

The Connecticut General Assembly

Domestic Violence Offender Program Standards Advisory Council

Karen Jarmoc
CO-CHAIRPERSON
Joseph DiTunno
CO-CHAIRPERSON



c/o Judiciary Committee, Room 2500
Legislative Office Building
Hartford, CT 06106

MEETING MINUTES

DRAFT

Wednesday, November 18, 2015
10:00 A.M. in Room 1B of the LOB

Attendance: Co-Chairman Joe DiTunno, Co-Chairwoman Karen Jarmoc, Linda Cimino, Karen Diebolt, Natasha Pierre for Merit Lajoie, Chief Marc Montminy, Mary Painter, Dr. David Rentler, Nydia Rios-Benitez. Absent: Monica Rinaldi and six vacancies.

Minutes: The minutes of the September 30, 2015 were reviewed. Nydia Rios-Benitez made the motion to approve the minutes, seconded by Karen Diebolt and unanimously approved.

Introduction: Meeting commenced at 10:05 a.m. Chairs welcomed the group and members introduced themselves. The charge of the advisory council was restated with the emphasis on the implementation of the standards especially as they will apply to the subset of offenders being counseled by private providers. The standards become effective July 1, 2016. Derrick Gordon, Ph.D. and Steve Lanza, LMFT are leaders in the state facilitation of the programs and are recognized for their knowledge as experts in this field.

Derrick Gordon, Ph.D., Asst. Professor of Psychiatry, Yale University Presentation: Dr. Gordon has three questions that are helpful for explanation:

1. Why are the programs important?
 2. Why standards enhance work?
 3. Concerns moving forward?
- CSSD has three tiers:
 1. FVEP: Family Violence Education Program: First time offenders, once diversion program is completed, and no further incidence of violence, the case would be dismissed. This is the largest group of offenders.
 2. EXPLORE: 26 week group program in major cities, psychoeducational, where individuals require a higher level of need. They get skills in communication, training in non-violent skill building.
 3. EVOLVE: Highest level of intervention. The participants meet 2 hours, 2x a week for 26 weeks. Same skills but higher level of monitoring. Usually not used for first time offenders or, if first time, offense requires a higher level of monitoring.
 - The programs are important as individuals have the human potential of capacity for change. They can play a role through skill development, myth busting, and a strong monitoring component which keeps offenders on track. Accountability as in guilt vs. shame. Shame doesn't help, but guilt can move behavior in a positive direction. Accountability in men plays a critical role in keeping the men, children and partners safe.
 - Fatherhood strengthening is important. Oftentimes a man sees his partner as culpable however he will have a more tender, sympathetic approach to his children. Men's social identities can be shaped through fatherhood building skills.
 - "Stop, drop & roll" is an important nonviolent skill. Violence is a common trait among all of us, however, the programs teach the offenders this is not a viable alternative.
 - In the group context, men for the first time learn how to relate to other men. Oftentimes other issues pop-up such as alcohol/drug abuse & mental health issues.

- Women are clear in discussions that they don't want their partners to go away but want them to stop their violence and be good partners and fathers to strengthen their families.
- Women have a right to make their own decisions even if the man does not agree with her decisions. This is hard for men to wrestle with as they are taught to be in charge. Men's thinking needs to be changed to recognize a woman's egalitarian role in society.
- Need to teach respect for a partner's autonomy, decisions and self-determination- cognitive reframing.
- Critical, foundational part of counseling is not all providers are equipped to handle every situation. Each offender has unique issues. The provider needs to be prepared to turn over the client to a professional who can best help the individual.
- Outside providers may not be trained in domestic violence issues.
- CT has people on both sides of the economic scale which requires different approaches.
- Clear values underpin the work in established DV programs unlike in traditional psychotherapy.

Steve Lanza, LMFT, DAPA, Exec. Director, Family ReEntry, Inc. Presentation:

