

**ADOLESCENT DATING ABUSE
INTERVENTION STANDARDS**

Domestic Violence Coordinating Council

Application for Certification

June 2011

**INSTRUCTIONS FOR PROGRAMS APPLYING FOR
ADOLESCENT DATING ABUSE INTERVENTION
CERTIFICATION**

1. Review intervention standards and application.
2. Complete application as follows:
 - (a) Pages 1 - 3 of the application must be completed by the program director.
 - (b) Pages 4 - 6 of the application must be photocopied and distributed to each of the applicant's staff members and volunteers. Staff members and volunteers must complete and return that portion of the application to the program director and should be attached to the full application.
 - (c) Page 7 of the application must be photocopied and sent to three (3) references for the applicant program. The applicant should fill in the program name at the top of page 7 before sending it to references. References should return the completed pages directly to the address indicated below.
3. Complete the Standards Checklist. Attach all materials describing or used by the program which support the information provided in the checklist. Such information should include the contract between the program, the adolescent offender and a parent of the offender, psychosocial assessment documentation, victim contact process and documentation tool, and program content materials. These materials will be used only by the Certification Panel for the purpose of reviewing the program credentials.
4. Each staff person identified in the application must obtain a Criminal Background Check and verify that they are not on the Child Protection Registry List. Supporting documents must be attached to the application.
5. Submit ten (10) copies of the completed application and Standards Checklist, one (1) copy of the materials referred to in instruction number 3, and the application fee of \$25.00 payable to:

**Domestic Violence Coordinating Council
New Castle County Courthouse, Suite 9425
500 N. King Street
Wilmington, DE 19801**
6. The Certification Panel will review the application within sixty (60) days of receipt.
7. The Certification Panel may request additional information or contact the applicant to schedule an interview.
8. Following the review process, the applicant will be notified of approval, conditional approval, or disapproval. Notice of conditional approval or disapproval will include the reason the program was not fully approved and information regarding the process for appealing the decision.

**Application For Adolescent Intervention Program Certification
(To Be Completed By Director)**

**In Applying for certification you must complete all of the following questions.
Attach additional sheets if necessary.**

Agency/Program Name: _____

Address: _____

Director's Name (Please print): _____

Telephone #: _____ **Email address:** _____

- 1. How long has your agency/program been in operation?**

- 2. What intervention model does your program utilize? Please describe.**

- 3. What method will you use to measure the program's effectiveness in providing intervention to adolescent dating abuse offenders?**

- 4. Please describe the other services your program's is currently providing and the effectiveness of those services as indicated by outcome measures.**

- 5. What is your program's philosophy regarding adolescent dating abuse intervention?**

Director's Signature _____ **Date** _____

**APPLICATION FOR ADOLESCENT INTERVENTION PROGRAM CERTIFICATION
(TO BE COMPLETED BY DIRECTOR)**

Indicate the number of individuals submitting statements of qualifications from this program.

_____ Trainees _____ Facilitators _____ Supervisors

List the name of the individuals you have indicated above:

| NAME | CIRCLE THE APPROPRIATE CATEGORY |
|-------------|--|
| 1. _____ | <u>TRAINEE FACILITATOR SUPERVISOR</u> |
| 2. _____ | <u>TRAINEE FACILITATOR SUPERVISOR</u> |
| 3. _____ | <u>TRAINEE FACILITATOR SUPERVISOR</u> |
| 4. _____ | <u>TRAINEE FACILITATOR SUPERVISOR</u> |
| 5. _____ | <u>TRAINEE FACILITATOR SUPERVISOR</u> |
| 6. _____ | <u>TRAINEE FACILITATOR SUPERVISOR</u> |
| 7. _____ | <u>TRAINEE FACILITATOR SUPERVISOR</u> |
| 8. _____ | <u>TRAINEE FACILITATOR SUPERVISOR</u> |
| 9. _____ | <u>TRAINEE FACILITATOR SUPERVISOR</u> |
| 10. _____ | <u>TRAINEE FACILITATOR SUPERVISOR</u> |
| 11. _____ | <u>TRAINEE FACILITATOR SUPERVISOR</u> |
| 12. _____ | <u>TRAINEE FACILITATOR SUPERVISOR</u> |

**APPLICATION FOR ADOLESCENT INTERVENTION PROGRAM CERTIFICATION
(TO BE COMPLETED BY DIRECTOR)**

Fill in the name of individuals other than those listed on page 2 , that conduct dating abuse assessments for your adolescent intervention program and describe any relevant training/experience which qualifies them to conduct adolescent dating abuse assessments.

