# <u>Tri-County Batterer Intervention Provider Network Meeting Minutes July 10, 2018</u>

Present: Chris Huffine, Allies in Change; Matt Johnston, DVSD (Lutheran Community Services NW); Linda Castaneda, Castaneda Counseling; Jacqui Pancoast, Eastside Concern; Carrie Kirkpatrick, MultCo Department of Community Justice; Phil Broyles, Teras Counseling; Ashley Carrol, MultCo Family Violence Coordinating Council, Jason Kyler-Yano

Minutes by Jason Kyler-Yano, edited by Chris Huffine

<u>Discussion Topic: Responsivity issues: Working with group members with limitations and/or differences in learning, culture, psychology, etc.</u>

*Intro: Risk Needs and Responsivity* 

The Risk Needs and Responsivity (RNR) model is being used forensically more extensively than it is in other fields. Risk refers to the concept that there are different risk levels and we should treat different offenders with different risk levels appropriately. Needs refers to the need to focus on what is relevant to an offender's recidivism (there are a number of factors related to and not related to recidivism). Responsivity refers to the extent that we modify our service to treat our clients. This concept is based on the body of research that has shown services that address individual barriers are more effective. So the topic for today's discussion is the barriers that we see to intervention and how do we respond to those?

#### Financial Needs

Despite the common perception that all BIP participants have money because they are able to afford cigarettes and other non-essential items, one barrier for offenders to be successful in BIPs is financial. A lot of our clients have limited income, though some misrepresent their actual income in either direction. Multnomah County has been subsidizing some client fees. Washington County sometimes uses bail money to help subsidize client fees, and Clackamas County doesn't do subsidizing at all. DHS-Child Welfare occasionally subsidizes clients as well. Pressure is put on providers to offer services at as low fee as possible, but we have done this to such a great extent that we have become underfunded. Some BIPs take insurance, some haven't raised their prices in over a decade, some offer sliding scale fees to create some flexibility on payment options, but often too much responsibility has been put on providers to do this.

The balance between providing varieties of payment options is challenging because while our population tends to carry with them a sense of entitlement, they also face very harsh employment and housing limitations and barriers from having a person-to-person crime, as well as a bombardment of financial responsibilities/burdens after release from jail. Addressing financial concerns—by helping clients secure employment and helping them to prioritize what to pay for (e.g., waiving court fees) can contribute to better outcomes.

Another aspect of this is that because many abusive individuals remain with their abused partner, financial on him translates into financial hardship on her.

#### Mental Health Issues

While anxiety and depression are common among these men, some providers have recently observed more offenders with high anxiety, panic attacks, and/or more intense psychological issues. Men with these heightened issues sometimes do not do well in groups and what usually works in groups may not work as well with these men. These men tend to not participate and share much in large groups and tend to need more encouragement to share in groups. In some cases, small groups can facilitate better participation for these men, as can private individual sessions. A challenge to working with men with co-occurring psychological issues includes balancing pushing them to succeed in group and modifying services to accommodate their needs. In terms of responsivity, some providers have helped get some of these men into counseling. If men with co-occurring psychological needs are referred to mental health counseling, it should be clear that they should only be treated for the co-occurring issue and not the DV issues which belong in the BIP group. Typically, as the mental health issues are addressed they tend to do better in groups.

## Social Supports

One of the Department of Community Justice's top 3 factors in recidivism is who offenders hang around with. Domestic violence offenders seem different in this respect because they tend to isolate, as opposed to reach out to either positive or problematic peers. Some guys who are pretty socially isolated tend to stay in groups for a while because it is their main source of social support. Similar to the DCJ's practice of encouraging the development of positive peer groups with offenders, it is a good idea to help DV offenders develop their social skills and networks outside of their romantic relationships so that they are less isolated and so that positive peer groups can help increase their accountability. To expand their positive social support network, it could be necessary to help them identify why they had such a small network to begin with, which probably has to do with viewing others as untrustworthy. It is important to note that for DV offenders, positive peers and peer groups are not just those who are not involved in the criminal justice system, but more so those who are neither misogynists nor people who have abusive or "power over" others belief systems. This second group of positive peers is much smaller than the first, conventional group of positive peers. On the other hand, the group of negative peer influences is larger than the criminal influence group of negative peers. Some negative peers may have no prior or current involvement with the legal system or criminal thinking but still be a negative influence due to their Power Over and related pro-abuse belief systems.

