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Ohio IPV Collaborative
Final Report
Ohio Alternative Response Pilot IPV Collaborative Monthly Report
January 2010
Submitted February 10, 2010

David Mandel & Associates LLC
PO Box 745
Canton CT 06019
I. Activity Summary

In January 2010, David Mandel & Associates LLC engaged in the following activities related to this project:

1. Completion of final version of project deliverables.
2. Development of final schedule for trainings.
3. Development of support materials for outreach to project participants including a description of trainings and target audiences.
4. Teleconference with NCALP staff to finalize contract deliverables and conditions.
5. Teleconference with ODVN staff to discuss the status of batterer intervention programs in the target counties, and overall coordination and sustainability.
Ohio Alternative Response Pilot IPV Collaborative Monthly Report
February 2010
Submitted March 5, 2010

David Mandel & Associates LLC
PO Box 745
Canton CT 06019
I. Activity Summary

A. February 3, 2010: Cohort 1: Day 1 Safe and Together Model

Participants: This training session was facilitated by Kristen Selleck and was attended by 35 participants, including AR intake and ongoing workers, supervisors, 4 DV advocates, 3 staff members from ODVN, 1 advocate from the prosecutor’s office DV unit, Dorothy Striker from the Ohio Department of Jobs and Families Services and Jenifer Thompson from NCALP.

The training topics included understanding the Safe and Together model, understanding batterer’s tactics, how those behaviors harm children and information on documentation and interviewing skills. The training included lecture, two videos: Survivors and Through Trevor’s Eyes, group exercises and discussion. During the training, several concerns about policy were discussed. One participant brought up a concern that families in AR have combined case plans for the whole family which would impede workers from making specific plans for perpetrators to address behavioral changes solely expected of perpetrators and could pose confidentiality issues for survivors of domestic violence. Some participants stated that workers could do separate case plans with a court order and that in some cases workers could simply choose to write separate case plans because of safety issues trumping protocol; there was, however, concern that the majority of AR and traditional child welfare workers would not separate out case plans of their own accord. Another participant voiced a concern about confidentiality of information provided by survivors to child welfare. Several participants agreed with this concern and stated that if they do better assessments of survivors (to learn about batterer’s tactics) and documented this information that the perpetrator would have a right to that information. Participants stated that they have no confidential section of their case records that couldn’t be subpoenaed by perpetrators.

Throughout the training, participants expressed that the material was useful in helping them create better documentation and to be more specific about batterer’s behaviors. Participants also stated that they found specific questions for interviewing survivors useful.
B. February 4, 2010: Cohort 1: Day 2 Safe and Together Model

This training was facilitated by Kristen Selleck and Mark Larson and was attended by 34 people, including 2 staff from ODVN, 5 DV advocates (including an advocate located in the prosecutor’s office), and staff, supervisors/managers from Children’s Services, and Jenifer Thompson and Dorothy Striker.

This training focused on conceptualizing batterer’s role in families and developing interventions with batterers. The curriculum included discussion, lecture and group exercises. Participants were engaged throughout the day. Several participants brought up a concern about a lack of batterer intervention programs. In addition, several participants voiced a concern about not being able to order a batterer to a batterer intervention program without him having been arrested and ordered by criminal court. Several participants stated that they wished judges and other community members were getting the same training because they felt their changes to work within the Safe and Together model would be better supported by judges and others being trained in the same model.

When asked what of the training was useful, participants had several responses. One manager/administrator stated that the training will lead her to developing a requirement for separate case plans for parents in DV cases. An AR ongoing worker stated that the training was the first DV training that she’d been to that provided concrete skills for working with perpetrators and understanding DV as related to children. Several participants stated that they would use the training material to look at how they interview and conceptualize perpetrators (specifically ensuring practice focuses on perpetrators and services for perpetrators).

A few participants disclosed having been children who witnessed abuse, including a few who’d been in foster care because of domestic violence or fostered children who witnessed domestic violence. One participant told a story about a family friend who was killed and several participants disclosed they knew a family member or close friend that had been abused.

C. February 5, 2010: Cohort 1: Day 3 Safe and Together Model

This training was facilitated by Kristen Selleck and was attended by 33 participants, including 1 staff member from ODVN, 4 DV advocates, AR staff and supervisors from Children’s Services, and Jenifer Thompson and Dorothy Striker.

