

Tri-County BIP Providers Network Meeting
Tuesday, June 17, 2008

Attendees:

Chris Huffine, Allies in Change; Paul Lee, MRC; Regina Rosann, ARMS; Shaun Konradson, ARMS; Johnnie Burt, ARMS; Andrea Poole, Manley Interventions; Phil Broyles; Margaret Braun, PSU; Brad Peterson, A New Life Christian Counseling; Sarah Windsheimer, Choices; Don Voeks, GIVE; Cassandra Suess; Patrick Walker, Choices

Minutes by Margaret Braun

TODAY'S TOPIC: SHORT TERM ANGER MANAGEMENT--WHO NEEDS IT?

Most traditional anger management curriculum focuses on short term skill building such as self talk and calming. There is little attention to many of the core issues related to abusive behavior such as power and control, the impact of abuse on victims, the role of male socialization, etc. The statewide standards make it explicit that short term anger management is not an appropriate intervention for abusive men, so what kinds of men are appropriate for short-term anger management (STAM)?

Several local BIPS also offer STAM including Choices and Men's Resource Center. Representatives of these programs were asked to talk some about those particular groups.

Choices offer STAM. No more than 3-6 men in a group at any one time. Mostly guys who have been involved in barroom fights, etc. and no reported incidents of DV. Commonly, however, most of the guys eventually are moved to the traditional DV class once it has become apparent in the STAM classes that they need to be involved in a BIP.

Some men are hesitant to enter into strictly DV groups because of the stigma associated with needing or belonging to this kind of group. Some men or their spouses will request STAM so that they won't get the label of being associated with a BIP. But many men really need BIP and not STAM.

Sometimes men will get referred to STAM because parole officers don't really know what else to do with them. POs want to clear their caseload quickly so they refer them to STAM instead of BIP because it is much shorter in duration.

Choices focuses more on beliefs in STAM, kind of a condensed version of the BIP classes, removing the labels of DV and "batterer," etc. It seems that these labels are the largest barrier, so if you can get past the labels then it seems that men are more receptive to the class and the curriculum.

You can tell that these men are really uncomfortable with the label of “batterer.” It makes some wonder whether the label is appropriate in any setting at all. But there is a dilemma concerning whether to label something for what it is or to be sensitive to the needs of men who are uncomfortable with that label. Some folks have a real objection to not providing the label of batterer because it is a sign of collusion with the perpetrator.

The question still remains, though, are there men where STAM is a good fit? Are there men who this 20 week (or less) session focused on self-calming, breathing, working with rational thoughts, etc. is a good program?

A lot of times PTSD is associated with anger and manifests as anger issues.

Providers at Choices state that out of all of the people they have seen for STAM, they cannot say that *short term* anger management has not really been appropriate for them. Classic anger management has not been appropriate for *anyone*, and is fundamentally flawed anyway. It doesn't talk about abuse, accountability, etc.

The SAMHSA model does talk about accountability and does get at the core beliefs in terms of substance abuse.

Anger management does not seem to address any of the core beliefs of DV like patriarchy, etc., but there are some models that focus on Allen (?) models that address “things must go my way,” etc.

Hard to find a classic anger management model that addresses core beliefs and goes beyond training people to engage in self-talk.

Are there people who are generally angry, punch holes in walls or yell at their coworkers and kids, etc. who believe that they have violated their core principles? Do they need anger management? Doesn't everyone need anger management?

Isn't a part of anger always power? Not necessarily in the emotion of anger. The emotion of anger comes with the violation of rights and is associated with unfulfilled expectations. Anger is an emotion, abuse is a behavior.

Are there any adult males that need classic anger management? That is the ongoing question. Perhaps—sometimes there are men who do not need to spend time unraveling their core belief systems, etc. These men might need anger management because they don't have the tools, the self-talk, the calming skills to step back and realize things like, they don't need to be right all of the time, etc. It is not as big a hurdle for them to reach these realizations.

