

Tri-County Batterer Intervention Provider Network Meeting Minutes April 11, 2017

Present: Chris Huffine (Allies in Change), Karla Upton (Multnomah County Department of Community Justice), Ashley Pruen (Multnomah County Department of Community Justice), Rebecca O'Shea (Center for Family Success), Alison Dunfee (Pathfinders of Oregon), Sierra Dishon (intern for Tammie Jones), Sarah Van Dyke (Clackamas County CVF), Shannon Barkley (Clackamas County Probation and Parole), Jacquie Pancoast (Eastside Concern), Juliet Tyler (Bridges to Safety), Linda Castaneda (Castaneda Counseling), Kate Sackett (Portland State University), Matt Johnston (Domestic Violence Safe Dialogue)

Minutes by Kate Sackett, edited by Chris Huffine

Discussion Topic: EPICS, RNR, CPC and evidenced-based correctional tools

A presentation was made by Ashley Pruen of Multnomah County Department of Community Justice on the EPICS model. This model is being used by all Multnomah County probation officers including the DV unit. It is also being used by some other probation departments around the state, although not by all. A copy of her PowerPoint presentation is attached to these minutes.

EPICS stands for Effective Practices in Community Supervision and was developed by Ed Latessa and his colleagues at the University of Cincinnati. The rationale for using EPICS relates to the goals of community supervision: to promote safety, minimize risk, monitor compliance, reduce recidivism, provide accountability, and broker services. Officers attempt to reach these goals through individual meetings (in the office, in the home, in the field), evaluations and assessments (e.g., using risk assessments to determine risk level), sanctions if necessary, coordination with service providers and collateral information from providers, goal setting inventories, communication with the courts, drug testing, and providing support and guidance to clients. Barriers to accomplishing these goals include dosage, length of community supervision and caseload size if encounters are too brief and infrequent to have an impact. An unknown risk level of the client and content of interaction with the client, without set guidelines for what interactions should cover or entail, leads to less effective targeting of risk during meetings. The availability and quality of community referrals and policy/procedural issues pose additional barriers, and another challenge may be lack of support from the bench if there are conflicting ideas or philosophies about how to address criminal behavior and competing power levels in making decisions.

A review of supervision research showed supervision plans were based largely on court-mandates, meaning that the plans focused only on conditions of supervision. In these conditions, recidivism increased, as the plans emphasized external controls on behavior rather than developing clients' internal rationale for pro-social behavior. Officer relationships with clients were also more confrontational and authoritarian than helpful in nature.

To address these issues, core correctional practices were introduced in the 1980s, focusing on therapeutic rehabilitation that specified concrete practices to reduce recidivism and change behavior. Evaluations show better treatment practices include effective reinforcement, effective disapproval, effective use of authority, cognitive restructuring, anti-criminal modeling, structured skill building, problem solving, and relationship skills/motivational interviewing. The EPICS model training gives a framework and ongoing coaching for using those core practices. Officers have been shown to be more consistent and efficient when trained in the EPICS model in using those skills than those who have not been trained in the model (Smith et al., 2012). High risk clients who worked with staff who were high fidelity in the model also had lower incarceration rates than clients working with low model fidelity staff (Latessa et al., 2013). The model strives to better utilize time that officers spend with clients. It is not intended to replace CBT or other interventions that address clients' criminogenic needs. Officers are monitored in their fidelity to the model and are scored on how well they implement the four structured steps of sessions.

EPICS is a four-part model that is used in all their office visits and can also be used in the field. Each session in the model is structured to have a check-in, review, intervention, and homework step: (1) The check-in step promotes a collaborative relationship with the client and includes rapport building, assessment for crises/acute needs, and assessment of compliance with conditions. (2) The review step enhances client learning through repetition by reviewing the previous session's intervention homework and reviewing what the client is learning in treatment. This can be a bridge between treatment and supervision, setting or reviewing goals that are chosen by the client, and discussing goals in the short- or long-term, their steps, and feedback on their progress. (3) The intervention step targets the client's criminogenic needs using CBT through techniques such as a behavior chain, cognitive restructuring, cost-benefit analysis, skill building, problem solving, and graduated practice. (4) The homework step is intended to generalize learning from interventions to new situations, using questions such as "Where are other areas in your life you can use this technique?" This also increases the dosage of practice opportunities for other high risk situations.

Behavioral practices are intended to increase positive behavior through *effective reinforcement* (explore the benefits of continuing behavior, give verbal/tangible rewards), decrease flexible violation negative behavior through *effective disapproval* (explore consequences of continuing the behavior, identify pro-social alternative behavior), and decrease inflexible violation (e.g., no contact order violation) negative behavior through *effective use of authority* (focus on behavior not on person's individual self, identify negative consequences for engaging in the behavior, highlight specific choices, praise compliance and impose sanction/s if no compliance).

