

The Core Competencies are currently located in Section 5.08 of the Standards. These revised Core Competencies will move to Section 5.03 and the current competencies in Section 5.08 will be removed. Approved Provider may begin moving toward integrating these revised competencies into their current practices.

5.03 Implementation of Individualized Treatment Plan and Offender Contract

A provider who treats domestic violence offenders under the jurisdiction of the criminal legal system must use domestic violence offender treatment (see Definition Section). Providers shall develop an individualized treatment plan that is formulated based on the client risk and needs, evaluation recommendations, and the core treatment competencies. The individualized treatment plan may incorporate adjunct services that address ongoing or emerging co-occurring issues. The individualized treatment plan shall identify treatment goals for the client in order to promote victim and community safety.

I. Individualized Treatment Plan

Upon a client entering treatment, a provider shall develop a written treatment plan based on the relevant risks and needs identified in current and past assessments/evaluations of the client. The process shall be guided by the treatment provider and developed through collaboration with the client. The Treatment Plan shall:

- Promote victim and community safety.¹
- Promote client engagement through motivational enhancement strategies.²
- Identify the behaviors mandating treatment and specifically address all clinical issues outlined in the intake evaluation and via validated risk assessment.³
- Include measurable treatment goals that address protective and risk factors consistent with the client's treatment needs, competency and ability.⁴
- Include planning for and referral to adjunct treatment as indicated.⁵
- Be written in a way that is understandable to the client in consideration of the client's responsivity factors.⁶
- Be reviewed with the client and the MTT at a minimum of every 2-3 months, referred to as Treatment Plan Reviews.⁷

¹ § 16-11.8-101 C.R.S. includes reference to enhancing the protection of current victims and potential victims.

² Santirso, F. A., Gilchrist, G., Lila, M., & Gracia, E. (2020). Motivational strategies in interventions for intimate partner violence offenders: A systematic review and meta-analysis of randomized controlled trials. *Psychosocial Intervention, 29*(3), 175-190.

³ Friedman, B. D., Yorke, N. J., Compian, K., & Arner Lazaro, D. (2022). A multimodal approach to reduce attrition, recidivism, and denial in abuser intervention programs. *Journal of Offender Rehabilitation, 61*(8), 426-441; Hilton, N. Z., & Radatz, D. L. (2021). Criminogenic needs and intimate partner violence: Association with recidivism and implications for treatment. *Psychological Services, 18*(4), 566-573; Radatz, D. L., Richards, T. N., Murphy, C. M., Nitsch, L. J., Green-Manning, A., Brokmeier, A. M., & Holliday, C. N. (2021). Integrating 'principles of effective intervention' into domestic violence intervention programs: New opportunities for change and collaboration. *American Journal of Criminal Justice, 46*, 609-625.

⁴ Burghart, M., de Ruiter, C., Hynes, S. E., Krishnan, N., Levtova, Y., & Uyar, A. (2023). The Structured Assessment of Protective Factors for violence risk (SAPROF): A meta-analysis of its predictive and incremental validity. *Psychological Assessment, 35*(1), 56-67; Hilton, N. Z., & Radatz, D. L. (2021). Criminogenic needs and intimate partner violence: Association with recidivism and implications for treatment. *Psychological Services, 18*(4), 566-573; Radatz, D. L., Richards, T. N., Murphy, C. M., Nitsch, L. J., Green-Manning, A., Brokmeier, A. M., & Holliday, C. N. (2021). Integrating 'principles of effective intervention' into domestic violence intervention programs: New opportunities for change and collaboration. *American Journal of Criminal Justice, 46*, 609-625.

⁵ Radatz, D. L., Richards, T. N., Murphy, C. M., Nitsch, L. J., Green-Manning, A., Brokmeier, A. M., & Holliday, C. N. (2021). Integrating 'principles of effective intervention' into domestic violence intervention programs: New opportunities for change and collaboration. *American Journal of Criminal Justice, 46*, 609-625.

