

Tri-County Batterer Intervention Provider Network Meeting Minutes—10/05/04

Present: Chris Huffine (Allies in Change Counseling Center), Paula Manley (Manley Interventions), Stephanie Morgan (PSU), Gino Galvez (PSU), Jacquie Pancoast (ChangePoint), Brad Peterson (private practice), Tim Logan (Gresham Intimate Violence), Cindy Lyndin, William Warren (ONI Crime Prevention), Marc Hess (Multnomah County Dept. of Community Justice/private practice), Chelsea Barbour (DCJ MSW intern), Amy Prouty (DCJ MSW intern), Mike Meyer (DCJ MSW intern), Bryan Gish (DCJ MSW intern), Songcha Bowman (Multicultural Counseling Services), Cassandra Suess (Men's Resource Center/Pacific University intern), Don Voeks (Gresham Intimate Violence)

Minutes by Gino Galvez, edited by Chris Huffine

Today's Topic: Aftercare

How to provide abusive men with ongoing support? Life after the group.

Stephanie Morgan will be focusing on this topic for her thesis project. She defines aftercare as continuing ongoing care with men who want to lead a violence-free lifestyle. Men typically do not want to attend more group sessions than they have to. Stephanie has found that only one provider offers a specific aftercare support group in Oregon. A few programs offer a "drop-in" option for program completers to return on occasion to their original group. A literature review on support groups shows that there is little to no literature on aftercare DV support groups. Therefore, she will be using comparative groups to elucidate DV aftercare support groups (i.e., alcoholic anonymous).

Other states like California may offer DV aftercare groups. An Asian group in Los Angeles, Ca called "Journey together" provides aftercare for 6 months after BIP completion.

Al-anon is another group that could be useful in understanding this topic. Parents united, a self help group for families surviving incest. Trying to find groups with out a 12 step framework may be difficult to find.

MRC offers 30 groups a week and encourages support groups. The "Amends group" is available to those men who complete any BIP program. Yet even with that large a population, the Amends group has struggled to stay afloat.

Men genuinely say that they will come back, but many rarely do so. In addition, the ones that do visit, typically only visit once. Programs are long and many men do not want to do more than what is required. But it is also not known why men, including those who do

seem genuinely interested, do not return. Perhaps it's due to the lack of an "aftercare" curriculum. Or that returning may be perceived as failure.

Are there cultural differences in who attends aftercare support? Latinos occasionally attend aftercare groups. Suggests AA meetings to attend because a large percentage of Latinos have issues with alcohol and drug abuse. Also, parenting classes are suggested.

What about a check-in period? Perhaps a check-in period could take place within the transitional period of men leaving group.

What if men could get hooked into another support group as part of the mandated program? So that they have a group they can attend after they have completed the treatment program. Chemical dependency groups should be looked at to understand more about aftercare support. Specifically, offering another separate group while they are in the program. Programs have built in recommendations that could potentially expose men to support groups or more aftercare options. For example, the counselors can talk with the men about the benefits of attending an aftercare group. Groups need to be guided and should be free.

What about men who are already in aftercare for other things while in a BIP? DV aftercare may not make a huge difference because drug and alcohol aftercare has high recidivism rates. Awareness is needed. Knowledge of aftercare being offered may help men. Regardless if a lot of time has elapsed post treatment, men would still be in a better place knowing that they have support somewhere if they wanted it.

Should we ask men what is beneficial about aftercare programs? DV has a strong social stigma. It is not as pervasive as drug and alcohol issues. D & A is socially accepted as a problem/disease. DV is not socially acceptable. Shame is a huge issue with men. Shame is different than guilt. Shame is stigmatized. For example, a client told friends at work that he was being arrested for drug issues rather than tell them it was about DV related. DV is illegal, drugs and alcohol is not illegal if consumed in private home. This may be one of the main factors in explaining why it is not socially accepted and so shameful.

Online meetings may hinder success of the men's process of change. It may reinforce negative behaviors (i.e., alone on computer, anti-social, sense of detachment with people). Low percentage of battering men with computer technical skills

Recommendations:

- Use clients that have successfully completed program to educate the public and advocate for support groups.
- Create a plan of responsibility that can be part of the program
- Collusion is a big issue that can affect these groups. Support groups run the risk of colluding with men. They need to be closely monitored for this.

- The creation of a standardized book/manual for aftercare may be beneficial, similar to the "big book" of AA
- Gathering a group of post treatment men to talk about various issues surrounding aftercare programs.
- Groups of male advocates (non abusive) to provide support and gather regularly to raise awareness.
- Make aftercare more invitational (positive acceptance).
- Men may be reluctant to revisit groups because they do not know anyone.
- AA groups are a source that we need to build on because they offer referrals to BIPs.
- Accountability should be modeled after the drug relapse process. Try to frame violence free lifestyle as a "life long process".
- Couples counseling
 - Is an opportunity to add responsibility to group work-50% of couples have violence in relationship
 - Couple counseling should have DV certification to deal with issue.
 - 10 years ago, MRC had a "phase II" couple group but had many challenges including getting a steady stream of referrals.

Assignment for next week

Ask clients about after care. Share your thoughts via email to Chris Huffine. Information collected will be compiled and sent with minutes.

Only one person, Paula Manley, replied to the above request. Here are her comments:

I discussed the aftercare issue with my three perpetrator groups. Clients suggested inviting completed individuals to visit and to give their testimony as to how they were using the tools afterward. A panel discussion with several completed clients was a popular idea. One suggestion was to give a questionnaire upon completion, asking if/how they wanted to be contacted, and if they are willing to take calls from other clients with questions. I thought clients might be bothered by being contacted after completion, but they assured me they would feel honored. One client suggested social responsibility assignments (for indirect amends) after about 8 months of classes, spreading the word with others, via offering to talk at schools, parent groups, etc. The class was positive. The topic of outreach was really emphasized - in some groups, to other men in the classes. But one group really wanted to reach out to people before they came into the legal system. Clients suggested that as part of aftercare, they could plan such outreach. One man thought aftercare volunteers might help in presentation of certain topics. I told them this might work, but that the participants would need to be willing to put in some prep and coordination time. Overall, I was struck by the expressed desire of these men to help others in the community. (Some of them have talked of situations where they have either supported victims, or discussed what they have learned with perpetrators. Some

have even called the police when they became aware of a disturbance.) Of course, most of them are familiar with AA and perhaps influenced by those principles. Your idea of cooperating with another group such as the LA group of nonviolent men was well-received. I do have occasional visitors, but it's usually now and then. I'm considering sending out some invitations to completed clients to visit class, to see what happens. Have you done anything like this? What results or thoughts on this?