Name _____ Highest Degree _____

Training/Experience _____

Name _____ Highest Degree _____

Training/Experience _____

Name _____ Highest Degree _____

Training/Experience _____

Name _____ Highest Degree _____

Training/Experience _____

Name _____ Highest Degree _____

Training/Experience _____

I hereby certify that the information provided in this application is true and correct and that the Adolescent Dating Abuse Intervention Program of which I am the Director meets or exceeds the standards listed in the Delaware Adolescent Dating Abuse Intervention Standards.

Directors Name (Please Print)

Directors Signature _____ Date _____

**STATEMENT OF QUALIFICATIONS FOR STAFF AND VOLUNTEERS
FOR ADOLESCENT INTERVENTION PROGRAM CERTIFICATION**

TO BE COMPLETED BY INDIVIDUAL STAFF MEMBERS

| | |
|-------------------------|-----------|
| Staff or Volunteer Name | Job Title |
| Program Name | |

Answer the following as completely as possible; if necessary, use additional sheets to answer the questions asked. Be complete about your training and experience.

1. You are applying as: _____ a trainee. You have not completed the minimum educational/experience requirements.
 _____ a facilitator, meeting all minimum requirements.
 _____ a supervisor, meeting all minimum requirements.
2. If you are applying as a facilitator or supervisor, do you have at least 40 lifetime hours of victim centered training as described on page 22 through 25 of the standards? ____ Yes ____ No
3. If you are applying as a facilitator or supervisor, do you have at least 40 lifetime hours of offender training as described on page 22 through 25 of the standards? ____ Yes ____ No.

Complete the following training log supporting your answers to questions 2 & 3 above and provide documentation (certificates, agendas, etc). Please copy or add additional sheets if necessary.

| Date | Training Title/Topic | Webinar/Teleconference/ Conference/Workshop | Presenter/Trainer | Sponsoring Agency | Clock Hours |
|------|----------------------|--|-------------------|-------------------|----------------|
| | | | | | |
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Total Hours Victim Centered: _____

Total Hours Offender Centered: _____

4. If applying for facilitator or supervisor, have you completed at least 104 hours of direct face-to-face contact facilitating or co-facilitating offender groups using a power and control model? If yes, please complete the boxes below.

| Date | Organization Providing Experience | Supervisor/Academic Credentials | Hours |
|------|-----------------------------------|---------------------------------|-------|
| | | | |
| | | | |

5. Are you leading an adolescent offender's intervention group? Yes No
 and/or
 Are you leading an adult offender's group? Yes No
6. If you are applying as a trainee, are you co-facilitating a group? Yes No
 If yes, what is the name of the person who is supervising you? Who is the group facilitator?

7. Do you have a Master's degree? Yes No
 If yes, list the school, location, date, degree/field: _____
8. Do you have a Bachelor's degree? Yes No
 If yes, list the school, location, date, degree/field: _____
9. Have you had at least one full year working with adolescents in a service delivery system, such as providing counseling or treatment services?
 Yes No If yes, please explain. _____
10. List any licenses/certifications relevant to your field and attach copies of licenses/certificates.

11. a. Have you ever been charged or arrested for a crime involving violence, alcohol/drugs or a sexual offense? Yes No
- b. Have you ever been convicted for a crime involving violence, alcohol/drugs or a sexual offense? Yes No
- c. Has a Civil Order of Protection ever been entered against you? Yes No
- d. Have you ever been sanctioned as a result of a professional ethics violation? Yes No

If the answer to any of the above questions is YES, please attach an explanation including dates of arrest or conviction.

COMPLETE THE FOLLOWING IF APPLYING AS A SUPERVISOR.

12. Do you currently provide supervision to agency staff leading treatment groups? ____Yes ____No

13. Do you have a master's or higher degree? ____Yes ____No
 If yes, list the school, location, date and degree: _____

14. Have you had one full year of direct experience providing domestic violence or dating abuse intervention for offenders and/or advocacy services to victims of domestic violence? ____Yes ____No

Please list your direct experience with victims and offenders, in the box below.

| Describe Experience - Victim or Offender | Location | Hours | From: Month/Year | To: Month/Year |
|--|----------|-------|------------------|----------------|
| | | | | |
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ALL STAFF TO COMPLETE THE FOLLOWING.