This training focused on understanding the impact of domestic violence developmentally on children and on how to work with survivors to assess their safety plans and strengths. In addition, worker safety and staff well-being was addressed. This training included lecture, discussion, small group exercises, a large group exercise and an exercise done in pairs. The group was engaged and participated meaningfully throughout the training day. Due to
Inclement weather, however, several participants left around 2pm; the training officially ended at 3pm to provide for participants' safety driving in the snow storm.

Participants reiterated their concern about gaining vital safety planning information from survivors and having no safe or confidential place to keep this information. Both Kristi Burre (CS manager) and Dorothy Striker (ODJFS) stated that they were having conversations about solutions to this concern. The facilitator also provided examples of creative ways to maintain confidentiality. Another concern was helping participants understand the difference between safety planning as it is titled in CS paperwork/guidelines and safety planning in a domestic violence specific capacity. There also appeared to be some concern that CS workers should not be safety planning in the manner DV advocates do; the facilitator stated that advocates' safety plans with battered women are critical to safety but that CS needs safety planning skills to assess the safety and well-being of children separate from the efforts of advocates.

A few participants stated that information about safety planning, particularly developing questions for assessing existing safety plans, were helpful to them. Participants also stated that understanding developmentally specific impact of DV on children could assist them in addressing perpetrators of DV around the harm they pose to their children.

Several participants stated that they enjoyed the training and were taking away concrete information to assist them in their jobs. In addition, one more participant disclosed that she has been a survivor of domestic violence and that she is now safe.

D. February 22, 2010 Cohort 2: Day 1 Safe and Together Model

This training session was facilitated by Kristen Selleck. There were 30 participants, including Jenifer Thompson from NCALP, Jo Simonson from ODVN, 3 domestic violence advocates and Children's Services workers, supervisors and 2 administrators.

This training day included lecture, discussion, videos, and group exercises. The participants learned about the Safe and Together model, batterers' tactics and actions batterers take to harm children. Participants stated that it was useful to think about batterers' behaviors that are not physically violent but are abusive in other ways. Participants stated that it was useful to think about how children are harmed by various behaviors and in learning about documentation of these behaviors.

The group expressed frustrations with domestic violence cases as part of the discussion. Several of the concerns they noted were specific to systems issues. They stated that the police are not making referrals and cases do not get referred to children's services until the criminal court makes a referral many weeks after an incident. There was also a concern noted that law enforcement/criminal justice does not enforce orders of protection. In addition, they stated that
there are not enough services for perpetrators and that criminal courts will dismiss cases after a batterer attends anger management. One participant noted that one of her frustrations is that the child welfare system re-victimizes domestic violence survivors.

E. February 23, 2010 Cohort 2: Day 2 Safe and Together Model

This training session was facilitated by Kristen Selleck. There were 31 participants, including Tonia Moulty from ODVW, Dorothy Striker from ODJFS, Jenifer Thompson, 3 advocates (1 person new to the group sitting in place of her colleague who could not attend) and child welfare workers, supervisors and administrators.

This training day included lecture, discussion, group exercises and video as training materials. Participants learned about the impact of domestic violence on children in developmental stages, ways to partner with survivors and assess survivors’ strengths and safety plans. Participants stated that they appreciated having specific questions to ask survivors to assess for strengths and safety plans. Participants also stated that information about developmental impact of domestic violence was useful, particularly information about infants.

The group questioned how to maintain confidentiality of safety plans. There were several opinions raised. One participant stated that advocates should be the primary gatherers of information about safety planning. The facilitator stated that advocates need to be utilized but that child welfare also must assess for safety planning to make educated case plans. There was some confusion about the difference between safety planning as a skill for assessing survivors’ protective efforts as opposed to safety planning around the child as understood and practiced by child welfare. The facilitator reminded the participants that they must complete their necessary forms and follow their procedures but that they can be creative in working with their supervisors and managers in thinking of ways to maintain the confidentiality of survivors’ plans.

The group also discussed self-care and the facilitator talked about the book Trauma Stewardship. One supervisor bought the book for her unit.

