

Tri-County Batterer Intervention Provider Network Meeting Minutes-June 14, 2011

Present: Chris Huffine (Allies in Change), Justin Donovan (Pacific University student/Allies), Mark Amoroso (MEPS Counseling), Jacquie Pancoast (Change Point), Aaron Potratz (Cedar Counseling Center), Steve Stewart (Allies), Taylor Stark (Pacific University student/Allies), Johnnie Burt (ARMS), Regina Rosann (ARMS), Linda Castaneda (Manley Interventions), Demaris Prue (Multnomah County DV Unit), Laura Ritchie (Multnomah County DV Unit), Amanda Briley (Bridges to Safety), Ryan Alonzo (Bridges to Safety), Phil Broyles (Teras Intervention), Melinda Honeycutt (Pacific University student/Allies), Guruseva Mason (Choices)

Minutes by Steve Stewart, edited by Chris Huffine

Meeting Topic: Evidence Based Forensic Practices: A Summary of Ed Latessa's Research
Chris Huffine presented a summary of information shared by Ed Latessa at a training in Oregon offered last winter. Other people present also chimed in. See the attached PowerPoint presentation for more information. Laura Ritchie also did a mini-presentation on the EPICS model.

Latessa warned that decisions need to be based on a body of research, not single studies. Oregon is the only state that requires EBP. Latessa's research is based on working with felons. We understand that DV recidivism can't be based on "conviction of a felony" since most DV offenses are misdemeanors.

EBP is based in part on *how* programs are implemented, not merely the curriculum content. When empirical support is lacking, responses should initially be based on philosophy and collective wisdom. Philosophy, though, can be wrong. For example, the Cycle of Abuse misses the abuse (power and control) that occurs throughout the cycle (i.e., during the "honeymoon" and "tension building" stages).

Punishment, especially with higher risk groups, doesn't work.

8 Major Risks/needs (criminogenic risks factors) are listed here by order of importance:

1. Antisocial/pro criminal attitudes, values, beliefs, and cognitive-emotional states (it's the mindset, not the behaviors)
2. Pro-criminal associations and isolation from prosocial others
3. Temperamental and antisocial personality conducive to criminal activity (i.e., behaviors): DSM-IV-type issues
4. History of antisocial behaviors: the earlier their start, the higher the risk
5. Family factors that include criminality
6. Low levels of personal educational, vocation or financial achievement (less to lose culturally). It isn't just being unemployed, but not a stable job that they enjoy
7. Low levels of involvement in prosocial leisure activities
8. Abuse of alcohol and/or drugs

Laura Ritchie handed out cards that their staff carried. These cards identify the top 4 criminogenic needs:

1. History of antisocial behavior
2. Antisocial personality or temperament
3. Antisocial attitudes, values, and beliefs
4. Antisocial peers or companions

Next 4 criminogenic needs

5. Family and/or marital stressors
6. Lack of prosocial leisure and recreation
7. Lack of employment and/or education
8. Substance abuse

Relapse risk factors

1. Poor management of stress/poor coping skills
2. Unrealistic expectations
3. Antisocial attitudes
4. Failure to utilize resources available
5. Housing is *not* a risk factor
6. Obtaining a job (alone) is *not* a risk factor
7. Mental illness is *not* a risk factor

Principles of effective intervention

1. Risk Principle (who) target offenders with higher risk of recidivism. One study found recidivism levels to be significantly different between low risk (9%), medium risk (34%), high risk (59%). This could be misunderstood as advising low risk offenders to not be treated.

2. Provide most intensive treatment to higher risk offenders. We see large decreases in recidivism when dosage levels go from 100 to 200 hours for high-risk offenders--81% to 57%.

Latessa's rule of thumb is as follows:

100 hours for moderate risk.

200+ hours for high risk.

100 hours for high risk will have no effect.

3. Intensive treatment for lower risk offenders can increase recidivism. This is partly due to the negative influence of more antisocial peers. Also because the increased intensity can interfere with prosocial associations already established.

Criminogenic Needs

- Focus intervention on *criminogenic* needs.

- Examples of non-criminogenic needs: anxiety, low self esteem, creative abilities, medical needs, physical conditioning. (Such could be included in treatment if part of a well-informed program. Be aware of the variety of learning modalities)
- Target 4 or more criminogenic needs (not one or two of them).

Static and Dynamic Risk Factors

Static: don't change

Dynamic can change

Treatment Principle

The most effective interventions are behavioral. Focus on factors that influence action-oriented offender behavior (prosocial) that is appropriately reinforced

EPICS (Effective Practices in Community Supervision) Overview (P Schreiner, J McVay, L Richie, DOJ managers)

Rationale for using EPICS: Importance of training, problems with traditional community supervision, and supervision strategies

Why is EPICS an effective model for supervision and enhanced behavior change?

- Structures the meeting between staff and clients to focus on building professional alliance (rapport)
- Establishing goals and intervening in criminogenic thinking
- Focuses on skill building with clients to address criminogenic needs
- Provides consistency and sustainability through coaching and a standardized feedback form.

Provides a structured 4-step focus for offender interactions:

1 Check in (therapeutic alliance)

Check-in is an opportunity to determine if a client has any crises/acute needs, build professional alliances, and discuss compliance issues.

2 Review previous practice

Review the skills discussed in prior meetings, the application of those skills, and troubleshooting problems in the use of those skills.

3 Interventions

Intervention is identifying ongoing areas of need, identifying trends in problems that the client experiences, teaching relevant skills, and targeting problematic thinking (or "tapes").

4 Homework and behavioral rehearsal based on immediate needs and progress

Homework and rehearsal should include giving the client an opportunity to see you model what you are talking about; provide the client with the opportunity to role play the new skill before

leaving your office with feedback; and giving instructions that the client should follow before the next visit.

Recognize when to respond and use the following in the structured interview: (1) reinforcement, (2) effective use of authority, and (3) disapproval.

Set goals collaboratively with offenders.

Fidelity principle

- Programs need to be both reliable and consistently implemented
- A manual needs to be in place
- Staff are well-trained in the intervention
- On-going supervision
- Quality assurance measures
- The greater the program integrity, the lower the recidivism rates

Responsivity refers to identifying and addressing barriers to learning (e.g, cultural differences, learning disabilities, co-occurring mental health or substance abuse issues, etc).