

## **Tri-County Batterer Intervention Provider Network Meeting 1/12/10**

Attendance: Chris Huffine (Allies in Change Counseling Center), Songcha Bowman (Multicultural Counseling), Sara Windsheimer (Choices DVIP), Paula Manley (Manley Interventions), Laura Milner (psychologist resident), Leonard Larson (ARMS), Regina Rosann (ARMS), Cassandra Suess, Shaun Larson (ARMS), Kelly Strider (private practice), Annie Neal (Multnomah County DV Coordinator's office), Stu Walker (Multnomah County Adult and Community Justice DV Unit), Amanda Vogel (DHS Child Welfare), Ryan Alonzo (Bridges to Safety), Paul Lee (Men's Resource Center), Melinda Sherman (MRC), Alyssa White (Yolanda House), Choya Adkison-Stevens (Yolanda House), Elaine Clarke, Kathleen Gillis, Samantha Naliboff (VOA Home Free), Guruseva Mason (Choices), Johnnie Burt (ARMS), Angelo Pineda (Manage Attendance), Phil Broyles (Teras Interventions), Dean Camarda (MRC/Allies in Change), Brad Peterson (A New Life Christian Counseling), Tim Logan (SoValTi), Ashley Boal (Portland State University), Chad McGhee (Allies in Change), Emily Szeliga (Allies in Change), Chiquita Rollins (Multnomah County DV coordinator's office), Stacey Womack (ARMS), Patti Hurt (Gresham DHS-Child Welfare)

Minutes by Ashley Boal, edited by Chris Huffine

### **Meeting Topic: Domestic Violence Evaluations**

The topic today featured a presentation by Chris Wilson, Psy.D. He has been working in the DV field since 1999. He has worked as a group facilitator with abusive men and in the criminal justice system with women who have been victims and/or perpetrators of abuse. Many of the things he is discussing today are part of Doug Bartholomew's paper which will be emailed out as an attachment to the minutes.

- What is a DV evaluation?
  - This is defined in a variety of different ways. In terms of what is done to complete a DV evaluation, it can be very sparse (and poorly completed) or very extensive.
  - One purpose of a DV evaluation can be to understand the risk for reoffending.
  - Another purpose is to determine how severe the history of DV is and whether treatment is needed.
  - Who is asking for the evaluation? The court? Child welfare? The client's attorney? It is important to find out what the referral source is hoping to learn from the evaluation.
  - Oftentimes if it is the court, they are not really requesting a true evaluation. Rather, they are requesting an intake to a program where an appropriate level of service will be determined. An intake assessment is very different from a DV eval. With an intake assessment there is no question about whether the person needs services, it is just determining what services are needed and/or to assure that the person is appropriate for services.

- Chris generally does not do evaluations pre-criminal adjudication. To do so would put him in the role of finder of fact—did this person do the alleged crime? That is not an appropriate use of a DV eval.
- He also often does not do DV evaluations on a person who has been convicted of DV. To do so would imply that there is an acceptable level of abuse. This is where it is qualitatively different from a substance abuse eval. There IS an acceptable level of alcohol use, for example. But in the case of DV, any level of abuse is unacceptable. Therefore, any level of abuse needs to be addressed.
- What about evals for various lengths of treatment? He feels that this is, at best, questionable. Just because someone isn't serially physically abusive doesn't mean they are less abusive in other ways- evals may miss that. There is also no basis to believe that some offenders need "less" intervention than others. The evidence based practice model, rather, suggests, that if there are limited resources then the highest risk offenders need to be the priority, not that they should be in treatment longer (or that low risk offenders should be in treatment shorter).
- Generally these components are part of an evaluation:
  - Summarizing available history in the case.
  - Talk to the individual multiple times- second interview allows you to catch pieces that were missed the first time. Ideally there are at least 2 weeks between interviews.
  - Interviews, if possible, with victims or alleged victims- In person interview. Prefer to do this interview about a month after the interview with the subject of the evaluation.
  - It answers a couple of questions: (1) Does it appear as though there has been a pattern of abusive behavior that would constitute DV? (2) ?
  - One tactic taken from his mentor: Nonprofessional collaterals (friends) who are not the victim or alleged victim are asked to provide statements, which they have to sign and have notarized. Many times people won't do it. He believes this is because the evaluation is putting pressure on their friends but when there is risk for the friend they are likely to not follow through.
- Kevin Hamberger- research on MMPI trying to determine if abusive men are identifiable- no! In fact, there is no objective test to determine if someone is a batterer. There is no standard psychological profile of a batterer.

