

Appendix I: Requirements and Criteria for Teletherapy With Domestic Violence Offenders

September 30, 2022

I. INTRODUCTION & BACKGROUND

On March 13th, 2020, the Domestic Violence Offender Management Board (DVOMB) authorized the use of teletherapy with domestic violence offenders subject to the DVOMB Standards and Guidelines. Prior to this date, all forms of teletherapy were prohibited and required for in-person, face-to-face services. The DVOMB made this change in response to the COVID-19 pandemic as a measure to limit any disruption to evaluation and treatment services for offenders that may have caused undue risk to victim and community safety.

Since the authorization of teletherapy, much more information has been made available regarding its use with domestic violence offenders. There are numerous practical, clinical, and safety-related considerations regarding Teletherapy with domestic violence offenders. However, there is still much unknown and limited empirical research on the use of teletherapy with domestic violence offenders.

This appendix outlines the parameters, requirements, and considerations for the safe and effective use of teletherapy by DVOMB Approved Providers working with domestic violence offenders. This appendix does not replace any mandates currently required in the DVOMB Standards and Guidelines. Clinical and professional expertise, as well as a review of available research and literature, served as the foundation for this appendix. Subsequent revisions to this appendix will be made as new information becomes available regarding the use of teletherapy with this population.

II. DEFINITIONS

“TELETHERAPY” means to deliver services through a secured telecommunications system that facilitates the synchronous, real-time, video-based assessment, evaluation, treatment, and behavioral management of a domestic violence offenders in locations different from the Approved Provider.

III. TELETHERAPY APPROVED STATUS

The provision of teletherapy services to individuals subject to the DVOMB Standards and Guidelines shall only be conducted by a DVOMB Approved Provider who has met the criteria established by Section 9.08 and who is listed as being Telehealth Approved. Online programs or individuals who are not listed on the DVOMB Approved Provider List do not meet the requirements set forth in 16-11.8-104, C.R.S.

IV. CONSIDERATIONS AND FACTORS FOR CLIENT AMENABILITY TO TELETHERAPY

The provision of services via teletherapy is considered to be a privilege that is intended to promote risk-reduction strategies and engagement in the therapeutic process for the client. If the use of teletherapy presents any unresolved concern(s) related to the safety of a victim, the client’s compliance with the treatment contract or their overall amenability, the Approved Provider shall document such reasons and determine if face-to-face services are more appropriate. Offenders may be subject to additional monitoring as a result of being allowed to engage in domestic violence offender treatment via teletherapy.

In assessing if teletherapy would be an effective and appropriate modality for a client, the Approved Provider shall consider and mutually assess the following inclusionary and exclusionary criteria in the overall case conceptualization. Approved Providers shall utilize their best clinical judgement in consideration of these factors to determine the client’s readiness and appropriateness for teletherapy. Such recommendations may include but are not limited to teletherapy only, teletherapy

with some frequency of face-to-face services, time-limited teletherapy services, and face-to-face

services only. Teletherapy may also be utilized as an incentive for clients who progress in treatment and demonstrate readiness for teletherapy that may not have been suitable at the start of treatment. In some cases, teletherapy may be an appropriate modality to meet the individual needs of the client.

Discussion Point: It is not a requirement that all criteria be met, but that the Provider has assessed for and considered all of these contributing factors as part of the treatment planning process. For example, if a client's risk and criminogenic needs are high, but their stability in treatment is enhanced by attending sessions via teletherapy in order to not disrupt employment, teletherapy can be recommended.

- a. Inclusionary Criteria - Inclusionary criteria are factors that serve as reasons as to why a client would benefit from teletherapy. Those who may be considered for teletherapy include:
 - i. Clients with physical disabilities that affect their mobility, mild developmental disabilities, or mild cognitive impairments that affect their participation in group settings.
OR
 - ii. Clients who lack access to reliable private or public transportation which serves as an impediment to their ability to engage in treatment. This includes clients who reside in underserved areas where an Approved Provider may not be available for face-to-face services otherwise.
OR
 - iii. Clients whose primary and secondary language is a language other than English which requires an Approved Provider who may be at a distance and is fluent in that language.
OR
 - iv. Clients who are progressing in treatment (good attendance, engagement, etc.) and whose engagement would be enhanced through teletherapy.
- b. Exclusionary Criteria - Exclusionary criteria are factors that serve as reasons as to why teletherapy would be problematic for a client. Those who may not be considered for teletherapy include:
 - i. Clients who present in a pre-contemplative stage of change that is resistant to treatment, exhibits a high level of denial or minimization with low accountability.
OR
 - ii. Clients who exhibit hostile or disruptive behavior that is not conducive of group culture, boundaries, and norms.
OR
 - iii. Clients who are scored with any critical risk factor designation on the DVRNA.
OR



- iv. Clients who are assessed as having high criminogenic needs (e.g. LSI score) or anti-social pathologies suggestive that teletherapy may not provide adequate containment.

