

## Tri-County Batterer Intervention Provider Network Meeting Minutes—10/13/2009

Present: Chris Huffine (Allies in Change Counseling Center), Paul Lee (Men's Resource Center), Ryan Alonzo (Bridges to Safety), Shari Blasio (Bridges to Safety), Nana Lapham (Bridges to Safety), Harley Earl (ChangePoint), Paula Manley (Manley Interventions), Melinda Sherman (MRC), Dean Camarda (MRC/Allies), Guruseva Mason (Choices), Sarah McDowell (Raphael House of Portland), Matt Johnson (ChangePoint), Michael Davis (ChangePoint), Johnnie Burt (Abuse Recovery Ministry Services), Sara Windsheimer-Roark (Choices), Emily Szeliga (Allies), Kelly Strider (Bridges to Safety), Gino Galvez (PSU), Jennifer Warren (Women's Counseling Center/Men's Resource Center), Regina Rosann (ARMS)

Minutes by Paula Manley, edited by Chris Huffine

### Discussion Topic: Pros and Cons of offering blended BI/Substance Abuse Groups

There are a disproportionate # of men who have alcohol/drug issues as well as DV, necessitating the need to address both issues. This raises the question of whether to do DV & AD classes separately or to blend them into a single program. Some agencies blend the two together, while other BIPs refer men to separate substance abuse programs. At present ChangePoint and Men's Resource Center offers blended groups. Choices offers substance abuse groups that are separate from their batterer intervention groups.

Paul Lee shared an article that was part of an online class. It outlined four different connections between batterer intervention (BI) and alcohol and drug abuse treatment (AD) for the same individual:

- Serial treatment-first one is taken and then the other after
- Parallel treatment - simultaneously but not well-coordinated
- Coordinated - simultaneously but good communication.
- Integrated - same agency or same group

The integration was more successful at engagement than parallel, maintaining, and reducing arrest at 7-month follow-up.

### Benefits to blended groups

Clients tend to be more highly-engaged any time they are involved with a single program.

Many AD programs have little to no training/understanding of DV. As a result they may collude or overlook relevant aspects. There is also a greater risk that they may mislabel aggression as an addiction.

Another common experience is that abusive men believe that all they need to do to stop their abuse is to address their AD issues. This perspective is often reinforced by AD programs.

It allows both issues to be addressed simultaneously under the same roof.

It is typically less expensive than doing two separate programs. There is a single intake and while they may need to attend two groups, they may be able to get a discount on that. One provider estimated that they receive about a 25% discount than if they were to do each separately.

Likewise, a blended group can also save attendees time—there's no duplication of material, no need to go to a different agency, etc.

Probation officers prefer that both services be offered under the same roof. It makes for easier coordination and fewer logistical issues.

It prevents abusive men from being in a co-ed AD group which may not be best for them, given their history of abusive behavior.

It allows the group to focus on whichever issue is more present and needing attention. The group can be more responsive to the particular needs of the individual.

Blended groups can focus on the whole person, without partitioning out either the DV or AD aspect—the two can be addressed simultaneously and synergistically.

There is an increased likelihood that both issues will be addressed. Some men are told to take AD and DV treatment, and they'll take the DV to get together with their family while not following up on the AD treatment. Likewise, some may only take the AD treatment and blow off the BI.

If mandated men need to take both programs they may be more likely to give up and be non-compliant because they don't have the time or finances or energy to do two complete programs. They are more likely to fall through the cracks rather than getting the help they need.

#### Problems with blended groups

A primary concern is that, in the interest of saving time/money, is one or both component being compromised? The BIP state standards require abusive men to attend a weekly group that meets at least 90 minutes for 48 weeks + 3 monthly. At present, those offering blended groups don't appear to be any longer than other providers. If that's so, then either the BI curriculum or the AD content is being compromised. That would appear to be in violation of the state standards. One provider acknowledged this concern, but said that if the program was extended they might receive fewer referrals because it would take longer to complete. They would need to have the support of referral sources (i.e., probation, child welfare) to offer such an extended program.

Another concern is that none of the blended programs have an intensive out-patient track (i.e., meeting 3-4 times/week). Some individuals need more than weekly group, but blended programs may be hesitant to refer them out to this level of treatment, even when it's most appropriate.

Benefits to having AD & DV separate is that it reinforces that while there may be overlap, sobriety and being non-abusive are distinct issues/processes that need to be dealt with separately.

Addressing one does not automatically mean the other will no longer be an issue. Just stopping one is not enough to cause the other to also decline/end.

Another concern is that while the two issues may have a disproportionate concordance rate, they have separate causes/conceptualizations. DV is a choice, while AD is seen as an addiction which the person is “powerless” over. Because they have different causes/conceptualizations, any given situation will be viewed differently whether it’s being viewed through the DV lens or the AD lens. In a blended group, which lens does the facilitator look through when he/she sees the client? One of the challenges for the facilitator may be that they compromise one or another of the pieces. It’s difficult to maintain that fine balance. You can tie in AD or MH issues, but you always have to go back to the accountability piece. When you only do one you compromise the other.

While the providers may be clear about the difference between DV and AD, sometimes abusers will hear what they want to hear. They may still use one to justify or excuse the other. Likewise, there could be a lot of manipulation when they are coming back to their partner. If they go to the group that’s blended it seems more likely to say to the victim that the problem will be solved if they just take care of the victim.

People tend to lean more heavily to where their expertise lies. Any time you have any form of blended treatment, you run into that danger. In other words, in a blended group the facilitators may be more prone to focusing more on one issue than the other, based on his/her expertise, at the expense of the other.