

WAC 388-60B-0415 Required cognitive and behavioral changes—Depending on their level of treatment, what changes must the program document that the participant has made? (1) For levels one, two and three treatment, the program must ensure:

(a) The groups are facilitated by a program staff member who is designated by the department at the staff or supervisor level;

(b) A trainee may cofacilitate with a staff or supervisor, but must not facilitate the group alone at any time;

(c) The program uses evidence-based or promising practices (see WAC 388-60A-0310) to facilitate the areas of treatment focus listed in this section;

(d) The cognitive and behavioral changes in this section are the minimum standard for certified domestic violence intervention treatment and the program must add topics, discussions, lessons, exercises, or assignments that meet the individual treatment needs of the participant;

(e) The areas of treatment in this section include cognitive and behavioral changes, which must be shared in treatment by the participant and documented by the program in the participant's individual record as those changes are identified;

(f) Each treatment program certified for levels one, two, and three domestic violence intervention treatment must document in each participant's file that the following cognitive and behavioral changes are documented for each participant and at a minimum include:

(i) **Types of abuse:** Individual and specific examples of how the participant has acknowledged that they have engaged in any abusive behaviors including but not limited to the following types of abuse:

(A) Physical;

(B) Emotional and psychological including terrorizing someone or threatening them;

(C) Verbal;

(D) Spiritual;

(E) Cultural;

(F) Sexual;

(G) Economic;

(H) Physical force against property or pets;

(I) Stalking;

(J) Acts that put the safety of partners, children, pets, other family members, or friends at risk; and

(K) Electronic, online, and social media;

(ii) **Belief systems:** Exploration of the participant's individual and cultural belief system, including acknowledgement of how those beliefs have allowed and supported violence against an intimate partner including privilege or oppression;

(A) Specific examples of how the participant's individual belief system has allowed or supported the use or threat of violence to establish power and control over an intimate partner; and

(B) Examples of how the participant has experienced societal approval and support for control through violence and the designation of an intimate partner or children as safe targets for this violence;

(iii) **Respectful relationships:** Documentation of new skills the participant has gained through exercises in learning and practicing respectful relationship skills including techniques to be nonabusive and noncontrolling that include but are not limited to:

(A) Requesting and obtaining affirmative consent as an essential aspect of interpersonal relationships; and

(B) Respecting boundaries about others' bodies, possessions, and actions;

(iv) **Children:** Documentation of the participant's understanding of how children have been impacted by the participant's abuse and the incompatibility of domestic violence and abuse with responsible parenting including but not limited to:

(A) An understanding of the emotional impacts of domestic violence on children;

(B) An understanding of the long-term consequences that exposure to incidents of domestic violence may have on children; and

(C) The behavioral changes the participant has made and shared with the group as a result of this understanding;

(v) **Accountability:** Documentation of the participant's understanding of accountability for their abusive behaviors and their resulting behavioral changes including but not limited to:

(A) Documentation of the participant's understanding of how they are solely responsible for their abusive and controlling behavior and how they acknowledge this fact;

(B) An understanding of the need to avoid blaming the victim and the ability to consistently take responsibility for the participant's abusive behavior, including holding themselves and others in group accountable for their behavior;

(C) Documentation of a minimum of three separate individual examples of how the participant has taken accountability since beginning domestic violence intervention treatment which must be kept in the participant's file;

(D) Documented examples of how the participant has demonstrated spontaneous accountability in treatment, taking accountability in the moment;

(E) Documentation of the participant's accountability plan:

(I) The treatment program may assist the participant in developing the plan;

(II) In the plan the participant must make a commitment to giving up power and control, including abusive and controlling behaviors towards the victim and others;

(III) In the plan the participant must take accountability for specific abusive behaviors they have committed and have a plan for stopping all abusive behaviors;

(IV) In the plan the participant must identify examples of individualized and specific behavioral changes they have made which demonstrate an understanding of accountability; and

(V) In the plan the participant must identify their personal motivations, ethics, and values as they relate to maintaining healthy relationships; and

(F) Documentation that the participant has demonstrated an understanding of accountability in their past and current relationships, and their progress in taking accountability including the resulting cognitive and behavioral changes during treatment;

(vi) **Financial and legal obligations:** Documentation of the participant's understanding of why it is necessary for them to meet their financial and legal obligations to family members and the actions they are taking to meet those obligations;

(vii) **Empathy:** Documentation of the exercises or assignments on empathy building that demonstrate the participant's cognitive and behavioral changes as a result of increasing their empathy;