F. February 24, 2010 Cohort 2: Day 3 Safe and Together Model

This training was facilitated by Kristen Selleck and Mark Larson. The training was attended by 31 participants, 30 of whom were the same group as on February 23. One advocate who attended February 22 attended this training; her colleague who attended on the 23rd did not.
The training day included lecture, discussion, videos and pair and individual exercises. This training focused on conceptualizing batterer’s role in families and developing interventions with batterers. The participants learned about conceptualizing batterers (including through socially supported ideas of masculinity supporting battering), intervening with batterers (in informal ways and in services), interviewing batterers and understanding substance abuse and mental health issues when they co-occur with battering. The participants stated that it was helpful to learn about perpetrators’ entitlement in order to work with batterers more effectively. Some participants stated that it was helpful to think of batterers as people making behavioral choices rather than as crazy or drunk people who cannot control their behaviors. Participants stated that they found it helpful to learn specific ways to interview perpetrators and to practice these interviews. Participants used tools provided to them to ask questions to engage “perpetrators” as played by other participants.

The group noted concerns about not having enough programs for batterer intervention. The group noted concerns about fears they have about interviewing perpetrators.

Overall, participants stated that they were going to make changes in their practice after the three day training course. One participant stated that she was going to make an effort to ask survivors for their goals rather than putting in goals for survivors that don’t meet their needs.

Pre and post tests were collected from the group.
Ohio Alternative Response Pilot IPV Collaborative Monthly Report
Submitted April 19, 2010

David Mandel & Associates LLC
PO Box 745
Canton CT 06019
I. Activity Summary

A. March 4, 2010: Cohort 2: Consultation Skills Training (Day 1)

This training was facilitated by David Mandel.

The trainer presented a full day on consultation skills associated with the Safe and Together model. The day began with a check-in related to the prior week’s training. A number of the participants shared about how they were already looking at cases differently and asking different questions based on the initial three day training. After the check-in, the morning focused on a description of the consultation process including identifying the focus of the consultation, how to prepare to be a consultant and how to focus both on the domestic violence dynamics and the worker’s practice. The participants were given scenarios which allowed them to practice applying consultation concepts. The bulk of the afternoon was spent with the trainer modeling a consultation using a case presented by one of the participants. Based on the participants comments and questions the consultation modeling not only helped them understand the consultation process but seemed to help them with their understanding of the model. Many of the participants had experience with providing their peers informal supports and also with peer supervision through the group supervision model. There was extensive conversation about the application of consultation skills to the group supervision process. There was also discussion about how to share information about the model to their colleagues in offices where there were not specialized AR units. Some of the comments after the modeling were “I feel like this demystified the process for me.” “I didn’t realize I didn’t have to have the answer. You just asked lot of questions that helped the worker out.” “It takes the pressure of f of me to have the answer.”

B. March 5, 2010: Cohort 2: Advanced Training on Substance Abuse, Mental Health and Children’s Behavioral Health

This training was facilitated by David Mandel.

This day was focused on the co-occurrence of mental health issues and substance abuse with domestic violence. The trainer introduced the training by explaining that this training has particular importance for AR as many of the cases with domestic violence will be presenting as neglect in the form of substance abuse and/or mental health. The day was divided up into four sections starting with an overview of some of the basic issues associated with co-occurrence of mental health, substance abuse and domestic violence. The subsequent sections were focused on perpetrators, survivors and children. In the perpetrator section, the participants worked in small groups to share examples of perpetrator’s tactics associated with mental health and substance abuse. The participants seemed to be able give specific examples from their case experience. Then the participants were given a case scenario with allegations of lack of supervision due to substance abuse and mental health issues on the part of a father. The group
was asked to identify assessment questions for father, his hospital clinician, mother and the children. This case scenario led a productive discussion of how the mental health system would likely be focused on his danger to himself and would not be doing any significant assessment for his danger to others. This scenario also led to the identification of an important implementation issue related to IPV Pilot: The specialized units may only be getting referrals of identified IPV cases. Cases that present as substance abuse and mental health may be steered to units that don’t have the same level of IPV assessment skills. This heightens the importance of disseminating the expertise out from the IPV AR “experts” to other units and workers.

In the afternoon the trainer presented information related to survivors, mental health and substance abuse. The large group brain stormed a list of survivor’s vulnerabilities resulting from her mental health and/or substance abuse. The trainer led a discussion of how the participants could help with addressing these vulnerabilities. Suggestions included treating the survivor with respect, convening a family conference to help with “burnt bridges,” advocating for the survivor with a program that might have turned her away due to past substance abuse or other behaviors, and validating her worth. This module also included a small group review of a case scenario. Finally the day ended with another small group activity focused on a case that presented with child behavioral health issues which through a thorough assessment seemed to be associated with his step father’s coercive control.

