-face client contact hours working with domestic violence offenders obtained in no less than a four-month period. These contact hours shall include the co-facilitation of offender evaluations, group sessions, and may include individual treatment
- C. In addition to the 300 general experiential hours, applicants who hold a Baccalaureate degree shall have accrued 108 face-to-face domestic violence offender client contact hours in no less than a four-month period. These contact hours shall include the co-facilitation of offender evaluations, group sessions, and may include individual treatment sessions.
- D. Submit documentation of co-facilitation hours from a FOL Provider or a DVCS through a letter of support verifying the face-to-face client contact hours working with domestic violence offenders.
- E. Possess a minimum of 25 face-to-face client contact hours providing clinical substance abuse treatment at an Office of Behavioral Health (OBH) licensed facility or co-facilitated by a CAC II or higher, and supervised by a CAC III or higher.
- II. The EL Applicant shall meet all of the following training criteria:
- A. All applicants shall possess a minimum of 42 hours of documented training comprised of 14 hours of victim safety and victim dynamic subject areas, 14 hours of offender evaluation and assessment, and 14 hours of offender treatment facilitation and treatment planning.<sup>7</sup>
- B. Training areas include the following topics:
- Required Core Trainings sponsored by the DVOMB:
- DV100 – DVOMB and Standards Training
  - DV101 – DVRNA Training
  - DV102 – Offender Evaluation Training
  - DV103 – Offender Treatment Training

Domestic Violence Victim Safety and Victim Dynamics – 14 Hours

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<sup>7</sup> Cannon, C., Hamel, J., Buttell, F., & Ferreira, R. J. (2016). A survey of domestic violence perpetrator programs in the United States and Canada: Findings and implications for policy intervention. *Partner Abuse, 7*(3), 226–276.

- Role of victim advocate in domestic violence offender treatment
- Offender containment and working with a victim advocate
- Crisis intervention
- Legal issues including confidentiality, duty to warn, and orders of protection
- Impact of domestic violence on victims
- Victim dynamics to include obstacles and barriers to leaving abusive relationships

Offender Evaluation and Assessment Specific to Domestic Violence – 14 Hours

- DV102 – Offender Evaluation Training
- Clinical interviewing skills
- Domestic violence risk assessment
- Lethality risk assessment
- Substance abuse screening
- The use of collateral sources of information
- Types of abuse
- Domestic violence offender typologies
- Cognitive distortions
- Criminal thinking errors
- Criminogenic needs

Treatment Facilitation and Treatment Planning – 14 Hours

- DV103 – Offender Treatment Training
- Substance abuse and domestic violence
- Offender self-management
- Motivational interviewing
- Provider role in offender containment
- Forensic psychotherapy
- Coordination with criminal justice system
- Offender accountability
- Recognizing and overcoming offender resistance
- Offender contracts
- Ongoing domestic violence offender assessment: skills and tools
- Offender responsivity to treatment
- Learning Styles
- Personality Disorders
- Risk, Needs and Responsivity
- Motivational Interviewing
- Limitations of offender confidentiality

C. Applicants who hold a Baccalaureate degree shall have a minimum of 35 hours of basic counseling skills training in addition to the 42-hour training requirement. Additional training may be required by DVCS in order to meet

minimum criteria in applicant competency levels. Demonstration of these hours does not apply to applicants who hold a Master's degree *in a counseling related field, or CAC II or higher.*

Basic Counseling Skills – 35 Hours (for baccalaureate degree applicants only)

- Counseling Techniques
- Individual and Group Skills Training
- Treatment Planning
- Group Dynamics

III. Supervision Requirements for **New Applicants Working towards Approval**

- A. The DVCS shall review and co-sign and all session notes, treatment plans, treatment plan review reports, evaluations, and all other reports and documentation by the applicant. The DVCS is responsible for all clinical work performed by the applicant. In the event that co-facilitation is obtained with a FOL Provider, session notes must be co-signed by that FOL Provider doing the co-facilitation.
- B. The DVCS shall ensure that ongoing and regular communication with the FOL Provider is made regarding any co-facilitation hours accumulated for the purpose of assessing an applicant's competencies.
- C. The DVCS shall employ supervision methods aimed at assessing and developing required competencies. It is incumbent upon the supervisor to determine the need for additional training and supervision hours, based upon that individual's progress in attaining competency to perform such treatment.<sup>8</sup>
- D. The frequency of face-to-face supervision hours specific to domestic violence specific treatment and/or evaluation calculated as follows:

Direct Clinical Contact Hours per Month	Minimum Supervision Hours per Month
0-59	2
60-79	3
80 or more	4

- E. The appropriate modality for supervision shall be determined by the DVCS based upon the competencies, training, education, and experience of the supervisee, as well as the treatment setting. Factors that shall be considered are community

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<sup>8</sup> Fairburn, C. G. & Cooper, Z. (2011). Therapist competence, therapy quality, and therapist training. *Behaviour Research and Therapy*, 49, 373-378.; Lynch, L. & Happell, B. (2008). Implementing clinical supervision: Part I: Laying the groundwork. *International Journal of Mental Health Nursing*, 17, 57-64.

safety and offender needs, urban versus rural setting, and the availability of resources.

- F. Modes of supervision may include individual or group supervision, direct observation and electronic (such as telephone, audio, teleconferencing, and Internet). If supervision is conducted via electronic means, face-to-face supervision must be conducted quarterly at a minimum. Face-to-face supervision may be completed through video conferencing. All communication shall be synchronous.
- G. The DVCS shall seek feedback from at a minimum the core MTT members (i.e. treatment provider, supervising officer, treatment victim advocate) in order to assist in the assessment of applicant competencies.

#### IV. Supervision Requirements for Entry Level Approved Providers

- A. Licensed and unlicensed EL Providers are required to have clinical supervision for a minimum of two hours per month or more as determined appropriate by a DVCS. One hour shall be individual and one hour may be group supervision.
- B. The appropriate modality for supervision shall be determined by the DVCS based upon the training, workload, education, experience of the supervisee, work towards provider competencies, and the professional judgement of the DVCS. Factors that shall be considered are community safety, and offender needs, urban versus rural setting, and the availability of resources. Modes of supervision may include individual or group supervision, direct observation and electronic (such as telephone, audio/videotape, teleconferencing, and Internet). At minimum, the initial supervision meeting must be face-to-face supervision at the beginning of the supervision relationship. Task force meetings are not an acceptable modality for supervision for EL Providers.

#### V. Continued Placement for Approved Entry Level Providers.

- A. Approval by the DVOMB for listing as an EL Provider is valid for two years in order to allow the Provider time to develop competency in the required areas at the FOL. The DVCS shall assess the progression of competencies for EL Providers at least once every six months. EL Providers shall submit the FOL application no later than two years after an applicant is approved as EL.
- B. Continuing Education for EL Providers shall consist of the completion of a minimum of 14 clock hours every year in areas relevant to improve Provider competencies in delivering services, and working with court ordered domestic violence offenders. The 14 hours shall be comprised of trainings recommended by the DVCS to enhance the EL Provider's competencies to include diversity,

victim safety, and victim dynamics. Every 2 years, the EL Provider shall complete a *DVOMB Standards Booster and Policy Update* training, along with a *DVRNA Booster* training. The EL Provider may apply *DVOMB Standards Booster and Policy Update*, in addition to the *DVRNA Booster* training hours towards total CEU hours for renewal.

- C. EL Providers shall reapply for continued placement every two years or as determined by the DVOMB.

#### 9.04 Full Operating Level Provider Requirements

I. Applicants seeking to be listed as a FOL Provider shall the following criteria:

- A. Possess 600 general experiential counseling hours. These hours shall be face-to-face client contact hours providing evaluations and/or individual and/or group counseling sessions. The applicant must have received 50 hours of one-to-one supervision for the 600 hours.

*Discussion Point: Applicants with a CAC II or higher or a masters in counseling may demonstrate this with transcripts, licensure or certification.*

- B. Applicants who hold a master's degree or higher in a counseling related field shall have 80 hours of face-to-face client contact hours working with domestic violence offenders obtained in no less than a six-month period. The required hours may include domestic violence related co-facilitation of offender evaluations, group sessions, or individual treatment sessions. A minimum of 16 of these experiential hours shall include co-facilitation of offender group sessions.

- B. Baccalaureate degree applicants shall accumulate 160 hours of face-to-face client contact hours working with domestic violence offenders in no less than a six-month period. The required hours may include domestic violence related co-facilitation of offender evaluations, group sessions, or individual treatment sessions. A minimum of 32 of these experiential hours shall include co-facilitation of offender group sessions.