## Learning Issues or Education Level

To what extent are you going to make accommodations for men who don't read or write well and who are not comfortable with traditional learning methods? Learning issues in this context are due to having little or no formal education, as opposed to having a learning disability. Having alternative options for these men where they don't have to do a lot of reading or writing is an option. Learning issues may be masked in the case of offenders who are engaged but don't turn in assignments, or who only turn in work that could have been filled out at home by someone else. Some providers make it a point to let people know they're here to support the variety of

people with skills and ability and life experiences. Some initially push them to try before making accommodations because a lot of times they are concerned about their spelling or grammar but eventually can do it. Pushing them to do the work can be a confidence builder when they are successful without accommodations. Other responsivity issues related to learning issues are learning disabilities, language barriers, traumatic brain injuries, and cognitive flexibility (or lack thereof).

### Cultural Issues

People immediately think about visual differences like race when cultural differences and issues are brought up. However, really impactful cultural issues can be unrelated to race, such as economic background, educational background, religious, regional background, family culture, gang culture (e.g., biker gangs), and prison/incarceration background. How do we respond to a particular cultural background to each individual? One example is finding the right term or language that the client can relate to. Facilitating group discussions among members allows members to give more examples or approaches that increases the chances that people can relate to at least one explanation. Some programs have culturally specific groups (e.g., criminal lifestyle group, Christian group) that helps to provide more relevant and effective treatment, to address the disconnection that some men put between themselves and the non-culturally specific group that they didn't relate to, and to have culturally specific conversations that wouldn't happen in mixed groups (e.g., use of scripture to abuse and control in Christian group).

### Content Focused

The degree to which group programming is directly tied to curriculum and content is also an issue of responsivity to groups' needs. Some providers respond to the needs of the current day life and choices their guys are making. A program can have some structure and also make room for offenders to talk about anything that's going on with them, to bring in concerns they have that night, and then tie these issues back to the program material. This is in contrast to programs that rigidly go through each lesson of a set curriculum with defined homework and activities potentially completely unrelated to current struggles in their lives. The more flexible approach can be especially effective and helpful when men bring up material when they are in substantial distress and might make poor choices if they do not process their issues in a group that night. The group can then also follow-up next week on how he dealt with his issue. Is there room to respond to the immediate needs of the group without compromising the curriculum and content of the group/program?

## Group Size

Another responsivity factor is group size. If you have more than the quality of the work in an interactive group gets compromised. State standards have a limit of 12. But 15 is supposed to be the exception for rural areas.

### Issues left out in group

Some participants write down an issue for the facilitator that they do not bring up in the group (e.g., parenting issues) because they don't feel comfortable doing so. They process these things

with their partner but not their friends or coworkers either because of isolation or because they only keep conversations with others surface level. Tagging issues we identify with clients (e.g., struggling with isolation or parenting) can help us bring them up later with POs or partners for later follow-up.

### Addiction / Substance Abuse

Addiction is another risk factor for recidivism. Some programs implement no-alcohol/substance clauses and others feel this is inappropriate and ineffective. Some argue that blanket no-substance/alcohol clauses do not help clients learn how to navigate them without getting into trouble. It is important to refer clients with co-occurring substance use problems to additional substance abuse services as active substance abuse does affect the effectiveness of BIP work. Stakeholders like POs are interested in knowing about contributors to abuse, like substances or alcohol, to help them create a better supervision plan.

### Staffing Issues

Another underlying issue affecting our ability to be responsive is our staffing levels. Checking in on guys outside of a group sounds great but you need to have the time to do this. If not well staffed you can't make phone calls, have individual sessions, and follow up on issues because you're just keeping your head above water. Similar with POs, if you raise their caseloads quality falls, if you reduce caseload, quality improves. An underlying issue affecting staffing levels is funding.

# Modifying Requirements / Manipulators v. non-Manipulators

To what extent are programs flexible to waive certain requirements or to modify certain requirements. While clients can be very manipulative and entitled guys, there are times when it is appropriate to make adjustments to meet the needs of particular guys. For example, guys that have work schedules or locations (e.g., construction) that are changing and shifting which hinders their ability to attend regular groups/times. If we have already pushed them to talk to their bosses about their need to change their schedule because of a "treatment program" they are in and they still are not able, we can make an accommodation for this.

### Responsivity: Cultural Humility

Another important responsivity issue is to what extent are we showing curiosity about and to what extent are we being collaborative with our clients. When a client is having issues with someone or something, if we show curiosity we can find there are some real barriers or that he is just not being compliant. Either way, being interested in finding out why and trying to work with them can go a long way while also separating true v. manipulative barriers. Finding a good balance of flexibility and good boundaries is the key.

Responsivity: Trauma Informed Care

The model of trauma informed care is consistent with responsivity.