(viii) **Defense mechanisms:** Documentation of what the participant has identified as their individual defense mechanisms such as projec-

tion, denial, and detachment as well as healthy coping strategies the participant has learned, and the cognitive and behavioral changes they have made in dealing with unpleasant feelings;

(ix) **Self-care:** Documentation of individualized self-care practices the participant has learned and incorporated into their lives, and documentation of their understanding of why self-care is crucial for healthy relationships;

(x) **Support system:** Documentation of the participant's healthy support system, including who they have identified as part of that system and how they provide healthy support;

(xi) **Indicators:** Documentation of the indicators or red flags the participant has identified that they have engaged in, their understanding of how those behaviors are abusive, and the cognitive and behavioral changes they have made as a result;

(xii) **Cognitive distortions:** Documentation of the cognitive distortions or thinking errors the participant has identified, that they have used to justify their abusive behaviors, and how they have learned to reframe and change their thinking when those cognitive distortions are present;

(xiii) **Personal motivations:** Documentation of the participant's personal motivations for abusive behaviors and the cognitive and behavioral changes they have made to replace those beliefs and subsequent behaviors which include but are not limited to:

(A) A sense of entitlement;

(B) A belief that the participant should have power and control over their partner;

(C) Learned experience that abuse can get the participant what they want;

(D) The need to be right or win at all costs; and

(E) Insecurity and fear;

(xiv) **Relationship history:** Documentation of the participant's relationship history which documents common characteristics, motivations for abuse, applicable cognitive distortions, and indicators of domestic violence throughout the participant's history of intimate relationships;

(A) The treatment program and group may assist the participant in developing the relationship history; and

(B) The relationship history must focus on the participant's behaviors in an accountable manner without blaming others; and

(xv) **Criminogenic needs:** Documentation of treatment in group or individual sessions with level three participants that addresses their individual criminogenic needs as indicated through assessment and treatment planning.

(2) For level four treatment the program must ensure:

(a) The participant's individual risks, needs, and goals as indicated on the participant's treatment plan are addressed in level four treatment either in groups, individual sessions, or a combination of group and individual sessions;

(b) Level four treatment must only be facilitated by direct treatment staff designated as a supervisor who has attended the initial six hours of education approved by the department for providing level four treatment as well as four hours of continuing education every twenty-four months following the initial training;

(c) The treatment program providing level four treatment must be certified for level four treatment and demonstrate:

(i) The program uses cognitive behavioral and trauma informed techniques in treatment;

- (ii) The program uses techniques that:
 - (A) Enhance intrinsic motivation;
 - (B) Use targeted interventions that are directly tied to the participant's needs, goals, or objectives identified in the participant's individualized treatment plan;
 - (C) Skill train with directed practice with participants;
 - (D) Increase positive reinforcement with participants; and
 - (E) Engage in ongoing support in communicating with the participant;
- (d) The skills and behavioral changes for participants in level four treatment are the minimum standard and the program must add behavior changes, skills, lessons, exercises, or assignments that meet the individual treatment needs of the participant;
- (e) The program must ensure that the following is documented in each participant's file in level four treatment and at a minimum include:
 - (i) The individualized meaning or motivations behind the participant's abusive behaviors and documentation of their belief about why it is in their best interest to meet their needs in alternative, legal, and healthy ways;
 - (ii) Documentation of how the negative legal and social consequences for someone who commits domestic violence has an affect on them personally and how that serves as motivation for changing their behaviors;
 - (iii) Documentation of their individual motivation for developing and improving a healthy support system, including who is already part of that support system and the identification of potential members of their healthy support system; and
 - (iv) Documentation of how the participant is working with the program to meet their individual dynamic criminogenic needs by:
 - (A) Reducing antisocial and procriminal attitudes, values, beliefs, and cognitive-emotional states;
 - (B) Reducing procriminal associates and increasing involvement with others who are pro-social;
 - (C) Managing temperamental and anti-social personality patterns that are conducive to criminal activity;
 - (D) Reducing antisocial behaviors;
 - (E) Identifying family factors that include criminality and a variety of psychological problems in the family of origin;
 - (F) Encouraging behaviors that lead to higher levels of personal, educational, vocational, or financial achievement;
 - (G) Encouragement of involvement in pro-social leisure activities;
 - (H) Understanding how abusing alcohol and drugs effects the participant's choices, decisions, and outcomes; and
 - (I) Understanding how employment status and their level of satisfaction effects the participant's choices, decisions, and outcomes.
- (3) The program must make reasonable accommodations for participants with different educational levels, learning disabilities and learning styles throughout all levels of treatment.

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