

Tri-County Batterer Intervention Provider Network Meeting Minutes January 10, 2017

Present: Matt Johnston (Domestic Violence Safe Dialogue), Karla Upton (Multnomah County Community Corrections), Juliet Tyler (Bridges 2 Safety), Rachel Paris (ARMS), Kate Sackett (Portland State University), Amy Simpson (Central City Concern), Jacquie Pancoast (Eastside Concern), Diana Groener (Allies in Change), Chris Huffine (Allies in Change)

Minutes by Kate Sackett, edited by Chris Huffine

Topic: The Level of Service/Case Management Inventory (LS/CMI)

An overview of the LS/CMI (Level of Supervision/Case Management Inventory) was presented by Diana Groener. This was not a full training but focused on how to understand the tool and read reports from its use, as well as how it is being used in Washington, Multnomah and Clackamas counties as an up-and-coming supervision tool. It is being used all around the state.

This tool is a huge improvement on previously used supervision tools, as it is multi-faceted and covers a wide range of risk areas. Oregon's BI standards have a series of risk factors that have significant overlap with the LS/CMI, based on Curt St. Denis' review of the literature along with Dr. Cris Henning from Portland State University. Clinical judgment of an offender alone has been compared to a 50/50 guess, as there is too much room for bias, countertransference, and stereotyping in assessing risk with clinical judgment alone. We need assessment tools, based on research, to better inform our assessments.

There is a very important qualifier that this is all about criminal recidivism. The logic of the risk principle equates "low risk" where the risk of criminal recidivation is almost none, but that does *not* mean that they have stopped their abusive behavior. There are many "low risk" abusive men who may be at low risk for criminally recidivating while still being quite abusive in the home.

We do not yet have very good assessment tools that are DV-specific, especially for this "low risk" group. The LS/CMI is a general offender assessment tool. The Danger Assessment is focused on lethal risk of DV, not general risk. Both the Spousal Assault Risk Assessment (SARA) and Ontario Domestic Assault Risk Assessment (ODARA) are DV specific tools that still primarily focus on criminal recidivism—committing a new DV crime. It is not recommended to make all decisions about treatment based on the LS/CMI tool alone, rather it is a piece of information to be taken into account along with other things in the intake process.

Part of the additional value of the LS/CMI is that it identifies what criminogenic factors are present. Typically, addressing those criminogenic factors will help lower the risk of DV perpetration as well. The domestic violence field is limited in addressing and acknowledging those criminogenic needs in groups and programs so this tool can provide a benefit in this area. Typical DV risk assessment tools don't do a good job of zeroing in on those issues.

Diana began by describing how an RNR (Risk, Need, Responsivity) perspective informs the LS/CMI. The RNR model focuses on general criminal offenders, from drug to violent to sex to other criminal offenders. Agencies that follow RNR principles have much higher rates of success than those that do not. The RNR model is strongly evidence based, drawn purely from decades of empirical research on what helps to lower criminal recidivism.

The Risk principle tells you who to focus your treatment on, based on evidence that the highest risk group benefits the most from the longest and most intensive intervention. This principle also incorporates dosage level, as who to focus your time and money on. It also recommends separating high from low/moderate risk offenders so that those of higher risk do not negatively influence those of lower risk. Again, "low risk" does not mean that there is no need for better

influence those of lower risk. Again, low risk does not mean that there is no need for batterer intervention, it means there is less or little need to focus on criminogenic factors beyond the batterer intervention program.

The Need principle attempts to identify criminogenic treatment needs, focusing on eight main areas of treatment that are known to make the most difference in a person's rate of reoffending. These eight areas are based on empirically supported and identified areas known to be related to recidivating (e.g., not self-esteem). (More on this in a minute)

The Responsivity principle informs decisions of how to treat offenders, with the goal of providing services in a way that is most effective (e.g., culturally sensitive, culturally specific programming, voluntary groups). This is focused on the individual level of how to serve the person in front of you best (e.g., if illiterate, there is a need to deliver materials differently).

The LS/CMI specifically addresses the following eight criminogenic needs: the “Big 4” and the “Moderate 4.” The Big 4 are (1) history of antisocial behavior, (2) antisocial personality pattern, (3) antisocial cognitions (thinking patterns, errors), and (4) antisocial associates (who is he spending time with). These four make the biggest impact in reducing someone's level of risk (e.g., from high to medium, medium to low). The Moderate 4 are (1) family and marital circumstances (support, relationship status), (2) school and work issues (e.g., stable involved lifestyle or not), (3) issues around leisure, and (4) substance abuse. These factors are either static (e.g., history) or dynamic.