- D. The applicant and the co-facilitator of these hours shall spend a minimum of one additional hours per month on clinical preparation and clinical review of these experiential hours.

- E. Have 50 face-to-face client contact hours providing clinical substance abuse treatment at an Office of Behavioral Health (OBH) licensed facility or co-facilitated by a CAC II or higher, and supervised by a CAC III or higher.

II. The FOL Applicant shall meet all of the following training criteria:

- A. All applicants shall demonstrate a balanced training history to work towards competencies, as designed and directed by the DVCS.
- B. Applicants who hold a master's degree shall have a minimum of 50 hours of documented training specifically related to domestic violence evaluation and treatment methods.
- C. Applicants who hold a Baccalaureate degree shall have a minimum of 100 hours of documented training specifically related to domestic violence evaluation and treatment methods.
- D. Training areas include the following topics:

Required Core Trainings sponsored by the DVOMB

- DV100 – DVOMB and Standards Training
- DV101 – DVRNA Training
- DV102 – Offender Evaluation Training
- DV103 – Offender Treatment Training

Legal Issues

- Colorado domestic violence and family violence related laws
- Orders of Protection
- Forensic therapy
- Confidentiality and duty to warn in domestic violence cases
- Treatment within the criminal justice system

Domestic Violence Victim Safety and Victim Dynamics

- Role of victim advocate in domestic violence offender treatment
- Offender containment and working with a victim advocate
- Crisis intervention
- Legal issues including confidentiality, duty to warn, and orders of protection
- Impact of domestic violence on victims
- Victim dynamics to include obstacles and barriers to leaving abusive relationships

Offender Evaluation and Assessment Specific to Domestic Violence

- DV102 – Offender Evaluation Training
- Clinical interviewing skills
- Domestic violence risk assessment
- Lethality risk assessment
- Substance abuse screening

- The use of collateral sources of information
- Types of abuse
- Domestic violence offender typologies
- Cognitive distortions
- Criminal thinking errors
- Criminogenic needs

#### Treatment Facilitation and Treatment Planning

- DV103 – Offender Treatment Training
- Substance abuse and domestic violence
- Offender self-management
- Motivational interviewing
- Provider role in offender containment
- Forensic psychotherapy
- Coordination with criminal justice system
- Offender accountability
- Recognizing and overcoming offender resistance
- Offender contracts
- Ongoing domestic violence offender assessment: skills and tools
- Offender responsivity to treatment
- Learning Styles
- Personality Disorders
- Risk, Needs and Responsivity
- Motivational Interviewing
- Limitations of offender confidentiality

- E. Applicants who hold a Baccalaureate degree shall have a minimum of 35 hours of basic counseling skills training in addition to the 100 hour training requirement. Additional training may be required by DVCS in order to meet minimum criteria in applicant competency levels. Demonstration of these hours does not apply to applicants who hold a Master's degree *in a counseling related field, or CAC II or higher.*

#### Basic Counseling Skills – 35 Hours (for baccalaureate degree applicants only)

- Counseling Techniques
- Individual and Group Skills Training
- Treatment Planning
- Group Dynamics

**III. Supervision requirements for New Applicants Working towards Approval Full Operating Level:**

- A. The DVCS shall review and co-sign and all session notes, treatment plans, treatment plan review reports, evaluations, and all other reports and documentation by the applicant. The DVCS is responsible for all clinical work performed by the applicant.
- B. The DVCS shall employ supervision methods aimed at assessing and developing required competencies. It is incumbent upon the supervisor to determine the need for additional training and supervision hours, based upon that individual's progress in attaining competency to perform such treatment.<sup>9</sup>
- C. The frequency of face-to-face supervision hours specific to domestic violence specific treatment and/or evaluation calculated as follows:

Direct Clinical Contact Hours per Month	Minimum Supervision Hours per Month
0-59	2
60-79	3
80 or more	4

- D. The appropriate modality for supervision shall be determined by the DVCS based upon the training, workload, education, experience of the supervisee, work towards Provider competencies, and the professional judgement of the DVCS. Factors that shall be considered are community safety, and offender needs, urban versus rural setting, and the availability of resources. Modes of supervision may include individual or group supervision, direct observation and electronic (such as telephone, audio/videotape, teleconferencing, and Internet). At minimum, the initial supervision meeting must be face-to-face supervision at the beginning of the supervision relationship.
- E. Modes of supervision may include individual or group supervision, direct observation and electronic (such as telephone, audio, teleconferencing, and Internet). If supervision is conducted via electronic means, face-to-face supervision must be conducted quarterly at a minimum. Face-to-face supervision may be completed through video conferencing. All communication shall be synchronous.

