

## Tri-County Batterer Intervention Provider Network meeting minutes 3/21/06

Present: Paula Manley/Manley Interventions; Chris Huffine/Allies in Change; Cindy Lyndin/FVCC Stalking Committee; Regina Rosann/ARMS; Jennifer Warren/MRC,WCC; Chris Wilson/Allies in Change; Brad Peterson/A New Life Christian Counseling; Jacque Pancoast/Changepoint; Don Voeks/GIVE

Minutes by Paula Manley, edited by Chris Huffine

### TOPIC - Evidence-based Practices

Evidence-based practice is used in a variety of fields. That orientation is there should be empirical support for whatever sort of work one is doing. For years, Corrections systems across the country have been increasingly interested in this.

In 2003, SB267A was passed in Oregon, requiring that an increasing percentage of Corrections funds be spent on evidence-based programs. Technically, this refers only to programs receiving money directly from the programs. However, Corrections will generally want to refer to agencies which meet this criteria. The political agenda is to show that tax money is being well spent. But the good part is that it is looking at improving programs. For programs that deal with high-risk criminals, it is a good tool.

Below is the presentation made by Chris Wilson concerning Evidence-Based Practices.

Evidence Based Practice:  
Ramifications of Senate Bill 267A  
Presentation to the Tri-County Batterers Association  
Chris F. Wilson, Psy.D.  
3/21/06

### Overview of Senate Bill 267A:

Senate Bill 267A requires “the Department of Corrections, the Oregon Youth Authority, the State Commission on Children and Families, [and] that part of the Department of Human Services that deals with mental health and addiction issues to spend at least 25% of state moneys on evidence-based programs.” It “increases this figure to 50% by July 1, 2007 and 75% by July 1, 2009.” An evidence-based program is a program “based on scientifically based research and is cost-effective.”

“The proponents of evidence-based practices would like to see treatment and prevention programs in Oregon based on research that shows these programs to be effective.”

### Evidence Based Practice and Ed Latessa:

Ed LaTessa is a professor in the Division of Criminal Justice, University of Cincinnati. He is also a researcher in the field of criminal justice who has been a pioneer in the evidence based

practice movement. He has conducted both traditional research (using participants involved in corrections programming) as well as research called meta-analysis (which statistically examines the results of several studies at the same time and allows one to make more powerful conclusions about effectiveness of treatment).

When the Oregon State Senate was considering Senate Bill 267A, a hearing was held in February, 2004. Ed Latessa was asked to testify on “What the research shows on treatment of adult offenders.” (an audio recording of the entire hearing can be found at the following web address: <http://www.ocjc.state.or.us/SB267/SB267Symposium.html>)

*Dr. Latessa's presentation emphasized the following about evidence based practice:*

The research has identified three principles that need to be involved in designing and implementing programs that are effective.

1) The Risk Principle: This involves three points a) target your highest probability for recidivism offenders; b) provide the most intensive treatment to high risk offenders; c) intensive treatment for low risk offenders can increase recidivism. If this wasn't the case we could just give everyone the most intense treatment and have success. It's not a very efficient use of resources, and the problem is that we get negative effects when we put the wrong people in the most intense programs.

2) The Need Principle: Effective programming has to assess criminogenic risk factors, as opposed to low risk factors. Targeting criminogenic risk factors reduces criminal behavior. Programs that spend time on non-criminogenic factors produce the lowest treatment effects.

### **MAJOR RISK/NEED FACTORS**

1. Antisocial/pro criminal attitudes, values, beliefs and cognitive-emotional states
2. Pro Criminal associates and isolation from anti criminal others
3. Temperamental and personality factors conducive to criminal activity including:
  - \_ psychopathy
  - \_ weak socialization
  - \_ impulsivity
  - \_ restless/aggressive energy
  - \_ egocentrism
  - \_ below average verbal intelligence
  - \_ a taste for risk
  - \_ weak problem-solving/self-regulation skills
4. A history of antisocial behavior:
  - \_ evident from a young age
  - \_ in a variety of settings
  - \_ involving a number and variety of different acts
5. Familial factors that include criminality and a variety of psychological problems in the

family of origin including:

- \_ low levels of affection, caring and cohesiveness
- \_ poor parental supervision and discipline practices
- \_ outright neglect and abuse

6. Low levels of personal educational, vocational or financial achievement.

3) The Treatment Principle: The highest effect rates are found in programs that are behavioral and cognitive-behavioral. Behavioral treatment works most effectively when focused on the current risk factors. They are action oriented. They engage offenders in specific activities and skill building; to build more prosocial skills. Cognitive programs focus on the thinking errors that criminals make, and involve breaking down distorted thinking. There are a number of structured cognitive programs that one can integrate into treatment. An advantage to the corrections community is that they can be used by probation officers, corrections officers, and not just treatment providers.

