Tri-County Batterer Intervention Provider Network Meeting Minutes: 5/8/01

Present: Christine Crowe (Choices DVIP), Stacy Womack (ARMS), Margaret Langslet (PSU), Michael Davis (Changepoint), Guruseva Mason (Transition Projects), Devarshi Bajpai (ASAP), Chris Huffine (Men's Resource Center), Songcha Bowman (Private Practice), Marc Hess (Sage and Multnomah County Community Justice)

Minutes by Margaret and Chris

Topic: How should providers screen and handle separate mental health issues

-Providers need common screening questions and methods for screening for psychotic disorders. In the Oregon Protocol handbook it says that some batterers "are not likely to benefit from intervention either because of personality disorders or psychological pathology. Therefore the intervention program must retain the authority to do the following . . . Evaluate, or refer for evaluation, applicants who may require drug or alcohol, mental health, or other treatment services."

-One of the problems with trying to screen out such clients in advance is that it is difficult to predict how well they will do in the group setting. Some who, at intake, may appear inappropriate, actually do quite well once they're in the group.

-How should providers coordinate to get mental health issues treated? Some common disorders are depression, schizophrenia, personality disorders and adult ADHD.

-Medications may be able to help some clients. Referral to a psychiatrist or other prescriber may be appropriate.

-Who, exactly, isn't appropriate for a group? Men with severe paranoia should not be in groups because they may use the group as a forum to say that they don't belong there and to continue to blame the system. On the other hand, some of those types of men may do just fine, if appropriately managed.

-There is research evidence that psychopathic men become worse after batterer intervention. They should be screened out.

-Other men who should probably be screened out of the group are those who are actively abusing alcohol and other drugs. Also men who are in acute psychological distress. These men may be too overwhelmed to consume information. They need counseling and are not stable enough for groups.

-If a man shouldn't be in a group, then where should he be referred? If the men are out of groups then they get no batterer intervention, but may not be getting help anywhere else. Referrals are minimally treated and counseling is not very specific and not often enough. Good treatment is not very available.

-There are some good, cheap places downtown to get help like William Temple House, Portland State University and Psychological Services Center.

-Intake usually shows if a man is in severe depression, suicidal or in severe distress. But, most men at intake are experiencing some level of crisis—having fairly recently gone through the court system, experiencing family problems, being physically separated, etc.

-If a man is in need of psychological services he could be referred while also enrolling in the group, be asked to take a leave of absence from the group until he stabilizes, or he could be asked to leave altogether, if it's unlikely he'll improve any time soon.

-One particularly dangerous group of men, although quite rare, are those who are paranoid to the point of being psychotic. Perhaps more than any other group, these men are more likely to become aggressive with other group members and staff. Typical group interventions are much less likely to help with these individuals.

-Another determiner in terms of whether men are asked to leave the program is whether they can maintain themselves in group without being too disruptive. If they become too disruptive or distracted, then they are asked to leave, otherwise they can stay. The point here is that while they may have a co-existing mental health condition, it is the behavior that is the issue, not the diagnosis.

-Referrals should be made as the issue presents itself, whenever that occurs.

-With regards to victim safety, the presence of mental health issues in an abusive man increases his risk of recidivating. We need to flag this for whomever is supervising this person.

-For many people, being in a group is still better than nothing at all.

-If the mental health issue is adequately addressed then the person is likely to be more receptive to and emotionally affected by the material being presented. They are more likely to display an attitudinal shift. The goal here is to increase the level of absorption of the material being presented.

-Another way of addressing mental health issues can be used in programs that have a two level process group process (e.g., Changepoint, ASAP). The first group, which tends to be larger in size, is more purely educational. It provides a good opportunity for self-screening, including assessing for behavioral problems. The second group, which focuses on more personal sharing, has less drop out and tends to be tighter knit because of the screening and drop out that occurred in the first group.

-The group process may also trigger old trauma in the men, including PTSD. In the process of looking at their own abusive behavior and its consequences to others, men may start looking at their own earlier victimization issues which may require additional work. Getting caught up in their own trauma may mean that they are less able to be in the moment and stay focused on their own abusive behavior. One complicating factor is that the quality of therapeutic services to address trauma issues is decidedly

mixed. There has also been a lot of growth and development in the field of trauma work in the past 5 years. EMDR and TIR are just two examples of fairly new therapeutic interventions. PET scans are helping to refine our understanding of how trauma affects the brain.

-Trauma plays a key role for some men in their own abusive behavior. Unresolved trauma issues may increase a man's proneness to act out in abusive ways, reduce his ability to be compassionate and sensitive to the concerns of others. The danger in focusing too much on this, though, is that some men will use their own trauma experiences to avoid looking at and/or taking responsibility for their own abusive behavior.