⁶ Radatz, D. L., Richards, T. N., Murphy, C. M., Nitsch, L. J., Green-Manning, A., Brokmeier, A. M., & Holliday, C. N. (2021). Integrating 'principles of effective intervention' into domestic violence intervention programs: New opportunities for change and collaboration. *American Journal of Criminal Justice, 46*, 609-625.

⁷ § 16-11.8-101 C.R.S. includes reference to monitoring of offenders.

II. Core Treatment Competencies

Domestic violence offender treatment shall help clients develop competencies (that is, knowledge, skills, and attitudes) to effectively address their risk-related problems, develop protective factors, establish non-abusive relationships, and lead non-offending lives. The required competencies shall be facilitated for all clients. The potential competencies may be included for clients when clinically indicated. The required and potential competencies are not an exhaustive list of all potential competencies needing to be addressed in treatment. As such, Approved Providers may include additional competencies to address risk factors and individual treatment needs, where needed and indicated in the treatment plan. The list of competencies is not set forth in a linear curriculum order nor as a prioritized list of behavioral goals. Instead, the competencies may be addressed in an order consistent with the treatment plan, the needs of the client, the order of group treatment sessions, or across multiple aspects of treatment. Assisting clients to achieve the competencies in their treatment plan shall be the basis for prioritizing ongoing and subsequent second contact requirements in accordance with the treatment level of the client.

Domestic Violence and General Criminality

Clients shall meet the following required competencies related to Domestic Violence and General Criminality:

1. Define all types of domestic violence and abusive behavior (reference working clinical definition of domestic violence) and demonstrates acceptance of accountability and responsibility for offending and abusive behaviors.⁸
2. Identify the history of current and former patterns of domestic violence-behaviors and thoughts regarding onset, frequency, and persistence. This includes awareness and discuss the intent of previous grooming tactics.⁹

Discussion Point: Clients may invoke their 5th Amendment right for current or pending cases. While Approved Providers shall not unsuccessfully discharge an offender from treatment solely for refusing to answer incriminating questions, a treatment provider may opt to discharge a client from treatment or not accept a client into treatment if the provider determines a factor(s) exists that compromises the therapeutic process.

3. Identify and challenge cognitive distortions and belief systems that plays a negative or unhealthy role in the client's thoughts, emotions, and behaviors.¹⁰

Discussion Point: The research on the intrinsic factors that motivate a client's offending behaviors and attitudes is still emerging. Approved Providers are encouraged to explore the underlying sources

⁸ Gannon, T. A., Olver, M. A., Mallion, J. S., & James, M. (2019). Does specialized psychological treatment for offending reduce recidivism? A meta-analysis examining staff and program variables as predictors of treatment effectiveness. *Clinical Psychology Review, 73*; Hilton, N. Z., Eke, A. W., Kim, S., & Ham, E. (2023). Coercive control in police reports of intimate partner violence: Conceptual definition and association with recidivism. *Psychology of Violence, 13*(4), 277-285; Hilton, N. Z., & Radatz, D. L. (2021). Criminogenic needs and intimate partner violence: Association with recidivism and implications for treatment. *Psychological Services, 18*(4), 566-573; Stewart, L. A., Gabora, N., Kropp, P. R., & Lee, Z. (2014). Effectiveness of Risk-Needs-Responsivity-based family violence programs with male offenders. *Journal of Family Violence, 29*, 151-164.

⁹ Gannon, T. A., Olver, M. A., Mallion, J. S., & James, M. (2019). Does specialized psychological treatment for offending reduce recidivism? A meta-analysis examining staff and program variables as predictors of treatment effectiveness. *Clinical Psychology Review, 73*; Hilton, N. Z., Eke, A. W., Kim, S., & Ham, E. (2023). Coercive control in police reports of intimate partner violence: Conceptual definition and association with recidivism. *Psychology of Violence, 13*(4), 277-285; Stewart, L. A., Gabora, N., Kropp, P. R., & Lee, Z. (2014). Effectiveness of Risk-Needs-Responsivity-based family violence programs with male offenders. *Journal of Family Violence, 29*, 151-164.