One group of the participants expressed how the training was really making them rethink their practice and this process was making them uncomfortable with how much they might have missed in cases in the past. The trainer reinforced that critical reflection on prior practice and the attendant confusion, doubt and other feelings are a normal healthy and even positive part of the learning process. The participants seemed to appreciate the validation and support.

C. March 12, 2010: Enhanced Advocacy Training

*This training was facilitated by Bridget Reilly*

This training was intended for an audience of primarily Domestic Violence Advocates in an attempt to familiarize them with Children's Services (CS) processes and enhance advocacy efforts by utilizing the Safe and Together model. The training was attended by 26 participants.* An initial challenge was presented when it became apparent that a majority of participants were not from domestic violence agencies, but from various organizations and disciplines including Child Advocacy Centers, Hospital Neonatal Unit, Criminal Court advocates, legal clinic staff, in-home therapeutic services. Many participants also did not know why they were asked to attend the training. The presenter spent some time on familiarizing participants with the Safe & Together model, as well as previous training that had taken place in OH. The presenter also

* Approximately 6 participants left at lunchtime. These participants worked for a law clinic and due to the nature of their job did not feel the training was relevant to their work with survivors.
slightly altered the agenda in order to make the training more relevant to participants and their respective roles in terms of working with survivors and utilizing core principles of the Safe & Together model when working with CS

Participants asked a lot of questions, and seemed particularly interested in learning about CS processes, as well as the Safe and Together model and how to incorporate principles into their respective roles. One participant also articulated that she felt that the training would help in creating a common language when working with CS on cases that involved domestic violence.

D. March 18, 2010 Cohort 1: Consultation Skills Training (day 1)

This training session was facilitated by David Mandel and Kristen Selleck.

There were 25 participants present at this training, including a social work intern from NCALP, domestic violence advocates, and Children’s Services staff members. Several participants who were present in the original 3 day training were not present. There were two Children’s Services staff members who attended this training who did not attend the 3 day training. This training day consisted of lecture, discussion and group exercises and focused on case consultation skills.

One participant volunteered to present a case which was consulted upon (to model consultation skills) during the training day. She stated that the consultation was useful in shaping her upcoming testimony in court on the case. In addition, she sought out assistance from domestic violence advocates in the room to assist her in better understanding the domestic violence concerns; this demonstrated a good collaborative effort between Children’s Services and the domestic violence professionals.

Other participants stated that it was useful to learn about how to use the Safe and Together critical components to shape conversations about domestic violence cases, including in group supervision. In addition, several participants stated that it was helpful to learn about ways to screen for domestic violence in cases that are not identified as domestic violence cases upon referral.

No issues were noted.

E. March 19, 2010 Cohort 1: Advanced Training on Substance Abuse, Mental Health and Children’s Behavioral Health

This training session was facilitated by David Mandel and Kristen Selleck.

There were 27 participants, including Tonia Moultrie from ODVN, and an advocate who had attended the Enhanced Advocacy training but not other Safe and Together training dates.
This training utilized video, discussion, lecture and group exercises. Participants learned about working with domestic violence perpetrators with mental health and/or substance abuse issues, working with domestic violence survivors with mental health and/or substance abuse issues, and identifying children's behavioral health needs related to their witnessing domestic violence.

The trainers observed the group developing good assessment questions throughout their exercises, demonstrating their skills around understanding and asking questions of survivors, perpetrators, children and providers to enhance the safety and well-being of children.

Several participants stated that it was helpful to see mental health and substance abuse as related to domestic violence but how to separate those issues out from behavioral choices of perpetrators to ensure better interventions with domestic violence perpetrators. In addition, several participants stated that it was helpful to think of batterer's coercive tactics as related to harming children and interfering with the mental health needs and substance abuse issues of survivors. One participant stated it was useful to learn about ways to assess a provider's work with a perpetrator around his behaviors when the perpetrator has both domestic violence behaviors and mental health or substance abuse issues. An advocate stated that it was helpful to work cross-systems in these cases to address the families' needs.