Why is it good for a psychologist to do evals? Able to flag psychopathy and personality disorders. Also may be able to more easily identify other psychological issues that may be present and need addressing.

Reid Meloy will be in Portland in early November talking about narcissism and antisocial personality disorders. He is a national expert on risk assessment issues.

False positive- I think you are abusive but I am wrong. Consequences: might lose contact with kids, spouse. Not a huge consequence to society, but could be huge consequences for him- legal rights, cost, effects on employment.

False negative- I think you are not abusive but I am wrong. Consequences: none to him, he is actually reinforced. But significant consequences to everyone else. His family will have continued suffering, others may be victimized by him. Society pays a price. Because of this false negatives are typically more worrisome than false positives.

In contrast to an intake assessment where the staff member is often trying to build rapport and develop a therapeutic relationship with the individual, it is vital that the evaluator be seen as a neutral party. Remaining objective, both personally and in the eyes of the evaluatee is vital. Ideally you hold off from making judgments until the end. If you go into an eval with preconceived judgments you may only look for what you believe is true, which can compromise the validity of the findings.

Questions in an eval: Does there appear to be a pattern of controlling and abusive behavior? What recommendations can you make? What risk factors do you see? How can those risk factors be managed? Additional questions: Does this person seem to have barriers to treatment if treatment is necessary?

One area that cannot be adequately answered is questions about the person's parenting ability. To be able to adequately answer those questions it would be necessary to interview/observe the children. If there was a question about who was the better parent, then a full blown specialized parenting evaluation would need to be completed.

Ideally you would want a psych eval, DV eval, and parenting eval. Each is different, distinct, and makes use of different tools and the professional for each has a different skill set that is being used.

Robin Daws- Rational Choices in the Irrational World- book about the ways human beings make errors in thought- recommended read.

Chris recommends that all providers take a stand that no one convicted of a DV crime should have a DV evaluation. Instead, if there's a conviction, that batterer intervention is mandatory, no exceptions.

Ed LaTessa, author of the Criminal Program Checklist (CPC), routinely used to determine if a program qualifies as being "evidence based" developed his research primarily based on parolees (i.e., felons), not probationers. Given that the vast majority of abusive men we see are not parolees, his research findings are of questionable validity. His comments about high risk and low risk offenders don't really apply to abusive men since most are technically "low risk" even as they continue to be emotionally abusive and terrorize their families.

The ODARA, another popular risk assessment tool, was designed to be used by police officers at the scene of the crime to determine who was most likely to re-assault. Its use as a risk assessment tool (for more generalized risk) by probation officers (who have access to additional risk factor information) and by providers (who may have access to less risk factor information) is also more questionable.

In general, because risk factor tools are focused on risk of physical abuse they may miss and underestimate the risk of additional emotional abuse. Just because an abusive man as low risk doesn't mean he won't continue to be emotionally abusive to family members (and others).

Be aware that, in comparison to intake assessments, domestic violence evaluations are significantly longer (4 or more hours, minimum) and significantly more expensive (\$600-\$1000 or more). For those reasons it's not practical to routinely require dv evals.

If you have other questions or wish to consult, Chris Wilson can be reached at [cfw0047@comcast.net](mailto:cfw0047@comcast.net) or by phone at (503) 887-9663.