

Tri-County Batterer Intervention Provider Meeting Minutes October 18, 2005

Present: Stacey Womack (ARMS), Roberto Olivero (Men's Resource Center/Women's Counseling Center), Jeanne Goetz (Men's Resource Center/Women's Counseling Center), Jennifer Warren (Men's Resource Center/Women's Counseling Center), Alison Niehuser (Eastside Counseling), Tom Dooley (Eastside Counseling), Paul Lee (Men's Resource Center/Women's Counseling Center), Paula Manley (Manley Interventions), Robert Johnson (Landerholm Counseling), Olivia McClelland (Bradley-Angle House), Angela Schultz (Volunteers of America Home Free), Fawn Livingston-Gray (Bradley-Angle House), Liz Carey (PSU Graduate student School of Social Work/Insights Teen Parent Program), Debbie Tomasovic (Allies in Change), Michael Crowe (Choices), William Warren (Portland ONI-Crime Prevention), Cindy Lyndin (FVCC Stalking Committee), David Houston (Lifespan), Chris Huffine (Allies in Change), Elsie Garland (Mult. County Juvenile Justice), Jacquie Pancoast (Change Point), Don Voeks (Gresham Intimate Violence)

Minutes by Jennifer Warren, edited by Chris Huffine

Meeting Topic: "Couples Counseling and Domestic Violence"

Group consensus is that doing couples counseling with couples currently involved in DV is not a good idea. Two hand-outs were given to attendees to support this perspective, one entitled "12 Reasons Why Couples Counseling Is Not Recommended When Domestic Violence Is Present" was developed based on an earlier discussion by this group a number of years ago. The hand-out has been widely distributed since then around the metro area and elsewhere. Another hand out entitled "Seven Cautions with Couples" was given by David Houston to the group. It was also mentioned that the APA has a good reference on their website as to why couples counseling is not recommended.

The following comments and concerns were also shared by various attendees on this topic:

Many times the couple will reconcile while he is still in DV treatment, and the couple oftentimes plan on talking about their issues anyway, whether in front of a counselor or not, so for this reason couples should be encouraged to have these difficult conversations with the guide of a professional.

The definition of "couples counseling" vs. a "conjoint session" (as little as 1 session) was also discussed. A conjoint session could be called an "intervention" to make it clear to the couple that this is not a couples counseling session. This could be a session to define "controlled separation" limits, rather than it being a unilateral decision by him.

Questions may come up such as "why are we having a brief separation?", "how much willingness does he have to change?" Also the partners could be briefly educated about counseling and its purpose. Sometimes early in treatment, when controlling behaviors and abuse are still going on a lot, logistical issues such as parenting, domestic, financial

responsibilities, etc, couples counselor may be sought out to deal with this more mundane issues. This might be another time for a conjoint session. She may've called the group counselor with a legitimate complaint, and it makes sense to meet and discuss child care, etc. Is this the treatment providers' responsibility? The group counselor may choose not to address her concerns directly, but rather bring up topic generally to the whole group.

It may be more appropriate to be "in-agency" when "intervention" is used and out of agency when the term "couples counseling" is used. She may feel more validated through the intervention, because he is still the client, and the work is with him. The counselor may tell the couple that s/he would "choose sides" to illustrate that this is not couples counseling (where traditionally the counselor remains "neutral"). It was brought up that if one or more of the situations which are listed in the handouts exist, couples counseling should not be recommended, and this could be explained to the couple by counselor. A traditional approach to couples counseling is done with the assumption that both clients have equal power in the relationship, which obviously is not the case in a domestically violent relationship.

If both partners are in some form of therapy apart from each other, a conjoint session may be best handled with the couple and their respective counselors, when possible. What if the survivor is not in a program? It may get tricky to work with when she does not want to be in services herself.

Risk assessment needs to also be considered around this topic. How does this apply when a couple is going to do this regardless of risk? Group consensus suggested that it is better for a couple to be referred to a counselor highly knowledgeable in DV (and we are aware that many couples counselors are not as informed on the differences and risks with working with a DV involved couple).