One concern was brought up by Tonia Moultrie regarding several participants from Clark County. She stated that they were complaining about the training and complaining about the assessment information and interventions for domestic violence cases recommended by the trainers. In addition, she stated that she observed two participants from Clark County discouraging their colleague from participating in the group discussion and engaging in the training.
Ohio Alternative Response Pilot IPV Collaborative Monthly Report: April
Submitted May, 2010

David Mandel & Associates LLC
PO Box 745
Canton CT 06019
Activity Summary

April 5, 2010: Cohort 1: Advanced Training on Working with Perpetrators, Lancaster, OH

*This training was facilitated by Mark Larson*

There were roughly 25 participants present at this training, including a social work intern from NCALP, domestic violence advocates, and Children’s Services staff members. This training day consisted of a review of previously cover material, discussion and group exercises. The focus was on interviewing skills and applying the principles of the Safe and Together model to case plan development for domestic violence offenders.

During the day, participants identified changes in their practice since the original three day training. These changes included identification of additional behaviors related to batterer’s patterns of coercive control, increased documentation of these behaviors, and more direct engagement with domestic violence offenders. One attorney identified that these changes have resulted in additional cases being screened in as domestic violence cases.

During a role play exercise on interviewing domestic violence offenders, participants demonstrated a commitment to remaining focused on the offender’s behavior. The training participants’ interviewing skills reflected appropriate attempts to engage offenders, gather information and support accountability.

During a case presentation, one person presented a case involving a parent who had been abusive to a child in which the presence of partner violence was unclear. This case highlighted the need for ongoing support, particularly from supervisors, with the ability to observe for and clearly document specific behavior used to control partners and to distinguish these behaviors from those used against children.

Another participant presented a case involving same-sex domestic violence. This case was helpful in reinforcing the importance of documenting specific behaviors and ongoing assessment of the impact of coercive control within the family.

No issues were noted.
April 6, 2010: Cohort 2: Advanced Day on Working with Perpetrators, Lancaster, OH  
This training was facilitated by Mark Larson

There were roughly 25 participants present at this training, including a social work intern from NCALP, domestic violence advocates, and Children's Services staff members. This training day consisted of review of previously cover material, discussion and group exercises. The focus was on interviewing skills and applying the principles of the Safe and Together model to case plan development for domestic violence offenders.

Participants were able to provide examples of how the Safe and Together Principles were being applied within their case work. Participants expressed that these principles were having a positive effect on their case work.

Participants demonstrated appropriate interviewing skills and strategies during the interviewing role play. Their efforts reflected a commitment to increase engagement skills. While participants continued to express discomfort in engaging battering partners and a feeling that they were not confident in their skills, the interviewing strategies demonstrated remained focused on the offenders' behaviors and seemed to reflect a committed desire to avoid victim blaming.

During an afternoon case presentation, one participant presented a case involving a male parent who had been charged with a domestic assault. The participant and the small group that he was working in seemed to struggle to define the parent's behavior as abusive and seemed to focus more on a general pattern of interaction between both parents. This led to a useful discussion about the importance of identifying and documenting patterns of coercion and the impact these have on the development of case plan expectations and service plans.

Another case presentation involved discussion of including an expectation that both the abused and abusive partners in a relationship be required to attend a class on negotiating parent child contact after separation and a possible recommendation of couples counseling. This led to a useful discussion of how survivors are often required to attend services with the sense that they might get something from the service even though completing it is not specifically related to reducing the risk experience by the child.

One participant mentioned the importance of updating forms to reflect the changes in practice discussed during the day.

A specific request was made for further discussion about supporting mothers who return to abusive partners.
April 6, 2010: Community Provider Meeting, Chillicothe, OH

This training was facilitated by Kristen Selleck, MSW.

The Ross County Children’s Services had their community partner meeting at the Children’s Services office. Present at the meeting were several CS staff who’ve attended the Safe and Together training, several CS staff who had not yet been introduced to the Safe and Together model, a forensic evaluator (for child sexual assault), a batterer intervention provider, several mental health professionals and a few guidance or other counselors from the local school. In addition, Jenifer Thompson from NCALP and Jo Simonson from ODVN were present. The majority of the meeting was facilitated by Kristen Selleck from David Mandel & Associates. There were 25 total participants.