They want EPICS to be a shared language that can be used flexibly, not only in office visits or when it is possible to follow the structure to completion, and can be used by other professionals in the agency (e.g., managers). The behavioral practices can be used as standalone tools and the model is also used along with motivational interviewing techniques. The goal is to fully utilize probation officers as agents of change and send a consistent message to clients.

The supervision timeline with EPICS was provided on a handout, showing the steps from building collaborative relationship to building motivation to set goals and identify targets for change, using cognitive behavioral interventions to restructure risky thinking, teach social skills, and teach problem skills, and finally support behavior change. The use of sanctions can be considered in terms of ratios, such as the frequency of consequences (e.g., once a week with the office visit) to rewards (e.g., daily from drug use). In that example, the ratio indicates the consequences are not going to be very effective deterrents, as rewards are more frequent than consequences.

The presentation concluded with a demonstration of an example office visit behavior chain activity, from Thinking for a Change (from the University of Cincinnati and the Carey Group). The example focused on cognitive restructuring for clients in the pre-contemplative to contemplative stage of change. The officer wanted them to identify negative and positive consequences of their behavior and change their thinking as an initial intervention in thought replacement. The officer asked the client to think about the situation (the people, places, and things that led to trouble), their thoughts (we tell ourselves in response to situations that reflect our core values/beliefs and drive our behavior), their feelings (influenced by thoughts that in turn influence our behavior), and the consequences (what happens from our feelings, behaviors, good or bad and usually some of both otherwise we would not have done the behavior in the first place). The officer said sometimes slowing down and paying attention to our thinking can be the first step to change.

During the example, the officer asked whether the client noticed how their body responds to their feelings to see early signs to know that a feeling might signal a risky situation or reaction and act as a warning sign. She said this can be particularly helpful with men, who may be less aware of and able to identify their feelings. Often when trying to talk about feelings, clients get describe thoughts and it can take some coaching to identify feelings. Bringing in physiological aspects of feelings helps people put a name to their emotions, for example doing four square breathing to reduce those signs and pay attention to what they're thinking. It can also help to talk about the science behind feelings with men, for example what happens when you breathe more slowly. This could be relevant to working with abusive men, who can only outwardly show calm without any other feelings or be quick to focus on angry feelings and also need help talking about the feelings behind the anger, which reflects their external focus that drives the abusive behavior. In the demonstration, they discussed how consequences included short-term positive benefits but immediate and long-term negative consequences. They examined the client's thoughts to see what the loudest, most risky thought was that ended up driving the action and which feeling was the most triggering for thoughts that led to the action. Finally, they identified other situations where this intervention can be practiced.

One helpful aspect of this exercise was normalizing criminal thinking and behaviors that are difficult to change, as this is crucial for building empathy for clients and facilitating client disclosure. The practice seems similar to functional analysis and could be helpful to use this format for someone working with a county using that practice.

They use this model in all units at Multnomah County DCJ, modified for a couple units. For example, they use different risk assessment for sex offender populations because their domains of risk are very different. They have also modified exercises for the MIO unit, working with mentally ill clients, as a lot of the exercises are too complicated for people experiencing symptoms. In general, the interventions are very wordy but they should not feel like a burden to do.

With psychopathic clients, DCJ used to have a unit that supervised people that scored high, and at first officers thought that this model would not work with them or would teach them to be better at faking emotions. They were surprised to see how effective this model was for the clients and for humanizing the clients for the officers themselves, who are often burned out working with this population. It allowed officers to work with these clients on a different level than enforcement alone. Some examples though such as empathy or identifying motivation to avoid distress or seek approval of others were still not as applicable to that population. That unit has since been spread out.

A question was raised about how to work with clients like many BIP clients who are very difficult to motivate to change, even using motivational interviewing. There was a discussion of trying to get probation officers to understand that there is value in rolling with resistance and being consistent each time. Officers also have the benefit of being able to sanction people or give rewards in ways that BIP providers do not. It is also important for officers to understand that change is slow, try to recognize small changes, and emphasize procedural fairness and expectations early on. Behavior change is very complex, requiring at least six different kinds of practices all working in coordination. Resistance can also be re-framed as defense mechanisms, for example defending against examining their behavior and identifying what is important to them. By looking at it in terms of what clients are defending, you can start to see a little openness and get at “what is important to you, what do I need to know about you, what are you defending.” The EPICS model also has benefit of talking about the client's goals every time to show any discrepancy between their behavior and their goals, tying in how consequences impact their goals. Officers consequences and rewards also need to be meaningful for clients, not focusing on their goals for clients but on client's own goals for themselves.

They also need to recognize that clients' lives are also so complex that there may be multiple barriers to responsivity. EPICS is not the solution alone, but operationalizes core change principles for probation to use and work with clients. It would be helpful to bridge probation and BIP providers to encourage clients to bring up the examples they discuss with their probation officers in BIP groups. This could be revisited repeatedly, as there is a natural overlap in this work that could be part of their PO homework. Probation is also transitioning from thought-replacement interventions to skill building, shifting from directives to teaching them skills (e.g., how to introduce themselves, understand others' feelings, or have difficult conversations as steps to building a pro-social community).