¹⁰ Hilton, N. Z., Eke, A. W., Kim, S., & Ham, E. (2023). Coercive control in police reports of intimate partner violence: Conceptual definition and association with recidivism. *Psychology of Violence, 13*(4), 277-285; Hilton, N. Z., & Radatz, D. L. (2021). Criminogenic needs and intimate partner violence: Association with recidivism and implications for treatment. *Psychological Services, 18*(4), 566-573; Pornari, C. D., Dixon, L., & Humphreys, G. W. (2021). A preliminary investigation into a range of implicit and explicit offense supportive cognitions in perpetrators of physical intimate partner violence. *Journal of Interpersonal Violence, 36* (3-4), NP2079-2111; Spencer, C. M., Stith, S. M., & Cafferky, B. (2022). What puts individuals at risk for physical intimate partner violence perpetration? A meta-analysis examining risk markers for men and women. *Trauma, Violence, & Abuse, 23*(1), 36-51; Stewart, L. A., Gabora, N., Kropp, P. R., & Lee, Z. (2014). Effectiveness of Risk-Needs-Responsivity-based family violence programs with male offenders. *Journal of Family Violence, 29*, 151-164.

of offending. This may include specific personality traits or disorders, certain types of cognitive schemas, and other considerations.

4. Recognize and manage dynamic risk factors and adaptive skills to mitigate those risk factors.¹¹

The following potential competencies may be required when clinically indicated for General criminality:¹²

- Recognize and manage current procriminal attitudes and behaviors.
- Identify, acknowledge, and manage use of mood-altering substances.
- Identify the history of current and former pro-criminal behaviors, thoughts, and associates

Self-Regulation and Self-Care

Clients shall meet the following required competencies related to Self-Regulation and Self-Care:

5. Demonstrate and implement self-regulation skills to include but not limited to emotional regulation, stress management, communication skills, anger management, conflict resolution, problem solving, delayed gratification, parental and financial responsibility, etc.¹³
6. Demonstrate the ability to discuss past experiences and how any unresolved trauma may impact offending behavior as a way to adopt effective coping strategies.¹⁴

Discussion Point: The goal of this competency is to understand how past experiences have impacted the client and what ways they can deal with these issues differently in non-abusive ways.

7. Develop and maintain prosocial activities and networks to include but not limited to completing education, maintaining employment, obtaining stable housing, life skills, recreational and social activities, etc.¹⁵

¹¹ Hilton, N. Z., & Radatz, D. L. (2021). Criminogenic needs and intimate partner violence: Association with recidivism and implications for treatment. *Psychological Services, 18*(4), 566-573; Stewart, L. A., Gabora, N., Kropp, P. R., & Lee, Z. (2014). Effectiveness of Risk-Needs-Responsivity-based family violence programs with male offenders. *Journal of Family Violence, 29*, 151-164.

¹² Okano, M., Langille, J., & Walsh, Z. (2016). Psychopathy, alcohol use, intimate partner violence: Evidence from two samples. *Law & Human Behavior, 40*(5), 517-523; Peters, J. R., Nunes, K. L., Ennis, L., Hilton, N. Z., Pham, A., & Jung, S. (2022). Latent class analysis of the heterogeneity of intimate partner violent men: Implications for research and practice. *Journal of Threat Assessment & Management*, Online Advance Publication, October 13, 2022; Robertson, E. L., Walker, T. M., & Frick, P. J. (2020). Intimate partner violence perpetration and psychopathy: A comprehensive review. *European Psychologist, 25*(2), 134-145.