- Some offenders have access to resource and privilege. Need to be careful about offenders who can pay out of pocket and are generally often at a higher risk. These individuals are more privileged, entitled and narcissistic motivating a natural movement to private providers. The better resourced offender is less amenable to change because they have more access to work around the system. Practitioners need to be aware of this.
- Need to bolster the qualifications of the private providers. Who is providing oversight over them?
- DPH could perhaps provide some sort of licensing which would make it easier to implement standards.
- At a minimum, the providers need to be licensed mental health providers.
- When we have an upper middle class offender how do we manage them in the classroom setting? Intimidating behaviors of the privileged splits guys in group which is a big red flag. We need to use the members of the group to help manage the class.
- Based on the offender's profile, CSSD programs may not be the right fit for all individuals therefore necessitating a tailored approach to treatment.
- Some individuals may have less than positive motivations for seeking out a private provider.
- What about the certification, enforcement or penalties associated with private providers? There may be a certification or discipline that already exists to ensure standards for the private providers.
- Providers need to be trusted to not serve people they're not qualified to serve and need to refer appropriately.
- Some people who are currently seeing private providers are going through a divorce or separation. There may be no violence but physical or psychological abuse. Perhaps some of the standards could be applied to the private providers, so they are more equipped to handle those individuals.
- An integrative approach is much better when you can leverage the disciplines that already operate successfully in CT.
- Clearly all offenders are not the same. Very few people are predisposed to be violent. Something happens in the process. High correlation between violence outside and inside the home. By the time an offender is abusive to his partner, there are multiple and varied causal and contributive factors. There are both static and dynamic factors to one's behavior, contributory/causal, and many variables to the behavior we want to stop.
- Preventions include good assessment, proven interventions. Need to be integrative rather than restrictive. Really trying to address all variables and intervene in all ways necessary.
- Research shows groups have curricula and programs that are effective in hitting the aggregate, and there are common themes that run through existing programs.
- Knowing all research (theories and modalities) is important but the art is how to apply the science to effectuate the process of change. Part of the effectiveness is to get the person in the seat long enough to make change take hold and have an impact.
- How to work with individuals in process of change? Private providers might take a different approach, but what is most effective? Some services are not as easy to apply in the private setting.
- Motivating through the role of fatherhood is an important way to apply the science.
- Private providers: Develop a certification process ahead of time with mandatory training and retraining in order to get a certificate. Require continuing education credit training a couple times a year may yield 100 certified providers.

- Even if there were a hybrid privately administered program that met the standards, traditional programs offer the added value of a group setting.

Discussion:

- Socioeconomic circumstances create more options to the types of services an individual receives. Private attorneys play a unique role in how cases are handled.
- Major challenge is the percentage of arrested offenders who are deemed ineligible to attend CSSD programs, what happens to this subset? Do they enrolled in alternative programs that have no established standards?
- Currently prosecutors don't have a way of determining if the counseling offered by a private provider has adequately satisfied the requirements of a program or meets standards. Concern that nolles are handed out too frequently in this private provider subset. Discussion described the huge array of people that seek private providers.
- Prosecutor concerns: Sometimes there is no designated DV docket or an intake sheet show 8 or 9 nolles. Many don't have criminal history and are avoiding conviction. Some offenders currently utilize an alternative provider as their work schedules do not allow them to take CSSD contracted groups. In certain areas some defense attorneys and judges object to the prosecutors suggestion the offender be referred to the domestic violence docket.
- There are concerns about other subsets of offenders who enter the system through DCF, substance abuse or risk of injury cases and are not eligible for contracted DV programs. However, CSSD wants to avoid, at all costs, "wait lists". Individuals who enter the court system take precedence. Their priority is for high risk individuals to go through the system as efficiently as possible.
- Although the advisory council has concerns over the individuals who are perpetrators of domestic violence and have not been arrested, we are mandated to address individuals after arrest.
- Intervention is required for a plea bargain. The standards need to fall somewhere within the intervention the person participates in to address the incident of domestic violence.
- Huge benefit to find a private provider who is willing to sign off that their client has participated in therapy that meets the standards.
- Hard to compile a list of qualified providers as many providers don't know the standards exist. When seeking treatment, people oftentimes refer to the list of professionals from their insurance company.
- DV offender programs need to have closer relationships and equal partnering with local DV service providers who are members of CCADV.
- With vetting by an oversight committee, compile a list of providers currently attesting to the standards.
- Discussed provider agreement and looking at initial stages of an RFQ to identify those currently providing services.
- The qualified private providers, willing to attest to the standards, could go on a list to be a reference for prosecutors/defense attorneys.
- Concerns exist about offenders who will choose the alternative provider rather than an established program funded through CSSD.

Next Steps:

- Notify Chief State's Attorney's Office regarding training/education of prosecutors especially as agenda item for June conference.
- Identify ways to notify mental health practitioners/professional organizations the standards.
- Contact DPH (they have lists of all mental health clinicians) regarding mass notifications to licensed professionals (within annual licensure notices).

Next Meeting & Adjournment: Next meeting's discussion will focus on any revision to the standards with a focus on implementation of those standards with very limited resources. The meeting was adjourned at 11:48. The next meeting is scheduled for **10 AM January 13, 2016, Room 1B, LOB**