The participants were introduced to the NCALP involvement with AR and information about AR in general by Jenifer Thompson. Participants were given an opportunity to discuss successes and frustrations with their community’s response to domestic violence. Several concerns that were raised included a lack of accountability from law enforcement or criminal court, the high price of batterer intervention programs, and general funding issues for all mental health and child welfare. Another concern was for the school providers about when to make a referral to CS and when to call CS about a case when they have information. The participants discussed the best ways to communicate while recognizing that mandated reporting laws and confidentiality are paramount. One participant stated that a success has been the efforts of DV shelters to assist clients. Another participant stated that working with the Safe and Together model has been successful.

Participants learned about the Safe and Together model and Children’s Services efforts to enhance their practice related to domestic violence. Participants discussed interventions with children who witness domestic violence and ways to communicate from agency/school to agency about the impact of domestic violence observed in children. In addition, participants discussed ways to communicate about batterer’s behaviors to ensure that children’s behavioral health needs are met and that batterers’ intervention providers are aware of perpetrators’ behaviors.

Participants discussed the importance of collaboration between agencies and community partners in sustaining AR practice and practice in the Safe and Together model. CS and their community partners all said having a shared language to discuss cases is important and helpful. One CS supervisor stated that she has seen changes in their practice since the initial Safe and Together training, including in the way they are documenting batterer’s patterns of coercive control and the way they are working with domestic violence survivors. This supervisor stressed the importance of working with community partners to continue this work.

No other issues were brought up.
April 7, 2010: Community Partner Meeting, Lancaster, OH

This training was facilitated by Kristen Selleck, MSW

Fairfield County Children’s Services had their community partner meeting. There were 16 attendees of this meeting, including 2 CS staff members, Jenifer Thompson from NCALP, 3 police officers, a mental health provider, a 211 provider, 2 providers who work directly with children, a probation officer, a prosecutor, a victim services provider from the prosecutor’s office, domestic violence victim advocates, and a staff member from the Child Advocacy Center.

CS manager, Justin Gall, opened the meeting with basic information about Alternative Response and the IPV Collaborative. Jenifer Thompson introduced the group to information about the IPV Collaborative as well. The majority of the meeting was facilitated by Kristen Selleck from David Mandel & Associates and included discussion and training material on the Safe and Together model.

Participants stated that they had several concerns about the community response to domestic violence. Several reiterated concerns about lack of funding and a general lack of resources available to families. In particular, the group stated that they did not have a batterer intervention program but that they were attempting to create one through the mental health provider and the prosecutor’s office. Another concern that was brought up was a lack of detail or risk/lethality assessments done by the police department. Several participants stated that they were concerned about domestic violence survivors who choose to remain in abusive relationships. One participant stated that she was concerned about situations where the police were not able to find perpetrators who flee; in response, a police officer stated that she believed domestic violence survivors lie to “get even” with perpetrators in many cases.

Finally, several participants stated that they did not see enough consequences for battering.

Participants stated that in cases where cross-systems collaboration occurs, there has been success in working with the family, connecting people to supports and services and even prosecuting offenders.

The group discussed ways to communicate about patterns of coercive control and how those details benefit CS’ risk/safety assessments as well as prosecutors and providers working with the perpetrator or the children. In addition, the group discussed strategies for assessing risk together and sharing information with one another that can benefit the safety of the children.

Participants discussed concerns about engaging domestic violence perpetrators and survivors throughout the meeting but discussed strategies collaboratively.
The domestic violence victim advocates did not participant in the discussions during the training; however one advocate spoke with the facilitator during a break and stated that she was glad these trainings and conversations were happening. She alluded to some tensions between advocates and some other agencies at the meeting.

April 13, 2010: Community Partner Meeting, Columbus, OH

*This training was facilitated by David Mandel, MA, LPC*

The Franklin County community meeting overview of the Safe and Together model was delivered by David Mandel. The meeting was attended by a diverse audience (approximately 25 people) including FCCS staff, attorneys, law enforcement, and service providers. David began by giving an overview of his work with domestic violence and child welfare, the importance of the Safe and Together model for the Alternative response Pilot and community collaboration, and the overview of the day. The audience was given the opportunity share their concerns and questions regarding the intersection of domestic violence and children. The balance of the morning was focused on an introduction to the assumptions, principles and critical components of the Safe and Together model. The morning was finished with video and discussion. The afternoon session began with a small group discuss focused on the implications of using a coercive control definition in daily social work practice and the examples of the ways domestic violence perpetrator’s use children as weapons and undermine the other parents’ parenting. The balance of the day was focused on how identify survivor’s strengths. The participants were given the opportunity an opportunity to discuss what they were taking away from the day and how to integrate it into their own practice and cross systems collaborations.

