

## Tri-County Batterer Intervention Provider Network Meeting Minutes-11/21/2006

PRESENT: Chris Wilson (Allies In Change), Chris Huffine (Allies), William Warren (City of Portland Crime Prevention), Cindy Lyndin, Jacquie Pancoast (Change Point), Debbie Tomas Vic (Allies), Diana Groener (Allies in Change), Michael Crowe (Choices), Paula Manley (Manley Interventions), Andrea Poole (Resolutions NW), Regina Rosann (ARMS), Don Voeks (Gresham Intimate Violence Education), Elsie Garland (Juvenile Services Division), Tim Logan

Minutes by Paula Manley and Chris Huffine

### TOPIC - Dialectical Behavior Therapy and its use with abusive men

-Guest speaker: Chris Wilson, Psy.D. who works at Coffee Creek and Allies in Change.

Chris has worked with Dialectical Behavior Therapy (DBT) for 3 years. DBT was developed by Marsha Lenahan in Washington as an alternative way of working with people with Borderline Personality Disorder. DBT was developed in Seattle for "high system users", almost all of whom had Borderline personality disorder. A personality disorder is a rigid way of dealing with others and yourself that makes it dysfunctional in your relationships. In Borderline you can see that with hot-cold behavior. There is some "splitting." One minute you're the greatest ever and the next minute they hate your guts. Borderline personality disorder involves an intense fear of abandonment and an intense distress. They have to learn skills, and help them not short-circuit or return to the "reptilian brain". DBT has been thoroughly researched, and is one of the most supported practices in Borderline clients. It is becoming the standard of care in working with Borderlines. DBT is a combination of cognitive behavioral therapy, eastern philosophy and skills training. It blended more traditional cognitive-behavioral therapy techniques with mindfulness practices and other Buddhist principles/techniques. Since it was first developed it has found to be appropriate and applicable for a number of other clinical populations, including a forensic population. It has been used with a variety of prison populations with a great deal of success. There is a growing body of research supporting the effectiveness of DBT in both its original and modified forms.

In the prison system, they can't fully implement the original format as done on the outside. For example, normally the motivational piece is done individually, but in prison they have to combine that with the skills training class. DBT counselors make themselves available 24 hours a day by phone - obviously can't do that in prison!

Chris Wilson has also started a specialized abuse intervention group at Allies for emotionally intense men which incorporates a number of DBT concepts into a traditional batterer intervention curriculum. These are men who tend to come in very moody, upset, are often in emotional crises, and can take up a lot of group time, if allowed, with their emotional distress. They tend to be overly dependent/enmeshed with their romantic partner and, as a result, are more prone to

jealousy, stalking, and talk about not being able to live without her. They tend to initiate more contact with facilitators and their P.O. due to being in crises and distraught. They tend to be “higher maintenance” than other men.

This specialized group is also a challenge to the idea that batterers should all be seen as alike. Typically programs have treated all abusive men as being the same. However, there is a significant body of research indicating that there are actually distinct sub-types of abusive men. Perhaps the most widely accepted model identifies three sub-types of abusive men: “family only”, emotionally distressed/dependent men, and more criminally oriented men. The group for emotionally intense men targets that second group.

Eastern philosophy - helping the man get in touch with his body. You have to be mindful of yourself. If you are not mindful in the moment, you will have trouble in the moment identifying your warning signs so you won't be able to change your behavior. Cognitive-behavioral treatment - looking at and changing peoples' belief system - is also important. You can't just take DBT and insert it into a program for abusive men. You have to insert appropriate beliefs. We are looking at dis-regulation in a variety of ways in someone's life. Moods are swinging. Abuse is not mood-dependent. But as they become more emotionally elevated, they act out more. Interpersonal dis-regulation - hot and cold. Their view of the other person fluctuates. Self-regulation - they may feel empty. We can change beliefs and teach skills, but if they get into the emotional warp, it goes out the window.

Biologically, when a borderline gets upset, they spike like anyone else, but the half-life of their emotion is really long. With borderline, before they come down, they get upset again, then gain, and so are emotionally very elevated. Environmentally, men are invalidated. They are swimming upstream when they leave the group. Some of the men who struggle the most are in work that adds on. You learn to deny emotions, to invalidate crises, etc. The attitude is, "Just get over it." Simplification of complex problems, which is incredibly devaluating.