Overall, there are some issues with EPICS and other models that are not very trauma-informed, as they could allow greater flexibility but are in tension between fidelity and flexibility. For example, some clients may have an issue with completing role-plays because they put people on the spot, and clients with a history of trauma can then be triggered. Cognitive processing issues can also make it hard to think on the spot in a staged situation.

After the EPICS presentation, Chris Huffine provided some additional information on the Criminal Program Checklist (CPC). Passed about a decade ago, Oregon Senate Bill 267 encouraged the state to use evidenced-based programming to guide state money support decisions. The typical tool used in Oregon to evaluate whether a forensic program is evidence based is the CPC, created by Ed Latessa (also the creator of the EPICS model). The CPC is based on research primarily on working with felons/parolees, not DV offenders exclusively (though some may be included in these studies). There are limitations of how helpful this assessment can be for this population (e.g., does not address anger in the same way).

The three key principles of the CPC are risk, need, and treatment. Example questions from the CPC include questions of active involvement of program leadership (e.g., an involved supervisor), stable funding and community support, staff characteristics (e.g., staff meetings, ongoing supervision of the staff), offender assessment (risk assessment, responsivity), and treatment characteristics (presence of a manual, whether clients are separated based on risk level).

The Risk principle says that clients who are higher risk are more likely to recidivate and that any service prioritization needs to prioritize this population (9 out of 10 low risk offenders will not recidivate, but 6 out of 10 high risk offenders will recidivate). The highest risk offenders need more services: dosage increases from 100 to 200 hours for this group decreases recidivism from 81% to 57%. High risk offenders also should not mix with low risk offenders, as those low in risk can be negatively influenced by those high in risk.

One large caveat to remember for the context of batterer intervention is that recidivism in these studies is defined as a felony-level arrest, and most DV charges will not show up there. Again, recidivism is not a direct indicator of DV re-offending. BIP providers also have a concern that low risk offenders could be ignored and not receive services, as they're not necessarily on probation and won't "need" to be on probation, but could continue to significantly abuse their families.

The CPC-GA (CPC Group Assessment) is more singularly focused and could be better for assessing DV groups, but even that would not be able to be used with a program that provides varied services. If someone is only doing a DV group and no other services, the CPC-GA is for a single group, has a narrower focus, and is appropriate for smaller programs. Even small programs that provide two types of services though, such as BIP groups and parenting groups, might still fall under the CPC. It is the reviewer's choice how they classify each agency.

The Need principle covers how to address criminogenic needs (like in LS/CMI), including anti-social attitudes, antisocial friends, substance abuse, lack of empathy, impulsive behavior, family relationships, school/work satisfaction, and limited leisure activities. Although these seem pretty gender-specific for men, they are not necessarily separate for men and women. The WRNA, which is a supervision level tool specifically for women, describes different criminogenic needs, such as experiencing child abuse, unhealthy relationships, and trauma. Culture can also play a role in differentiating these needs. It is also important to remember that all criminal assessment tools have racist and classist cultural biases. Because the criminal justice tends to disproportionately arrest and prosecute individuals from the working class and communities of color, the risk tools tend to target more these populations.

The Treatment principle encourages treatment to be more CBT in orientation, changing behaviors and thinking. One caveat to this is that it is much easier to measure and teach CBT, so this technique has come to dominate the research field over more subtle forms of therapeutic intervention. This is not the only technique that works, but it is an easier one to measure.

CPC treatment is also not accountability-based. Accountability is not viewed as important, because someone does not need to be accountable for past behavior to want to change their future behavior in this framework. This is difficult to apply to DV, even beyond a victim wanting to see accountability, as providers help clients think about future behavior by reviewing the past. However, accountability is not a good predictor of future behavior, which might be more about faking it in front of a provider. Within the DV field though, accountability is a core part of the work but it is not part of the typical criminal field. Again, the DV population is qualitatively different than the criminal general population that has been most studied (e.g., most do not have a criminal history). CPC questions that may not be applicable for batterer intervention include discussion of punishers/rewards, focus on criminogenic factors (which is part but not all of their work, ignoring other components like empathy building and accountability), and staff training requirements of 40 hours every year. The benefits of CPC include helping programs improve, applying to active supervision, having a manual, fidelity, and addressing underlying criminogenic needs.

Finally, there was a brief discussion of Allies in Change latest specialized group, a criminal lifestyle group. The group is not a criminally-oriented group for psychopathic offenders, but a group for offenders that do have the capacity for empathy, are not psychopathic, but have a strong criminal history (e.g., significant periods of time incarcerated, lots of antisocial peers, may be current/former gang members, may be substance abusers/drug dealers). They are offering this as a culturally-specific group, using typical curriculum but modifying based on cultural needs of that group. Modifications include having more structure (from criminal system), being careful with language (not too “touchy-feely”), having more containment against members that push edges more (containing in a calm, clear way to get positive responses, rather than criminally-oriented groups that push against containment), and being more stoic with them.