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<sup>9</sup> Fairburn, C. G. & Cooper, Z. (2011). Therapist competence, therapy quality, and therapist training. *Behaviour Research and Therapy*, 49, 373-378.; Lynch, L. & Happell, B. (2008). Implementing clinical supervision: Part I: Laying the groundwork. *International Journal of Mental Health Nursing*, 17, 57-64.



- F. The DVCS shall seek feedback from at a minimum the core MTT members (i.e. treatment, supervising officer, treatment victim advocate) in order to assist in the assessment of applicant competencies.

#### IV. Peer Consultation requirements for Full Operating Level Providers:

- A. All Approved FOL Providers, licensed and unlicensed, are required to have peer consultation with another approved FOL Provider, or a DVCS for a minimum of one hour per month. The peer consultant must also be approved in all specific populations that the FOL Provider is approved. Local task force meetings shall not count toward the monthly peer consultation requirement.

#### V. Continued Placement for Full Operating Level Providers

- A. Continuing Education for FOL Providers shall consist of the completion of 20 clock hours every two years in areas relevant to improve Provider competencies in delivering treatment and evaluation services with court ordered domestic violence offenders. Of the 20 hours, diversity, victim safety, and victim dynamics shall be included. In addition, the FOL Provider shall complete the DVOMB Standards Booster and Policy Update training and DVOMB DVRNA Booster training every two years. The FOL Provider may apply DVOMB *Standards Booster and Policy Update*, in addition to *DVRNA Booster* training hours towards total CEU hours for renewal.
- B. FOL Providers shall reapply for continued placement every two years or as determined by the DVOMB.

#### 9.05 Domestic Violence Clinical Supervisor Requirements

- I. Clinical Supervisors may only provide supervision in the areas they are currently approved. Applicants seeking to be listed as a DVCS shall meet the following criteria:
  - A. Meet all FOL Approved Provider requirements per Section 9.04.
  - B. Hold licensure or certification as a Psychiatrist, Licensed Psychologist, Licensed Clinical Social Worker, Licensed Professional Counselor, Licensed Marriage and Family Therapist, Clinical Psychiatric Nurse Specialist or Licensed Addiction Counselor, and not be under current disciplinary action that the ARC determines would impede the applicant's ability to practice as a DVCS.
  - C. 49 hours of training specific to substance abuse and addiction.
  - D. 21 hours of training in clinical supervision.

- E. 75 hours of face-to-face client contact working with domestic violence offenders with a minimum of two (2) years of domestic violence treatment provision at the FOL.
- F. 100 hours of providing general clinical supervision during the past five (5) years.
- G. Attest to having knowledge of the DVOMB application requirements pertaining to responsibilities of DVCSs. DVOMB Approved Provider or applicant shall not represent themselves as a DVCS until approval by the DVOMB has been granted.

## II. Supervision requirements for Domestic Violence Clinical Supervisor Level Applicants

Prior to the commencement of supervision, the applicant shall receive an initial assessment by an Approved DVCS to determine if the applicant meets the minimum requirements and competencies of 9.04. The initial supervision meeting must be in-person, face-to-face supervision at the beginning of the supervision relationship. Applicants who are assessed by the Approved DVCS as competent shall submit an Intent to Apply.

## III. Domestic Violence Clinical Supervision Apprenticeship

- A. Applicants who have an Approved Intent to Apply application as a DVCS may provide supervision to DVOMB applicants with the oversight of an Approved DVCS. The Approved DVCS shall review and is charged with the responsibility of all clinical supervision work performed by the applicant.
- B. The Approved DVCS shall employ supervision methods aimed at assessing and developing required competencies. It is incumbent upon the supervisor to determine the need for additional training and supervision hours, based upon that individual's progress in attaining competency to perform such treatment.<sup>10</sup>

*Discussion Point: Best practice supervisory methods should be utilized when possible and appropriate to maximize the learning and skill-based development of applicants. Some examples include but are not limited to etc.*

- C. The frequency of face-to-face supervision hours specific to the supervision of domestic violence services will be determined by the Approved DVCS.