¹³ Capaldi, D. M., Knoble, N. B., Shortt, J. W., & Kim, H. K. (2012). A systematic review of the risk factors for intimate partner violence. *Partner Abuse, 3*(3), 231-280; Farzan-Kashani, J., & Murphy, C. M. (2017). Anger problems predict long-term criminal recidivism in partner violent men. *Journal of Interpersonal Violence, 32*(3), 3541-3555; Hilton, N. Z., & Radatz, D. L. (2021). Criminogenic needs and intimate partner violence: Association with recidivism and implications for treatment. *Psychological Services, 18*(4), 566-573; Rolle, L., Giardina, G., Caldarera, A., & Brustia, P. (2018). When intimate partner violence meets same sex couples: A review of same sex intimate partner violence. *Frontiers in Psychology, 9*(1506), 1-13; Spencer, C. M., Stith, S. M., & Cafferky, B. (2022). What puts individuals at risk for physical intimate partner violence perpetration? A meta-analysis examining risk markers for men and women. *Trauma, Violence, & Abuse, 23*(1), 36-51; Stewart, L. A., Gabora, N., Kropp, P. R., & Lee, Z. (2014). Effectiveness of Risk-Needs-Responsivity-based family violence programs with male offenders. *Journal of Family Violence, 29*, 151-164.

¹⁴ Capaldi, D. M., Knoble, N. B., Shortt, J. W., & Kim, H. K. (2012). A systematic review of the risk factors for intimate partner violence. *Partner Abuse, 3*(3), 231-280; Lee, K. A., Bright, C. L., & Betz, G. (2022). Adverse childhood experiences (ACEs), alcohol use in adulthood, and intimate partner violence (IPV) perpetration by black men: A systematic review. *Trauma, Violence, & Abuse, 23*(3), 372-389; Spencer, C. M., Stith, S. M., & Cafferky, B. (2022). What puts individuals at risk for physical intimate partner violence perpetration? A meta-analysis examining risk markers for men and women. *Trauma, Violence, & Abuse, 23*(1), 36-51.

¹⁵ Capaldi, D. M., Knoble, N. B., Shortt, J. W., & Kim, H. K. (2012). A systematic review of the risk factors for intimate partner violence. *Partner Abuse, 3*(3), 231-280; Gerstenberger, C., Stansfield, R., & Williams, K. R. (2019). Intimate partner violence in same-sex relationships. *Criminal Justice & Behavior, 46*(11), 1515-1527; Grace, F. X., McNary, S. B., & Murphy, C. M. (2022). Employment status and recidivism after relationship violence intervention. *Psychology of Violence, 13*(2), 127-135; Hilton, N. Z., & Radatz, D. L. (2021). Criminogenic needs and intimate partner violence: Association with recidivism and implications for treatment. *Psychological Services, 18*(4), 566-573; Spencer, C. M., & Stith, S. M. (2020). Risk factors for male perpetration and female victimization of intimate partner homicide: A meta-analysis. *Trauma, Violence, & Abuse, 21*(3) 527-540.

The following potential competencies may be required when clinically indicated for the client to meet:

- Identify, acknowledge, and manage mental health needs and the development of supports.¹⁶
- Identify, acknowledge, and manage the need for crisis management and stabilization (i.e. suicidal or homicidal ideation, housing insecurity, client decompensation).¹⁷
- Identify, acknowledge, and manage their own reintegration into the community.¹⁸
- Identify, acknowledge, and manage boundaries.
- Identify and promote healthy sexual behavior, intimacy, and relationship skills.¹⁹
- Increase ability to recognize attachment issues.²⁰

Survivor Impact and Community Safety

Clients shall meet the following required competencies related to Survivor Impact and Community Safety:

8. Demonstrate insight about the impact of their domestic violence offense on all individuals and promote victim empathy when clinically indicated.²¹

