

Tri-County BIP Providers Network Meeting
Tuesday, May 20, 2008

Attendees:

Chris Huffine, Allies in Change; Paul Lee, MRC; Sarah McDowell, Raphael House; Regina Roseanne, ARMS; Shaun Konradson, ARMS; Johnnie Burt, ARMS; Paula Manley, Manley Interventions; Andrea Poole, Manley Interventions; Stacy Womack; Phil Broyles; Jacquie Pancoast, ChangePoint; Margaret Braun, PSU; Brad Peterson, A New Life Counseling; Sarah Windsheimer, Choices; Jennifer Warren, MRC; Don Voeks, Gresham Intimate Violence Education; Lorena Connelly, Los Ninos Cuentan; Cassandra Suess, MRC; Kim Ramsey, VOA Home Free; Nanci Jarrard, VOA Home Free Safe Start; Shelly Petersen, ChangePoint; Lynda Bridges, Bridges to Safety; Elissa Gale, Bridges to Safety

TODAY'S TOPIC: COUPLES' COUNSELING

We all know that many couples stay together even when there is abuse and may eventually enter into couples' counseling. The issue here is not that couples' counseling (CC) should be a primary intervention for DV. The question is, if we know that this couple is going to stay together and get CC at one point, what should we recommend? What should we be aware of? What are the cautions/concerns?

He needs to be at a point where he is taking responsibility (typically near the end of treatment) and she feels emotionally safe. It should be provided by someone who knows about DV, perhaps by a DV agency.

Right after a no-contact order is lifted is too soon. But this time could be an opportunity for a short-term meeting for safety reasons, safety plan, "what are you going to do if..."

Should there be an advocate actively involved when there is CC going on? Is there a way to do that without mandating/requiring the survivor to enter into it? She needs to decide if she feels safe enough. Perhaps the relationship should be at a point where the honeymoon phase is over and they are actually having some meaningful interactions that indicate he has changed.

CC groups: 3-4 couples in a group after men have completed a BIP. A woman at PSU tried to start this but it didn't get off the ground.

At Allies, people have engaged in CC at every step of the way (it has not been recommended by Allies staff, but people do it anyway). Men who are in groups voluntarily will also go into CC. People who seem to most need CC are probably very deep into the program. It seems that when you can see that the man is doing good, solid work and there are still some untenable issues between the couple, CC could be beneficial. So, if they are going to do CC, do it later rather than sooner but before he leaves the group.

Maybe CC is good after there has been a sustained period of non-abusive behavior—you can't really put a number on it—but he has to indicate accountability and this usually is near the end of the process (9-15 mos. into the program).

Chris recommends different providers for CC and BIP—the person who provides the man his BIP treatment should not also provide CC for the man and his partner. Typically, seeing a client individually is different from seeing them as a couple. If you move from being someone's individual counselor to being their couples' counselor there is risk of a bias.

“Check ins”: asking the survivor “how is he doing?” But who initiates the check in? Does this put the survivor in a position of being responsible for knowing how he is doing or offering information about how he is doing. The best way for this information to come about is to talk to the survivor about something else (don't call just to ask how he is doing) and perhaps she will volunteer information about how she is doing. Check-ins are usually initiated by the survivor and happen much later in the program after demonstration of supportive, positive gains. But keep in mind that these women are not partners that are typically fearing for their lives.

Women that have reported that check-ins have resulted in negative consequences (slight increase in emotional abuse) also report that they still wanted to go forward with it because they are looking at the bigger picture. Women are usually the ones who initiate these meetings with providers. Sometimes this can be more about her own process, regaining some of her own self-confidence and power.

Rather than asking the partner “how is it going” in CC, you need to let her know what the risks of CC are—let her know that if she is scared about talking to you in front of her partner or are afraid of the consequences of CC then she should not pursue CC.

Is it important that women meet with an advocate before entering into CC? Perhaps—this could be a good opportunity to educate women about the risks and potential benefits of CC, safety planning, resources, etc. This should not be required, but it could at least be encouraged by the couples' counselor. The more information that she can have, the more empowered she may feel.