Basic assumption - every person wants to feel loved and cared about. So how are your actions getting your needs met? How does abusive behavior help you get to your goal? The consistent abuse keeps you from getting what you want. When an abusive man gets emotionally elevated, he sees himself as in a one-down situation, actually perceiving her as not caring about him, an inability to see her as she actually is, over time. The idea is to not have the mood overcome their thinking. DBT uses a diary card, where you track your use of skills, track your emotions and behavior.

Many of our men have "Borderline traits," even if not actually Borderline. We are trying to enhance the abilities of our clients - new ways of acting with self and other people. Looking at beliefs, altering beliefs and behavior is the intent of BIP. This is compatible. DBT's philosophy of improving motivation is something we need to consider with abusive men. DBT suggests that

when we push, this does the opposite of what we want. DBT encourages generalization of skills. We need to teach not only how not to be abusive, but also need to teach people to be compassionate.

DBT acknowledges you also have to enhance therapists motivations and abilities. We all become tired of working with abusive men. DBT forms a model as to how we help each other, and build our own sense of competency. Treatment needs to be delivered with precision and compassion.

DBT conflicts with the feminist DV model by using couples' therapy, etc. We need to throw out that part of the model with abusive men. You need to acknowledge the family environment, but not blame the problem on them.

DBT is compatible with social action. "Those who act out don't remember, and those who are victimized can't forget." DBT is treatment focused on target behaviors. They look at how to reduce target behavior and its effects.

Dichotomy - we have been brought up in a culture of dichotomy. Rich/poor, fat/thin, American/terrorist. Black and white thinking. The power-over model is how people are being raised. Dialectics is the idea of black and white at the same time. No gray. The idea of "we'll see." In some moments the same thing may be tragedy, in another it may be the blessing, and in some moments it may be both. DBT allows the man to think he's victimized, but also has him look at being the perpetrator. He can feel the victim, but still understand his actions are the perpetrator. A man can be both victim and perpetrator at the same time. DBT says, "You are doing the best you can and you must do differently."

BUT - Behold the Underlying Truth. We try to teach the men there is not one Truth, there are multiple perspectives. "How is your behavior working to help you feel loved, cared and understood?" Mindfulness is the ability to be non-judgmentally aware. Nazi Germany was about de-personalizing that Jews were "less-than." The underlying belief structure is so close to judgment, that the idea that "your partner is on your team," is revolutionary. Our men will challenge the nonjudgmental concept. We will say someone is not good or bad, but the behavior was bad. We have to adopt the behavior we need to teach them.

Dialectics and mindfulness is not just for our clients, it is for ourselves. The notion of being mindful, tolerating stress, being aware of potential for abuse of others. We are not above all of that. That creates a power differential, which creates power-over vs relationship between human beings. We are all human - that puts us on a level playing field.

"Clients may not have created all their problems, but they need to solve them anyhow." This is how to deal with someone who is or feels like a victim.

We must use the DBT skills with everyone - not only clients, but partners, children, etc. You practice a certain amount of irreverence. We have an emotional mind or logic mind. When we use either, we miss something. We must learn to think and feel at the same time. Wisdom is logic you see in many different contexts.

DBT is intended to complement traditional BI, not replace it.

DBT & DV intersect - treatment interfering behavior is ID'd. Instead of shaming, ask, "Does this behavior move you forward or away from your goals?" We no longer have to take it personally - it's no longer about us. Another concept is right vs. effective. Men are often abusive or controlling to prove themselves right to show that they are right. Is this working for you? It doesn't matter whether it's right or wrong, but whether it's helpful. The point is not what is "right" but what actually accomplishes what is needed, in the long run. Abuse and control often have short-term benefits and long-term consequences. Part of the process is pointing this out to men.

We understand that resistance is part of being human. Radical acceptance is acknowledging whatever happened in your life - not about endorsing what happened. We teach clients to let go of outcome so they can back off and let others live their lives. Radical acceptance is the antithesis of denial. Denial is about avoiding uncomfortable feelings (by avoiding looking at the thoughts and behaviors that create those uncomfortable feelings). Moving from denial into accountability means you need to think and be present with your psychological distress. Distress tolerance is an important tool that can be used to lower denial. As a person is better able to manage their distress/uncomfortable feelings they are less likely to flee into denial.

One more concept: alternate rebellion. It's okay to say no, just say no in more effective ways.

DBT fits with an Evidence Based Practice model. It's primarily cognitive-behavioral in its orientation. It targets anti-social behaviors. It focuses on skill-building. It addresses attitudes and beliefs related to criminal behavior.

Recommended reading for more information: [DBT Skills Training Manual](#) by Marsha Linehan.