OR

- v. Clients who threaten to or engage in behaviors that violate the offender treatment contract.

OR

Client who are unable to navigate technology to such an extent that it impacts their ability to participate effectively via teletherapy (e.g., failing to login on time, requires ongoing technical assistance, does not use camera, etc).

OR

- vi. Clients who lack the adequate equipment (e.g., internet, computer) and physical space to confidentially engage in sessions.

- c. Providers shall consult with the MTT, but providers have the authority to make final determination of placement.
- d. Because offenders may transition from face-to-face services to teletherapy or vice versa, it is recommended that domestic violence offenders receive services from a DVOMB Approved Provider who is located near where the offender works or resides.
- e. If considering the use of teletherapy the Approved Provider shall:
 - i. Check with the client to determine if this is a modality the client is comfortable with and wants to pursue.
 - ii. Assess if there are any concerns that would impact the client's level of engagement or ability to attend teletherapy sessions (e.g. risk level, specific responsivity needs, substance use concerns, concerns related to victim safety, etc.).
 - iii. Assess that the client has a safe and confidential space to participate in teletherapy.
 - iv. Determine if the client's progress in treatment through teletherapy can appropriately be assessed via teletherapy (e.g., body language, etc.)

V. Domestic Violence Offender Services Via Tele-Therapy

When initiating teletherapy for an offender evaluation or treatment, the provider shall inform the client of the parameters of teletherapy and have a signed agreement by the client of their agreement to participate in teletherapy as well as the client's agreement to abide by the established parameters. Parameters shall, at a minimum, include:

- a. The reason teletherapy is being utilized (e.g., distance of client to services, medical risks or conditions, lack of resources to support in person therapy, community risk, etc.)
- b. Agreement by the client not to engage in non-therapy related activities during session (e.g. driving, working, tending to others, recreational activities, use of substances, etc.).
- c. Agreement by the client not to have anyone else in the session unless approved by the MTT.
- d. Agreement by the client to remain active and engaged during the session.

- e. Acknowledgement by the client that teletherapy is a privilege that may be revoked at any time for violations of the offender contract or terms and conditions of probation, as determined by the MTT.
- f. Establish safety plan or process for identifying client location in the event of an emergency (e.g. asking client for their location in the group chat, etc).

Discussion Point: *Approved Providers may offer an initial orientation for the client to understand and become familiarized with using a virtual platform.*

VI. During the course of teletherapy the Approved Provider shall:

- a. Follow all *DVOMB Standards and Guidelines* and ethical codes of conduct in the same manner as is expected during face-to-face sessions.
- b. Have a dedicated workspace that is free from distractions and ensures confidentiality.
- c. Maintain an option for in-person services in the event that it is determined that teletherapy is no longer appropriate for the client.
- d. Not engage in non-session related tasks or activities while conducting teletherapy sessions (e.g. driving, recreation activities, tending to others, tending to non-session related work, etc.).
- e. Not include other individuals, other than co-therapists or approved MTT members present during teletherapy sessions.
- f. Check in with the client during each treatment plan review to determine if teletherapy is a suitable approach for the client to meet the goals identified in their treatment plan and if any adjustments are needed. This can be adjusted anytime based on clinical indicators that suggest teletherapy is contra-indicated.
- g. Notify the MTT if there are issues regarding participation, limitations, and how the rationale for teletherapy services may impact other activities of the client (e.g. if teletherapy is being provided due to a community safety risk such as a pandemic, other community access/activities should be reviewed by the team).
- h. Not use pre-recorded videos, multi-media, or homework assignments in lieu of any amount of time for group or individual sessions. The limited use of pre-recorded videos and multi-media is permitted and can be used as part of a session to support the topics, curriculum, and/or application of the Core Competencies.

Best Practice: *When using a hybrid approach with clients attending both face-to-face and virtually, it is considered a best practice for the Approved Provider to use technology that provides for the monitoring of participants in both formats.*

VII. During the course of teletherapy, the client shall:

- a. Adhere to the offender treatment contract and adhere to all face-to-face rules regarding group norms and behaviors
- b. Use a webcam or smartphone during the session that allows for the client and their surroundings to be seen by the Approved Provider
- c. Access a reliable and secure internet connection in a private, quiet, confidential, well-lit space free from distractions
- d. Never record or document any information before, during, or after the session which would compromise their confidentiality or the confidentiality of other clients
- e. Understand the steps to access the session via phone in the event of technical problems
- f. Notify their DVOMB Approved Provider if they are having trouble comprehending the material or content
- g. Agree to monitored sobriety testing to the frequency determined by the Approved Provider

VIII. CONSIDERATIONS FOR OFFENDER DISCHARGE

Non-compliance, lack of progress, or the inability to engage via teletherapy can be grounds for the Approved Provider to either discharge or requiring the client to move to in-person sessions.