These criminogenic needs were described in more detail as follows:

- 1) History of antisocial behavior. This is a static factor but it can be addressed in areas such as building up more non-criminal behavior in response to challenging situations. They can practice skills and ways of focusing on different strategies. A program cannot change someone's history but they can change strategies, ideas, and creative thinking in situations moving forward.
- 2) Antisocial personality. This is primarily a static factor but with dynamic factors around it. This could include skill building around anger management, problem solving skills, and managing impulsivity, as these are aspects of an antisocial personality. A program can teach skills on how to manage that personality, changing how they act (solving problems, interacting with people, etc.). It is not about changing who they are, but intervening to soften the edges such as taking medication or building skills to manage impulsivity. In some cases there are likely trauma and neurological aspects that impact this. Teaching skills to mitigate reactivity could also be helpful.
- 3) Antisocial cognitions refer to the thought processes which support and justify anti-social and criminal behaviors. Denial, defense mechanisms, and thinking errors are also included in this. This is a dynamic factor that can significantly change over time and can be significantly influenced both by intervention and one's social networks.
- 4) Antisocial associates refers to the people he is spending time with and is influenced by. This includes not only friends, but family members, co-workers, and other associates. The more involved with antisocial associates, the more he is exposed to antisocial cognitions and the more support and peer influence he is receiving to behave in an anti-social/criminal fashion. This has both a historical (who he was raised by, who he was influenced by in the past) and dynamic aspect (who he is interacting with now).
- 5) Relationship need corresponds to reducing relationship conflict and building positive relationships. Probation officers in Multnomah County do focus on family/marital needs as part of their top 4 often. It has been social that pro-social influences are a distinct and important factor separate from anti-social associates. This, too, is a dynamic factor. Social isolation and limited social support and few satisfying relationships all contribute to recidivism.
- 6) School/work need corresponds to increasing involvement in and getting more satisfaction out

of school and work. This is a dynamic factor. This isn't just about being employed or enrolled, the level of satisfaction and investment in the school/work environment is also important. This can include how much time and energy they are investing in this area.

7) Leisure needs correspond to finding involvement and satisfaction in healthy, prosocial ways of entertaining themselves. This, too, is a dynamic factor. The more idle time they have on their hands, the more likely they are to get in trouble. Also, the more social and leisure activities they have and enjoy, the more they will lose if incarcerated.

8) Substance abuse. This is both static (history) and dynamic (current). Lots of research indicating that active substance abuse contributes to recidivism as well as compromising the effectiveness of other interventions.

Karla Upton provided some information about the WRNA. The WRNA (Women's Risk Needs Assessment) is a risk/level of supervision tool that has been normed on the female offender population. It is not nearly as widely known or used as the LS/CMI. It was implemented in Multnomah County as of several months ago, and is intended to be rolled out across the state. It is similar to the LS/CMI but also dives more into mental health, safety (how she's feeling in her current environment), housing, relationships, parenting, criminal history, compliance on past supervision, and criminogenic factors, almost like an enhanced LS/CMI. It does not determine primary versus secondary aggression or domestic violence patterns. Women who are arrested tend to have a lower risk score than men who are arrested. The range of WRNA scores for primary aggressors is likely tighter, with a higher average. Secondary aggressors probably have more variation and lower average score on the WRNA. This tool is better to use than the LS/CMI for women going through a program.

Please refer to the attached hand-out developed by Diana Groener as well for more information.

The LS/CMI assesses risk factors and treatment needs based on 8 criminogenic factors. It is designed for both male and female offenders, ages 16 and up. The tool helps probation officers determine their level of intervention needed for their supervisees. Clinicians can use it to help determine what level of treatment and what program would be the best fit. It has been developed based on 158,000 male and female offenders, ages 16 and up, in North America and has strong reliability and validity.

Scores of 0, 1, or yes mean higher risk in those areas and a need for more focus in those areas. Scores of 2, 3, or no mean there is less of an issue and less risk in those areas. Essentially a low score is bad and a high score is good. Results can be shared in a chart, a list of questions with their responses, or the entire report from the probation officer that did the assessment. The detailed case plan report would be most helpful, which includes a narrative after each question explaining why they were scored that way, how bad each issue is and why and can sharpen how those factors are addressed in the group.

All counties statewide do this assessment with probation. Multnomah does it very early on, but Washington County is more delayed and providers might not receive the report until after the client is enrolled. Questions could be posed to counties regarding when the assessment is being done and when the detailed report will be available. This delay in Washington County is partly due to their not knowing where the probationer will land, which creates another delay in getting the materials to the provider. An offender needs to be on formal supervision as well to get that completed, for convicted offenders only. If someone is on deferred sentencing or bench supervision then this will not be completed.

The first domain the LS/CMI looks at is criminal history: how much of a criminal lifestyle is in his habit, background, not only by frequency but also magnitude and intensity of criminal background and the age that they enter. If someone is arrested under age 16 they are deemed higher risk. If risk is identified in this section, it may be necessary to separate them from regular groups. A big bar on the report indicates higher risk; a small bar is less of an issue. Domestic violence charges can be an issue here, although violation of a restraining order may not be

violence charges can be an issue here, although violation of a restraining order may not be considered in convictions. The assessment is initially taken by self-report and then criminal history is run through law enforcement data systems and weighed more heavily than self-report, including out-of-state records. Violation of a no contact order would be counted as a probation violation, not as a conviction but would be recognized in section eight.