An issue that is starting to creep up in Oregon is “levels of treatment.” Who are these people that need the short end of the continuum of treatment (i.e., STAM)? It's kind of like putting someone

who has a DUI to 10 weeks of education. They are not an alcoholic, so did they really need this education? Did it really make any difference?

On the other hand, what about the guy who throws a piece of equipment at a coworker. If you put him in a DV program, does that really fit? Is he going to absorb anything among men he feels no similarity with? Or does he fit the profile of someone who is appropriate for classic STAM?

To some, anger management and the tools involved with it seems to fit with a lot of different needs: it seems like almost anyone would benefit from anger management. Substance abusers might need anger management. Parenting classes might benefit from anger management. So, maybe anger management isn't a great idea on its own, but perhaps it is a good tool to use *along with* other models. It fits in with almost all of our lives.

This might help funding issues and ease political issues because if an anger management component is offered within other models, it is not seen as an extra program that people don't want to be associated with (e.g., parents don't want to send their kid to a program that is not outside of the school walls and involves curriculum that they could be teaching at home). In fact, even the Duluth curriculum incorporates some anger management skill-building.

What about offering core skills classes in high schools that teach critical life skills that include principles of anger management?

Perhaps it is men who have *non-patterned, reactive* abusive behavior are the ones who would benefit or who fit with STAM models.

What Choices and MRC are doing is not "classic" anger management that is focused on controlling physiological responses and experiencing the emotion of anger. But unfortunately the books and a lot of the curriculum that is out there is centered on these concepts.

Are there any men that do not have power and control issues? Don't we all have power and control issues? Are there men who do not have a worldview where they are trying to overpower others on a regular basis who would be appropriate for STAM?

Important to address the fact that many people think that anger is just an uncontrollable emotion where you just need to vent your feelings and get angry. In anger management it would be important to reframe anger outbursts as tools that people use to get what they want. Ask questions like, what are the returns of anger? What are you getting from becoming angry?

Books on anger management should have a great first chapter that lays out the differences between BIP and anger management. Teach people to screen for power and control issues.

But are we asking other officials (POs, judges, lawyers) to make assessments that they are not trained to make? And how DO we train people to make these kinds of assessments? Sadly, it is

very common that officials make inappropriate referrals.

Discussion of developing a document (possibly out of this conversation) that describes tips and approaches to screening for those who would be appropriate for anger management and things to consider when providing anger management.

If programs are able to convince men who enter anger management to transfer to a BIP class, that is a valuable service. It seems like a good way to get men in the door and then with some early work you can steer them toward the services they really need.

Examples: 1) A guy who is in anger management because a family member was assaulted and he retaliated by vandalizing the perpetrator's house and car. The guy has no other criminal history or problems. He seems to be appropriate for anger management. 2) A guy is verbally abusive to his family and runs off sometimes for days at a time. DHS wants to refer him to anger management to address his verbal abuse. The program doesn't want to accept this referral because it sends a message to DHS that this kind of referral is appropriate.

But isn't offering a STAM program in the first place sending a political message that this intervention is appropriate?

Sometimes DHS caseworkers will make a referral to anger management when they know that the individual needs BIP. They count on the program to reassess and require the person to go to BIP. Then they can take the program's report back to the court and show that there is a new requirement. That way the referral is not on them.

Choices do an exit poll of their STAM class and they have found that men positively evaluate the program, stating that they got a lot out of it and that they benefited from the class. There was even one guy who had to stop half way through the program to go to boot camp, and then came back afterward to finish the program even though he was not required to.

STAM might provide a platform to build some rapport and plant the seed of change in some men. It is necessary to tell the men, though, that STAM is kind of like a traffic school where you just do your time and then get out. If they want to effect real, sustainable change they need to engage in more treatment.

Choices is taking a stand by not accepting referrals to STAM that are not appropriate. A second step might be providing outreach to programs that *will* accept inappropriate referrals.