Would the goals of CC make a difference in the outcome? The goal of CC should not be to make him non-abusive because that is not a couples issue. The goal of CC should be to focus on typical couples issues: communication, sex, money, parenting, value differences, etc.

One model of couples' work that seems to be good is John Gottman's work.

One of the ways that CC has been beneficial for the provider is that it has been educational about what is possible in a DV group—you have guys that can speak respectfully about their partner in the DV session, but in CC it is clear that he is still controlling of her. It is good for the education of the therapist!

If a guy is accountable, aware, if there is a fundamental shift in understanding, and now in CC with their partner who is still healing, there may not be a level playing field and could make it

more difficult.

One of the issues of CC is, does it increase violence? And so then once you enter into CC is the responsibility for increased violence on both of the individuals? The acknowledgement must be that “I have been abusive” not “we have been abusive.”

One example of a couple where CC is appropriate is with a man who has been in the BIP for 3-4 years, his partner is not intimidated by him and names his emotional abuse readily, but they still need to work on “typical” couples’ stuff and increasing intimacy. So this couple might be appropriate for CC because the abuse is kind of off the table.

A common statement could be that “well, I’ve worked on all of my issues but she still has all of her issues.” This man and his partner would not be appropriate for CC.

A big issue is that most of these couples want to reunite and they are going to engage in CC whether we recommend it or not. We need to work on educating the couple and sending them to the right people to provide the best counseling. Someone who has the education around the DV piece might be able to help the perpetrator focus on his issues rather than her issues and let her focus on her issues.

Could we somehow form a list of questions for CC therapists to act as a guideline for discovering whether a therapist is knowledgeable about DV? Not enough counselors have DV education and understanding.

An understanding of PTSD in her related to his abusive behavior needs to be considered. Men will often understand the injury but not the trauma that is sustained from the abuse. CC should address that the survivor is suffering from that fear factor that will permeate every interaction with the therapist and could cloud her willingness to talk about certain things. The distress, trauma is there and is an undercurrent in therapy. We need to do couples’ work while being mindful of the trauma she is suffering.

If we are looking at what therapists need to know in CC, you need a counselor who understands the lasting legacy and trauma of DV.

But perhaps the best way to get this information would be to meet with the survivor individually—she may not be able to talk about the lasting trauma in front of her perpetrator. This might indicate that there should be a one-on-one meeting between counselor and survivor before CC begins. This could be done during the intake/screening?

One of the questions should be, does she feel free to speak her mind in a CC context? If she does not feel free or safe in any way, then CC is not appropriate.

Perhaps there should be a minimum list of things that need to happen before CC, a minimum number of requirements for the perpetrator and the survivor before they can enter into CC. A meeting with an advocate should be key. Could advocates come up with a list of educational

points for survivors who are considering entering into CC?

Brainstorming ideas:

- 1) The survivor must feel emotionally safe.
- 2) Do they share the same goal in terms of what they want to get out of CC
- 3) The survivor should have met with an advocate before CC
- 4) The perpetrator needs to have acknowledged accountability, made positive gains in group, been in the group for a long time.
- 5) The focus should not be on the abuse but rather on typical couples' stuff (e.g., if they want to talk about finances but the problem with finances is that he won't let her spend any money, then that isn't couples' work, that is still abuse).
- 6) The abuse should be significantly reduced before entering CC.

VOA offers a one day DV class that has been very successful in increasing awareness and education around DV. Washington County also has an informational meeting that has been effective in educating survivors who want the no-contact order lifted. It helps them learn about DV and maybe even change their minds about having the no-contact order lifted. It also connects survivors with services.

Could lobby with whoever educates/certifies therapists to set up a requirement for DV training and education.

Should we give her the option to end CC if she needs to? Discussion that this would be a safety piece for her. But what if ending the session makes her less safe? Sometimes the perpetrator will end sessions as a control tactic—is this the same for survivors? Should the counselor have the option to end CC if it gets bad? Should the counselor and the survivor have a secret arrangement about a phrase that the survivor could say when she wants to end it?