

Domestic Violence Offender Management Board
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To assist in the implementation of the *Standards for Treatment with Court Ordered Domestic Violence Offenders Section 5.0* the Domestic Violence Offender Management Board has created a definition of the second clinical contact.

DEFINITION OF SECOND CLINICAL CONTACT FOR LEVEL B AND LEVEL C:

This clinical contact involves a therapeutic intervention and includes face-to-face therapy, individual sessions, group counseling sessions, treatment plan reviews, and crisis management. It does not include 12 step programs or other peer support groups.

The additional clinical contacts shall match the generally accepted best practices for addressing/treating the identified criminogenic need.

The purpose of this second clinical contact is to address risk factors identified on the DVRNA and/or the evaluation such as substance abuse or mental health issues. The second clinical contact might also include sessions to promote specific treatment goals or sessions to address specific competencies. The MTT shall ensure that the second clinical contact supports the offender treatment goals and the MTT shall approve that clinical contact.

The second clinical contact can be a domestic violence offender treatment session or can be treatment to address other criminogenic needs for example, substance abuse, mental health, Strategies for Self Improvement and Change, or cognitive skills based treatment. The clinician shall be accepted as appropriate by the MTT based on the clinician's knowledge of domestic violence and the offender's treatment goals. The clinician shall also be part of the MTT and its communication to ensure that treatment goals are not conflicting and that they promote domestic violence offender treatment goals.

The second clinical contact sessions should typically be 50 minutes for individual sessions and 90 minutes for group sessions.

Discussion: There may be times during the treatment process where shorter second contact clinical sessions are indicated to provide check-ins and monitoring of specific issues, and/or when a standard second contact clinical session is prohibitive. The decision to provide a shorter second clinical contact session needs to be determined on a case by case basis, be time-limited, and must be approved by the MTT. These shorter second clinical contact sessions are intended to be rare and not for the duration of treatment.