The second domain corresponds to education and employment. It is not only asking about being steady/consistent, but also the enjoyment of work: satisfaction and stability. Relationships with boss and peers at work are also included, especially attending to authority interactions. Education levels and disciplinary actions at school are also assessed.

The family/marital domain asks about dissatisfaction with marital or other relationships. Ex-partners or ex-wives are not counted if they are no longer part of their life. It assesses the availability of meaningful social support within relationships, non-rewarding parental relationships (whoever raised them), extended family relationship nature and quality.

The leisure/recreation domain assesses recent participation in an organized activity (e.g., are you involved in a group that would notice if you don't show up?). This assesses the level of connection and accountability to a group and also whether they could make better use of their time. This also relates to the extent to which clients have a stake in conformity and how much they have to lose by being taken out of society (through arrest, incarceration, stigma of felony). Part of the work providers can do is to get them more engaged in society (e.g., what are reasons to live?). One way to lower risk is to get them more engaged in life (e.g., a job they love, friends, recreational activities they're passionate about).

In the companions domain, peer influences is one of the top factors that indicate if someone will go back to prison or not. Whether someone has friends with criminal activity/records or pro-social friends will be assessed. All drug offenders automatically get a negative score here, assuming they will be connected to other drug offenders. Ideally they will have at least 3 prosocial friends for this to be a protective factor. This could be a very challenging factor for men in domestic violence programs, as they often have mistrust issues, hold traditional masculine beliefs, and may only have had one close relationship with their partner or ex alone. They might not easily make healthy friends. Healthy friends may also need to be assessed in more detail than the LS/CMI goes into, as pro-domestic violence attitudes are not necessarily the same as criminal attitudes, so having non-criminal peers does not mean that the peers are pro-social (holding non-controlling, non-abusive beliefs). Further questions to ask include what do your friends say about your partner, your relationship, your arrest, or that you need to go to this program? Offenders may not be able to discern the quality of his relationships himself, so we need to ask him follow-up questions about the people in his life.

The alcohol/drug problem domain covers a history of alcohol or drug problem and the current status of any problems. Further probing can be done to see if a problem has led to a law violation, or affected relationships or school or work or health. There is a gap here in the tool, as it does not include non-chemical addictions (e.g., gambling, sex, though that could show up in the leisure/recreation domain).

The attitudes/orientation domain covers self-perceptions (e.g., narcissist, shame), feelings and thoughts about other people in his life and the world in general, if supportive of crime, non-conventional lifestyle (hostile to the values of society), holds beliefs that support violence or domestic violence, takes a victim stance, and their attitude towards the system. A common belief of men in a group is "I'm a man, and I'm an adult, and no one can tell me what to do" and it's a struggle to challenge that belief. Offenders who see autonomy and conformity to social norms and societal expectations as dichotomous struggle here.

The antisocial pattern domain covers criminal orientation, psychopathy, and antisocial attitudes. Again a high score on this domain could indicate a need to quarantine them from general groups.

The overall score considers all eight domains and their overall level of risk. If any LS/CMI reports are not clear, call the probation officer and ask why it was completed and scored as it was. It can be helpful to have more than one probation officer or clinician assessment, as more eyes on guys that could be high risk could catch if someone is high risk and highly manipulative, saying all the right things. It is important to keep them out of a regular group so that they do not learn new ways to be manipulative and act good.

There is a time element in the questions, with some asking about ever (static factors), some in the last two years, and some currently (dynamic). The assessor needs to dig deep on many of these questions because of how they're worded. Probation is in a great position to do this assessment as they have access to criminal records and to family members for contact. Interviews take typically at least an hour, including building rapport, but it depends on their length of criminal history and can take a couple of hours. Multnomah County tries to complete the LS/CMI within the first two office visits (in the first 60 days). After another month or more, officers could find out something substantially new, so scores are updated annually or when something majorly new comes up (e.g., new conviction, alcohol or drug). Scores can change a fair amount, in either direction. Ideally scores will drop if the program(s) is working, showing how interventions are impacting the dynamic piece of this evaluation. The tool has some implicit racism and classism, as other assessment tools do because of the targeting of the working class and men of color by law enforcement and higher conviction rates as well. Men of color and working class men are more likely to get higher scores due to those histories. Although acute risk factors (e.g., intoxication, having been fired, being served with divorce papers) also need to be recognized, especially around domestic violence factors, they are so abrupt and quick that they will not show up on these assessment tools.

Again we need to remember that domestic violence is not the same as criminal behavior and need to be careful not to over-associate the two. Reducing criminogenic needs is helpful, but it does not mean they are necessarily being any less abusive at home. Low risk guys probably need less supervision but they still need services. Don't forget how bad they can be to their families, even if they are highly compliant with supervision.