Latessa states that what doesn't work in treatment includes: shaming, bibliotherapy, psychoanalysis, and other forms of "talk therapy."

Latessa developed an evaluation tool, the Corrections Program Checklist (CPC), to determine to what extent programs are evidence based. It is a 77 item assessment tool that measures two areas (program content--the degree to which a program meets the principles of effectiveness and program capacity--the ability to consistently deliver effective programming) and 5 domains (leadership & development; staff; quality assurance; offender assessment; and treatment). The program is rated on each item, some are scored 0 or 1, others 0-3. Programs can be found to be Highly Effective (67-100%), Effective (51-60%), Needs Improvement (40-50%), or Ineffective (less than 40%). In a nationwide assessment of 405 programs (covering a variety of issues), only 7% were found Highly Effective, 18% were found Effective, 33% were found Needs Improvement, and 42% were found to be Ineffective. In other words, only a quarter of all programs reviewed actually passed.

To review a program a team of 3-6 people come out to the program for 1-2 days. They do an extensive interview (3 hours) with the program director, plus a briefer interview (1 ½-2 hours) with several other staff members. They review a number of open and closed files, program manuals, client satisfaction forms, and program evaluation forms. They also observe a group and interview clients.

Evidence-based program reviews have started in Washington County, with ARMS being the first, being reviewed today!

#### A brief critique of Latessa:

- With regard to "risk principle," Latessa's work focuses on a population that is largely anti-social and criminal in nature. Domestic violence intervention programs traditionally deal with a

population that is dominated by non-criminal individuals. The research suggests that only 25% of domestically violent men are anti-social and criminal in nature. (Cavanaugh & Gellis, 2005)

Given that the majority of this population is “low risk” one has to ask the question of whether his results can be generalized to the population with which we work. Also, if the state is going to focus money on “high risk” clients does that mean the “low risk” men who make up the majority of our client base no longer get funded for treatment?

- What we can take from the risk principle is that when designing programs specifically for high-risk criminally oriented men, we ought to be aware that including low-risk clients (which defines most of our population) may increase their recidivism.
- Latessa consistently uses return to prison as a measure of recidivism. Many of our clients never go to prison in the first place. In working with domestically violent men, simply reducing re-arrest rates is not the goal. Much of the behavior we are trying to change is not labeled as “criminal.”
- With regard to the need principle, as mentioned above, only 25% of our clients are going to be high risk. When working with high risk clients, it is clear that the goals of building empathy, educating about the effects of abuse, and power/control dynamics does not address the criminogenic needs of that population. However, it again raises the question of whether his meta-analysis and research can be generalized to our population.
- With regard to the treatment principle, there is evidence to suggest that in working with domestically violent men there is no treatment effect separating cognitive-behavioral treatment from humanistic, eclectic, and feminist approaches. While the feminist approach found the lowest reduction in recidivism, the researchers suggested that this may have been due to lack of effective staff supervision and low staff cohesion, as opposed to the style of treatment. A weakness of this study was that it only looked at short-term programs (between 14-25). Each program reduced recidivism by between 14-23% over a 54-61 months period.
- Latessa identifies several qualities of programs that work which seem applicable to our work in DV intervention. Strong staff, strong leadership, and using evidence-based methods are all qualities that we ought to strive for. They are supported in the research as being qualities of programs that work. In this sense, it seems important not to “throw the baby out with the bath water.” While some of what Latessa talks about does not seem to apply to the DV intervention community, there is value in moving to evidence-based practice. The question that still needs to be answered is “what does evidence-based practice look like for DV intervention?”
- There are inherent problems in evaluating domestic violence intervention programs. 75% of the population will be “low risk” for the most popular method of measuring treatment effect (re-arrest). (Cavanaugh & Gellis, 2005) This means finding a treatment effect will be difficult because 3/4 of the time men will not be re-arrested even without treatment. The danger in

concluding that DV intervention programs “don’t work” is that much of the abuse our clients perpetrate is not “criminal.” We also know from working with victims that the most damaging abuse is emotional and psychological, which often does not fall under a criminal statute. So, it may look to the researcher as though the program is not working because “no treatment” works just as well as “treatment” when you work primarily with low-risk offenders.

#### References:

- Cavanaugh, M.M., and Gelles, J.G. (2005). The Utility of Male Domestic Violence Offender Typologies: New Directions for research, policy and practice. Journal of Interpersonal Violence, 20 (2), 155-166.
- Hanson, R.K., and Wallace-Capretta, S. (2005). A Multi-Site Study of Treatment for Abusive Men. Public Works and Government Services Canada.
- Latessa, E. (2004) Taped recorded testimony before the Oregon State Senate.