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<sup>10</sup> Fairburn, C. G. & Cooper, Z. (2011). Therapist competence, therapy quality, and therapist training. *Behaviour Research and Therapy*, 49, 373-378.; Lynch, L. & Happell, B. (2008). Implementing clinical supervision: Part I: Laying the groundwork. *International Journal of Mental Health Nursing*, 17, 57-64.

- D. The appropriate modality for supervision shall be determined by the Approved DVCS based upon the competencies, training, education, and experience of the supervisee, as well as the treatment setting. Factors that shall be considered are community safety and offender needs, urban versus rural setting, and the availability of resources.
- E. Modes of supervision may include individual or group supervision, direct observation and electronic (such as telephone, audio/videotape, teleconferencing, and Internet). At minimum, the initial supervision meeting must be face-to-face supervision at the beginning of the supervision relationship.
- F. The DVCS shall seek feedback from at a minimum the core MTT members (i.e. treatment provider, supervising officer, treatment victim advocate) in order to assist in the assessment of applicant competencies.
- G. Upon application, the applicant shall submit competency ratings from his/her Approved DVCS using the "Competency Based Assessment for Approval as a DVOMB Clinical Supervisor", including a letter of recommendation and narrative that addresses the following:
  - a. How the applicant has stayed current on the literature/research in the field (e.g. attend conferences, trainings, journals, books, etc.)
  - b. Research that can be cited to support the applicant's philosophy/framework.
  - c. How evolving research/literature has changed the applicants practice.
  - d. How supervision content/process has been impacted in response to emerging research/literature in the field.
- H. The applicant must maintain listing in the areas he/she are providing supervision and must maintain compliance with the applicable Standards of his/her listing.

#### IV. Peer Consultation Requirements:

- A. DVCSs shall have a minimum of one hour of peer consultation per month with other Approved Providers who are also licensed. This peer consultation shall be documented as to time, date, and who attended. Group supervision and formal 1:1 supervision hours may also apply toward this requirement. Local task force meetings shall not count toward the monthly peer consultation requirement.
- B. For rural areas peer consultation may include electronic modes of consultation (such as telephone, audio/videotape, teleconferencing, and Internet). At

minimum, the initial supervision meeting must be face-to-face supervision at the beginning of the supervision relationship.

## V. Continued Placement for DVCS

- A. Continuing Education for DVCS shall consist of the completion of 20 hours every two (2) years in topic areas relevant to improved treatment with court ordered domestic violence offenders, and improved supervision with applicants and Approved Providers. Of the 20 hours, diversity, victim safety, and victim dynamics shall be included. In addition, the DVCS shall complete the *DVOMB Standards Booster and Policy Update* training and a *DVRNA Booster* training every two years.
- B. All DVCSs shall reapply for continued placement every two years or as determined by the Board.

## VI. Content of Clinical Supervision and Peer Consultation

- A. Supervision and peer consultation shall include, but not be limited to, these areas:
  - 1. Discussion and review of documentation of case coordination with victim and victim advocate.
  - 2. Discussion and review of documentation of services provided by the supervisee
  - 3. Discussion and review of documentation of treatment plans, intervention strategies, and evaluations of offender's progress
  - 4. Administrative procedures of the practice as they relate to clinical issues
  - 5. Discussion and follow up of ethical issues
  - 6. Evaluation of supervisory process, including performance of the supervisor and supervisee
  - 7. Coordination of services among other professionals involved in particular cases, such as probation, criminal justice, and victim service agencies
  - 8. *Colorado Standards for Treatment with Court Ordered Domestic Violence Offenders*
  - 9. Relevant Colorado laws and rules and regulations, including confidentiality and duty to warn
  - 10. Discussion of offender resistance, transference, and counter-transference issues
  - 11. Continuously assessing supervisee competencies, and making appropriate recommendations regarding additional supervision and training

**Discussion Point:** The Treatment Victim Advocate shall be included as part of supervision or staffing for applicants and Approved Providers at least quarterly.

## VII. Content of Domestic Violence Clinical Supervision Contract

### Development of DV Clinical Supervision Contract

The DV Clinical Supervision Contract is the signed supervision agreement between the Applicant/Trainee and DV Clinical Supervisor. Supervision contract must be signed prior to any co-facilitation hours being accrued, and must be signed before any co-facilitation hours may be valid.