15. List other experience that you have had in the field of adolescent dating abuse or domestic violence that is pertinent.

| Describe Experience | Location | Hours | From: Month/Year | To: Month/Year |
|---------------------|----------|-------|------------------|----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

I hereby certify that the information provided in this application is true and correct.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

REFERENCE/INFORMATION REQUEST
For Certification in Adolescent Dating Abuse Intervention

| | | | |
|-----------------------------------|------|-------|------------------|
| Agency/Program | | | |
| Agency Director/ Program Director | | | Telephone Number |
| Mailing Address | City | State | Zip Code |

The above agency/program is applying for certification as an Adolescent Dating Abuse Intervention Program. Please complete this form and return it to the Domestic Violence Coordinating Council, NCCCH, Suite 9425, 500 N. King Street, Wilmington, DE 19801. If you have questions or concerns, please call the Domestic Violence Coordinating Council at (302) 255-0405.

1. How long and in what capacity have you worked with the agency/program?

2. How would you evaluate the applicant's effectiveness in treating adolescents?

3. If the applicant offers a domestic violence program, does the program hold the offenders accountable and work toward insuring victim safety?

4. Do you have any recommendations/comments regarding the certification of this applicant?

| | | | |
|------------------------|-----------------|------------------|----------|
| Your Signature | Print Your Name | Telephone Number | |
| Mailing Address | City | State | Zip Code |
| Agency or Organization | | Your Title | |
| Date Completed | | | |

ADOLESCENT INTERVENTION PROGRAM CERTIFICATION STANDARDS CHECKLIST

Please fill in the blanks or place a check mark next to the Program Specifics which your program meets. Attach all program materials, including the contract between your program, the offender and at least one parent/guardian of the offender; the process for victim contact and documentation and the bio-psychosocial assessment tool. These materials will be used by the Certification Panel during review of your application.

1. Program length is _____ sessions completed within _____ weeks.
2. Group sessions are at least _____ hours in length.
3. ___ The maximum group size is 8 participants per one facilitator and no more than 14 participants per two facilitators. Group participants shall be of the same gender.
4. ___ At least one facilitator has a Master's Degree in social sciences or a similar field and expertise in adolescent development.
5. ___ At least one facilitator shall have one full year direct experience providing domestic violence or dating abuse intervention for offenders.
6. ___ An individual (face to face) assessment is conducted with each participant.
7. The program requires the adolescent offender and at least one parent/guardian to sign a contract; the contract must contain the following:
(see page 16 of the Intervention Standards)
 - a. ___ Outline of program content;
 - b. ___ Attendance policy;
 - c. ___ Substance use policy;
 - d. ___ Commitment to non-violence;
 - e. ___ Completion criteria;
 - f. ___ Program rules, regulations, and fees;
 - g. ___ Exceptions to confidentiality;
 - h. ___ Agreement to comply with program expectations and accountability for abuse;
 - i. ___ Information release;
 - j. ___ Notice of victim contact.

8. Intervention Program staff conducts a bio-psychosocial assessment/intake to include (See Standards, pages 14 - 16):
 - a. ___ Screening for substance abuse and mental illness and determine who is appropriate for dating abuse intervention.
 - b. ___ Obtaining an abuse history for current and past intimate relationships.
 - c. ___ Conducting a lethality assessment.

9. Intervention Program, Adolescent Victim Contact Policies include; (See Standards, pages 6 & 17):
 - a. ___ Program will make efforts to contact victim as required on pages 6 and 17, of the Adolescent Dating Abuse Intervention Standards. If victim is a minor, contact should be made with the minor's parent or guardian.
 - b. ___ Program will make attempts to immediately contact the victim's parent/guardian following any threat of violence from an offender.

10. ___ Intervention Program Attendance Policy complies with completion, suspension and discharge requirements described on pages 18-19 of the Intervention Standards.

11. ___ Intervention Program Content complies with the Model and Content described on pages 19 – 20 the Intervention Standards.

12. Please list any of the requirements your Intervention Program does not comply with and provide an explanation for the lack of compliance.