April 14, 2010: Community Partner Meeting, Springfield, OH

*This training was facilitated by David Mandel, MA, LPC*

The Franklin County community meeting overview of the Safe and Together model was delivered by David Mandel. The meeting was attended by a diverse audience (approximately 25 people) including FCCS staff, attorneys, law enforcement, and service providers. David began by giving an overview of his work with domestic violence and child welfare, the importance of the Safe and Together model for the Alternative response Pilot and community collaboration, and the overview of the day. The audience was given the opportunity share their concerns and questions regarding the intersection of domestic violence and children. The balance of the morning was focused on an introduction to the assumptions, principles and critical components of the Safe and Together model. The morning was finished with video and discussion. The afternoon session began with a small group discuss focused on the implications of using a coercive control definition in daily social work practice and the examples of the ways domestic violence perpetrator’s use children as weapons and undermine the other parents’ parenting. The balance of the day was focused on how identify survivor’s strengths. The participants
were given the opportunity an opportunity to discuss what they were taking away from the day and how to integrate it into their own practice and cross systems collaborations.

**April 22, 2010: Cohort 1: Advanced Training Day on Working with Survivors, Springfield, OH**

*This training was facilitated by Bridget Reilly, MA*

There were 23 participants present for this training.

The day consisted of discussion, role-play, review of critical components of the Safe & Together model and exercises to help participants practice skills related to their work with survivors. Discussion in the a.m. centered around how the Safe & Together model has influenced practice change, included several participants stating that they are gathering more information during investigations and talking about cases differently in case transfers.

A role-play was done to practice skills related to interviewing and partnering with survivors. Participants had a chance to ask questions and give feedback during the role play and the trainer facilitated discussion and shared practice tips related to interviewing and working with survivors. The day finished with small group exercises to give participants an opportunity to apply the Safe & Together principles, and support each other around partnering with survivors. Participants stated that it was helpful to talk through a case with their peers and several times noted that they are asking more questions and making more effort to validate strengths. Of particular note, a supervisor shared a current, high-risk case in which the intake worker’s assessment discovered domestic violence in a case that was referred due to an allegation of physical abuse by mother. The supervisor talked about how use of the Safe & Together model helped identify the batterer’s pattern of coercive control and helped the intake worker to partner with the survivor.

**April 23, 2010: Cohort 2: Advanced Training Day of Working with Survivors, Chillicothe, OH**

*This training was facilitated by Bridget Reilly, MA*

There were 22 participants in this training.

In this session, the structure of the day was similar to the training on April 22, 2010. Participants spent some time discussing frustrations with other systems in respect to domestic violence cases, especially the courts and law enforcement, and domestic violence shelters being full. During discussion, participants acknowledged that they were changing their practice in relation to working with survivors and the domestic violence unit staff stated that their peers were eager for information about domestic violence case practice. Participants stated that they were screening more cases for domestic violence, they were getting more information and they were better than before at validating survivor strengths.
Again, participants stated that the small group exercise was helpful in terms of practicing skills on a real case and getting feedback and new ideas from peers.

April 28, 2010: Cohort 1: Consultation Skills Training (day 2), Lancaster, OH
This training was facilitated by Bridget Reilly, MA

There were 25 participants in this training.

In the beginning of the training, participants expressed frustration over the number of training days and falling behind on casework. Most also appeared somewhat confused about their role as domestic violence subject matter experts, especially in regards to case consultation or being a resource for their peers and/or staff. Through discussion most stated that they were not consulting on cases with peers, but sometimes had “informal” discussions about cases. Participants from the domestic violence unit appeared to have a clearer understanding of their role as subject matter experts as compared to other participants, and were more vocal in terms of asking questions and sharing examples, successes and frustrations.

Trainer modeled a case consultation with a participant and stopped at various intervals to discuss key points related to critical components and consultation skills with the group. Trainer also reviewed material related to the Safe & Together model and the previous consultation skills training. Again, Domestic Violence Unit staff appeared to be more engaged in asking questions and making connections to their respective roles.

The afternoon consisted of a small group exercise in order to practice skills related to case consultation. Participants appeared to engage in good conversations regarding cases, but again some appeared somewhat confused as to their role in terms of support, sharing knowledge or asking questions related to critical components of the Safe & Together model.