#### A. Supervisor Agreements:

1. Supervisor will review Counselor's work with clients through Counselor's verbal reports and written case records.
2. Supervisor will assist Counselor with questions of ethics and law, transference, counter transference, critical situations including suicidality and homicidality, and counselor self-care, amongst other topics.
3. Supervisor will review all application documents and will assist applicant with the application process.
4. Supervisor agrees to identify areas of improvement of the supervisee, and will refer to appropriate training.
5. Supervisor agrees to be available during business hours for consultation/emergency questions.
6. Supervisor agrees to review, critique, provide guidance and sign all documentation produced supervisee. (If co-facilitator is not DVCS, then FOL co-facilitator will sign off on group and/or evaluation documentation. DVCS must also sign off on evaluations after review).
7. Supervisor agrees to assist supervisee throughout the application process.
8. Supervisor agrees to document and provide all completed hours to the applicant, regardless of final outcome of supervision.
9. Supervisor agrees to maintain professional license, certification and/or approvals and liability insurance, and to promptly inform Supervisee of any development that could disqualify Supervisor from carrying out professional roles.
10. Supervisor agrees to inform Supervisee of any legal or legislative matters that come to attention that may affect the supervision or the Supervisees progress towards DVOMB approval.
11. Supervisor agrees to maintain information provided by Supervisee confidential. Supervisor will not disclose to anyone (with exception to agencies listed below in this contract), any information discussed in

sessions, or with the Supervisor's peer consultant. Standard exceptions to confidentiality apply, such as when child abuse, threat to self or others is suspected.

12. Supervisor agrees to address any practice found to be outside of the Standards with Supervisee and immediately correct.
13. Supervisor will inform the DVOMB of termination of supervision agreement within one calendar week.
14. If it is agreed upon that the Supervisee is to provide coverage by utilizing the treatment coverage document provisions, the Supervisor agrees to perform appropriate supervision regarding the coverage, including the population being covered.

B. Supervisee Agreements:

1. If supervisee becomes obtains legal charges of any kind, he/she agrees to report legal charges to supervisor within a 24-hour period.
2. Supervisee agrees to follow all Standards, including Administrative Standards.
3. Supervisee agrees to only provide co-facilitated domestic violence treatment. All domestic violence related services (intake/evaluation, individual and group education and treatment) must be co-facilitated with a FOL Provider or a DVCS. At no time prior to DVOMB approval, will the supervisee provide ANY domestic violence related services independently.
4. Supervisee agrees to read the DVOMB Standards for Treatment with Court Ordered Domestic Violence Offenders, in its entirety, and to always conduct domestic violence offender services within the boundaries of the Standards.
5. Supervisee agrees to maintain a current counseling related listing with the Department of Regulatory Agencies, and to inform supervisor of any lapse or complaint within 24 hours.
6. Supervisee agrees to maintain compliance with all licensing, certification and approval agencies (DVOMB, SOMB, OBH, etc).
7. Supervisee will provide proof of DORA registrations.
10. Supervisee agrees to enroll and take any training recommended by Supervisor.
11. Supervisee understand that supervision is NOT psychotherapy. If personal issues arise during the clinical supervision relationship, Supervisee agrees to seek their own psychotherapy in order to resolve issues.
12. The Supervisee is required to follow Colorado State law regarding informed consent to clients.
13. The Supervisee will contact his/her Clinical Supervisor IMMEDIATELY to inform her if a complaint, lawsuit, grievance or sanction is filed against him/her in Colorado or any other state/jurisdiction.

14. By entering into a DV Clinical supervision agreement, the Supervisee provides consent for the Supervisor to communicate with the DVOMB.
15. By entering into a DV Clinical supervision agreement, the Supervisee provides consent for the Supervisor to communicate with the identified Treatment Victim Advocate.
16. The supervisee agrees to allow communication between DVCS and FOL Provider if co-facilitation is taking place with FOL.