Discussion Point: *Demonstration of this competency regarding the impact of a domestic violence offense can include, but is not limited to accountability letters, victim empathy panels, and surrogate offender and victim dialogue. Opportunities for any therapeutic work between the client*

¹⁶ Callan, A., Corbally, M., & McElvaney, R. (2021). A scoping review of intimate partner violence as it relates to the experiences of gay and bisexual men. *Trauma, Violence, & Abuse*, 22(2), 233-248; Capaldi, D. M., Knoble, N. B., Shortt, J. W., & Kim, H. K. (2012). A systematic review of the risk factors for intimate partner violence. *Partner Abuse*, 3(3), 231-280; Dawson, M., & Piscitelli, A. (2021). Risk factors in domestic homicide: Identifying common clusters in the Canadian context. *Journal of Interpersonal Violence*, 36(1-2), 781-792; Morgan, et al. (2012). Treating offenders with mental illness: A research synthesis. *Law & Human Behavior*, 36(1), 37-50; Rolfe, L., Giardina, G., Calderera, A., & Brustia, P. (2018). When intimate partner violence meets same sex couples: A review of same sex intimate partner violence. *Frontiers in Psychology*, 9(1506), 1-13; Spencer, C. M., & Stith, S. M. (2020). Risk factors for male perpetration and female victimization of intimate partner homicide: A meta-analysis. *Trauma, Violence, & Abuse*, 21(3) 527-540; Spencer, C. M., Stith, S. M., & Cafferky, B. (2022). What puts individuals at risk for physical intimate partner violence perpetration? A meta-analysis examining risk markers for men and women. *Trauma, Violence, & Abuse*, 23(1), 36-51.

¹⁷ Dawson, M., & Piscitelli, A. (2021). Risk factors in domestic homicide: Identifying common clusters in the Canadian context. *Journal of Interpersonal Violence*, 36(1-2), 781-792; Scott, K., Heslop, L., Kelly, T., & Wiggins, K. (2015). Intervening to prevent repeat offending among moderate-to-high risk domestic violence offenders: A second-responder program for men. *International Journal of Offender Therapy & Comparative Criminology*, 59(3), 273-294.

¹⁸ Stansfield, R., Semenza, D., Napolitano, L., Gatson, M., Coleman, M., & Diaz, M. (2022). The risk of family violence after incarceration: An integrative review. *Trauma, Violence, & Abuse*, 23(2), 476-489.

¹⁹ Spencer, C. M., Toews, M. L., Anders, K. M., & Emanuels, S. K. (2021). Risk markers for physical teen dating violence perpetration: A meta-analysis. *Trauma, Violence, & Abuse*, 22(3), 619-631; Sparks, B., Wielinga, F., Jung, S., & Olver, M. E. (2020). Recidivism risk and criminogenic needs of individuals who perpetrated intimate partner sexual violence offenses. *Sexual Offending: Theory, Research, and Prevention*, 15(1), Article e3713.

²⁰ Spencer, C. M., Stith, S. M., & Cafferky, B. (2022). What puts individuals at risk for physical intimate partner violence perpetration? A meta-analysis examining risk markers for men and women. *Trauma, Violence, & Abuse*, 23(1), 36-51.