What about DHS involvement? Many times couples counseling is mandated by DHS, regardless of whether or not DV is present, or BIP treatment is involved or completed. Many times these situations are supervised by probation or DHS, but these workers may not be informed of the risks of couples counseling with DV clients.

It is common for the victim/survivor to want couples counseling while he is still in a program. It is considered by the group to be better to attempt couples counseling when he is in the last portion of his DVI treatment, or after individual or group work is completed. She may realize that he is not going to change when he has completed treatment with little success.

Who is asking for the couples counselor? It may be more suspicious if he is asking for it (he may be manipulating). Why does she think he wants to go to couples counseling? What is his goal in couples counseling? A lot of healing of the relationship is done by him becoming accountable and collaborative through his own work/insight into the impact of his behavior and effects of his power and control. As a result, once he has

done his own, individual, work on being nonabusive there may be little need for couples counseling.

Why is she asking for couple's counseling? What sort of support or resources does she have access to? If she is well supported, and she wants the counseling, then what does she expect? Why and how will it be different? What's to prevent him from manipulating her and/or the therapist in the couples session?

It might be best for the counselor to talk with the survivor alone first. The survivor might need to be educated over the risks of couples counseling.

Has he demonstrated any change prior to couples counseling? If not, he may need a lot more group work on his own accountability prior to doing any couples work.

Many times, these men really do want their relationship to work, but they do not have the skills. Where do you go from here if he is at the end of treatment?

If anything will lead him to falling back into old patterns of abuse, it may be the criticism and challenges of couples counseling. If a man can take criticism well, counseling may be more effective. It may be difficult to tell in advance how he will respond from a professional's point of view/assessment.

If couples counseling is not going well, the process may need to be shut down by the counselor. The survivor/victim should be considered the "best judge for change" as to how successful treatment is, not the perpetrator or the counselor. To what extent is she feeling empowered?

Another thing to consider is the risk of not doing couples counseling, because they will be discussing their issues at home anyway with professional guidance/supervision.

We would prefer to err on the side of safety. But what, in the longer term, is safer? One concern is that allowing couples counseling could lead to further abuse. On the other hand, allowing couples counseling to occur may more quickly reveal to what extent he has changed and shorten how much longer the abuse continues. As safety concerns are examined from a longer term perspective (rather than her immediate level of risk which, in truth, is often high, regardless), the "safer" choice becomes more complex and ambiguous. Even widely accepted DV interventions (e.g., arresting him, helping her leave, providing her DV information) can actually lower her immediate safety while ultimately increasing her longer term safety. Where does couples counseling and the timing of couples counseling fit into this?

We may be overestimating the potential of harm in these sorts of situations. Many counselors work off of their intuition when determining safety when working with a couple. It should be a case-by-case decision.

Should there be some systematic guidelines? When is an intervention necessary? It may help to have very specific written out rules/guidelines for DV couples counseling, with periodic re-assessments to make sure the guidelines are being followed.

Given that there is empirical evidence that the majority of couples seeking out counseling have DV present, every couple seen should be screened for DV. This is best done by interviewing each one separately in the first session. DV and power and control needs to be raised tactfully and sensitively in regard to safety issues. It is important for the counselor to look at the relationship as a “partnership”, and assess if it is collaborative, or if it is a power-over relationship, and then base recommendations on this information. This information may be helpful for her.

The attendees all agree that there is a need for a list of therapists experienced in DV and will screen for this—perhaps referring to each other would be a good start (counselors who attend this meeting).

There are other avenues couples go to seek help besides from meeting with a therapist. Sometimes the alternative couples choose is to go see their pastor, many times because they are free. We should be concerned about this choice, as the pastor usually does not have much experience with DV or power and control. Sometimes these issues can/may be referred to family court/mediation in some instances. Mediation counseling presumes equality, so a referral to this may not be effective.

Some mediators have more training in DV issues, and they are better referents. Mediation does not have to happen with both parties in the same room, but still challenging if he’s continuing to use P & C. It may be beneficial to describe what controlling behaviors might be used by the client, and then when he does this in mediation, she may be validated.

We may need to come up with a “pro’s” and “con’s” list for couples counseling with DV (although the handouts supplied earlier already address the “con’s” portion).