#### 9.06 Specialized Pre-Sentence Evaluator Application Requirements for Approval Status

Applicant seeking an additional listed designation as a Specialized Pre-Sentence Evaluator shall meet all of the following criteria along with the FOL Provider requirements per Section 9.04:

- A. Hold a professional mental health license from the Colorado Department of Regulatory Agencies (DORA), and not be under current disciplinary action that the ARC determines would impede the applicant's ability to practice as a DVOMB Approved Provider. Certifications and candidacies do not meet the requirement.
- B. Possess a minimum of 21 hours of training specific to advanced evaluation strategies, techniques, procedures for conducting forensic evaluations obtained within the past five (5) calendar years.
- C. Possess a minimum of 50 experiential hours conducting domestic violence pre-sentence offender evaluations.
- D. Demonstrate competency according to the applicant's respective professional standards and ethics consistent with the accepted standards of practice of domestic violence offender evaluations.
- E. Assessed as competent of the DVOMB Evaluator Competencies by a DVCS who is also approved as a Specialized Pre-Sentence Evaluator.

#### 9.07 Specific Offender Populations<sup>11</sup>

In order to provide services to Specific Offender Populations (SOP) identified by the DVOMB, the Approved Provider shall obtain the corresponding specific

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<sup>11</sup> A Specific Offender Population is defined as a group of individuals that 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 culturally sensitive to the offender.

approval status to provide domestic violence services to that population. There are currently two specific offender populations that require approval by the DVOMB before domestic violence offender services (e.g., evaluation, treatment, advocacy) can be provided: female offenders and LGBTQ+ offenders.

I. Requirements for Applicants Working towards SOP Approval:

A. Specific Offender Population applicants shall meet the following:

1. **Experiential criteria:** The applicant shall have 50 face-to-face general client contact hours with that specific population. Based on the assessment of competencies by the SOP DVCS of the applicant, these hours can be demonstrated with court ordered domestic violence populations and non-court ordered domestic violence offender populations including other mental health or substance abuse services obtained under a valid DORA registration. All face-to-face hours acquired with domestic violence offenders shall be obtained by co-facilitating with an Approved Provider who is approved with that specific population, who is FOL or DVCS level.
2. **Training hours:** The applicant shall have a minimum of 14 hours of SOP domestic violence offender training. In order to meet all required competencies, the DVCS may require additional training in areas where the applicant may need growth and improvement. SOP training hours may also be utilized in new or additional applications, in appropriate training categories.
3. **Competencies:** The DVCS shall assess the applicant on the Specific Offender Population Provider competencies.
4. **Supervision:**
  - a. The applicant must work under a DVCS who is approved to work with the Specific Offender Population (referred to as the SOP DVCS) while completing the application process.
  - b. The DVCS shall seek feedback from at a minimum the core MTT members (i.e. treatment provider, criminal



justice supervising officer, treatment victim advocate) in order to assist in the assessment of applicant SOP competencies.

- c. The appropriate modality for supervision shall be determined by the DVCS based upon the competencies, training, education, and experience of the supervisee, as well as the treatment setting. Factors that shall be considered are community safety and offender needs, urban versus rural setting, and the availability of resources.
- d. Specific Offender Population Domestic Violence Clinical Supervision hours may be in conjunction with supervision hour requirements of the Approved Provider or Applicant's DV supervision hours.
- e. Modes of supervision may include individual or group supervision, direct observation and electronic (such as telephone, audio/videotape, teleconferencing, and Internet). At minimum, the initial supervision meeting must be face-to-face supervision at the beginning of the supervision relationship. Task force meetings are not an acceptable modality for supervision for SOP supervision or peer consultation.

## II. Requirements for Approved SOP Provider:

### A. Continued Supervision Requirements for SOP Approved Providers:

1. Based on the level of approval, licensed and unlicensed Approved SOP Provider are required to have:
  - a. DV Clinical Supervision commensurate to the requirements for current Level of Approval, (e.g. Provisional, Entry). The DV Clinical Supervisor must also hold the same SOP approval.
  - b. Peer Consultation commensurate to the requirements for current Level of Approval, (e.g. FOL, DVCS). The Peer Consultant must also hold the same SOP approval.
2. SOP supervision or peer consultation, shall be conducted following Standards section 9.07, I, A, 4, b-e.

**B. Continued Placement for Approved Specific Offender Population**

**Approved Providers:**

1. All Approved Providers shall reapply for continued placement every two years or as determined by the Board.
2. SOP approved Providers must complete a portion of their continuing education to include topics on the SOP approved in.

*Note: Research cited in this document speaks to the benefits of clinical supervision, therapist training, and therapist competencies but does not specifically dictate the necessity of these.*

APPROVED