²¹ Bichard, H., Byrne, C., Saville, C. W. N., & Coetzer, R. (2022). The neuropsychological outcomes of non-fatal strangulation in domestic and sexual violence: A systematic review. *Neuropsychological Rehabilitation*, 32(6), 1164-1192; Godfrey, D. A., Kehoe, C. M., Bastardas-Albero, A., & Babcock, J. C. (2020). Empathy mediates the relations between working memory and perpetration of intimate partner violence and aggression. *Behavioral Sciences*, 10(3), 63; Hamel, J., Cannon, C. E. B., & Graham-Kevan, N. (2023, April 6). The consequences of psychological abuse and control in intimate partner relationships. *Traumatology*. Advance online publication; Holmes, M. R., Berg, K. A., Bender, A. E., Evans, K. E., O'Donnell, K., & Miller, E. K. (2022). Nearly 50 years of child exposure to intimate partner violence empirical research: Evidence mapping, overarching themes, and future directions. *Journal of Family Violence*, 37, 1207-1219; Lafontaine, M. F., Guzmán-González, M., Péloquin, K., & Levesque, C. (2018). I am not in your shoes: Low perspective taking mediating the relation among attachment insecurities and physical intimate partner violence in Chilean university students. *Journal of Interpersonal Violence*, 33(22), 3439-3458; Spencer, C. M., Stith, S. M., & Cafferky, B. (2022). What puts individuals at risk for physical intimate partner violence perpetration? A meta-analysis examining risk markers for men and women. *Trauma, Violence, & Abuse*, 23(1), 36-51.

and the identified victim or secondary victims may be done after the client has completed domestic violence offender treatment during aftercare.

9. Increase understanding of how intergenerational patterns of family, peer group, community, and culture can normalize domestic violence and foster attitudes and responses that condone and tolerate domestic violence.²²
10. Develop and implement safety plans to address risk factors and potentially high-risk situations.²³
11. Cooperate with supervision requirements, court orders, and the terms and conditions.²⁴

The following potential competencies may be required when clinically indicated for the client to:

- Increase understanding and demonstration of parental responsibility to enhance and ensure the wellbeing of the children.²⁵

Discussion Point: *If the offender has abused any pregnant partner, this may need to be addressed as an additional competency. In such cases, the client should demonstrate an understanding and insight that abuse during pregnancy may present a higher risk to the victim and unborn child.*

²² Copp, J. E., Giordano, P. C., Longmore, M. A., and Manning, W. D. (2019). The development of attitudes towards intimate partner violence: an examination of key correlates among a sample of young adults. *Journal of Interpersonal Violence, 34*, 1357-1387; Herrero, J., Rodríguez, F. J., and Torres, A. (2017). Acceptability of partner violence in 51 societies: The role of sexism and attitudes toward violence in social relationships. *Violence Against Women, 23*, 351-367; Hilton, N. Z., & Radatz, D. L. (2021). Criminogenic needs and intimate partner violence: Association with recidivism and implications for treatment. *Psychological Services, 18*(4), 566-573.

²³ Spencer, C. M., & Stith, S. M. (2020). Risk factors for male perpetration and female victimization of intimate partner homicide: A meta-analysis. *Trauma, Violence, & Abuse, 21*(3) 527-540; Stewart, L. A., Gabora, N., Kropp, P. R., & Lee, Z. (2014). Effectiveness of Risk-Needs-Responsivity-based family violence programs with male offenders. *Journal of Family Violence, 29*, 151-164.

²⁴ Hilton, N. Z., & Radatz, D. L. (2021). Criminogenic needs and intimate partner violence: Association with recidivism and implications for treatment. *Psychological Services, 18*(4), 566-573.

²⁵ Hine, L., Meyer, S., McDermott, L., & Eiggins, E. (2022). Intervention programme for fathers who use domestic and family violence: Results from an evaluation of Caring Dads. *Child & Family Social Work, 27*, 711-724; Labarre, M., Bourassa, C., Holden, G. W., Turcotte, P., & Letourneau, N. (2016). Intervening with fathers in the context of intimate partner violence: An analysis of ten programs and suggestions for a research agenda. *Journal of Child Custody, 13*(1), 1-29; Meyer, S. (2017). Motivating perpetrators of domestic and family violence to engage in behavior change: The role of fatherhood. *Child & Family Social Work, 23*(1), 97-104; Stover, C. S., Clough, B., Clough, M., DiVertro, S., Madigan, L., & Grasso, D. J. (2022). Evaluation of a statewide implementation of Fathers for Change: A fathering intervention for families impacted by partner violence. *Journal of Family Violence, 37*, 449-459.