April 29, 2010: Cohort 2: Consultation Skills Training (day 2), Columbus, OH
This training was facilitated by Bridget Reilly, MA

There were 16 participants in this training.

The structure of the day was somewhat different from the previous day. Instead of a larger group discussion in the morning, the trainer asked participants to use small group discussion to talk about challenges/successes related to case consultation. Many of the participants talked about how they were using their skills as Subject Matter Experts during group supervision. Many noted that they felt useful and supportive to peers, and also stated that they would give recommendations and follow-up with staff during the next group supervision. In this training group, participants overall appeared to have a clearer
understanding of their role as Subject Matter Experts and most had done case consultation and/or shared information and guidance to peers regarding domestic violence case practice.

In the afternoon exercise, participants talked about how to address thinking errors while also being supportive, especially in regards to working with survivors, and how best to communicate information about a domestic violence case to a new worker.

Of note regarding the Advanced Consultation Skills training, perhaps more time between the first Consultation Skills training and the Advanced day would be more beneficial to at least some participants as they would have had more time to practice using skills and gain more clarity regarding their role as it relates to consultation. Also, several participants in the first training expressed frustration at the number of trainings in a short time span, and anxiety about being out of the office.
Activity Summary

May 18, 2010: Safe and Together Model for Batterer Intervention
Facilitators
Columbus, OH
This training was facilitated by Mark Larson

There were 6 participants present at this training, including two representatives of batterer intervention programs, a representative from the Ohio Domestic Violence Network, a representative from the Department of Corrections, and two representatives of a local mental health agency.

This training day consisted of review of the Safe and Together model and batterer parenting style, efforts being made by the Department to increase efforts to engage batterers, and strategies for successful collaboration between DCF and batterer intervention programs.

Representatives from batterer intervention programs shared that they have not seen a noticeable increase in referrals from children protections and have historically found that men who batter withdraw from their programs once visitations or custody with children is resumed.

Participants were successfully able to identify the elements of successful collaboration with batterer intervention programs that DCF caseworkers are interested in and what DCF caseworkers hope for from referrals from batterer intervention programs. Participants were also able identify successful elements of effective collaboration for batterer intervention programs and what these programs hope for in referrals from DCF.

There was discussion of the historic lack of trust that batterer intervention programs have had in the DCF response and how the Safe and Together model helps address these concerns. Specifically, there was discussion of the fear that the DCF response would fail to recognize the interests and needs of domestic violence survivors.

A specific request was made for further opportunities for discussion between probation officers and DCF about strategies for improved collaboration.
May 19, 2010: Parenting by Perpetrators of Domestic Violence (both cohorts combined).
Lancaster, OH
This training was facilitated by Mark Larson.

There were 50 participants present. The training consisted of a presentation about batterers’ parenting styles and the effects of these on children. It also included practice of skills for interviewing children.

A discussion of strategies for intervening with batterer parents prompted a discussion about batterer intervention programs. Participants voiced interest in concrete information about characteristics of quality batterer intervention programming. Participants expressed that they did not know what to expect from batterer intervention programs and felt that access to quality intervention programming was limited in their communities.

Participants also request clarification of the differences between batterer intervention programming and anger management. The trainer provided information and clarification for participants to meet this concern.

One participant who works in the prosecutor’s office shared her experience that she has observed significant change in the documentation of domestic violence cases. She identified that this change has facilitated positive changes in her office’s screening and response to domestic violence cases.

Participants expressed appreciation of discussion about strategies to engage batterers in relations to their interest in their children’s safety and their desire to be experienced as more positive parents.

The most significant issue identified during this training was the perception of a lack of appropriate batterer intervention programming.

May 20, 2010: Technical Assistance Day
Columbus, OH
This technical assistance day was facilitated by Kristen Selleck, MSW

From 9-10, Kristen met with the IPV unit supervisor to discuss strategies for supervision and consultation. Lisa stated that there were frustrations she and her unit were having because when they provide consultation they are feeling unheard and the other units are continuing to practice in the “old” way. Kristen offered suggestions, including training other units, allowing other units or supervisors into the IPV group supervision and ensuring that the IPV unit becomes comfortable with not “owning” their consultation cases and their outcomes. Lisa asked about how to disseminate information. Kristen discussed strategies for introducing Safe and Together model to other units through unit meetings, offers of providing group supervision, and having her staff do short trainings for others in the office on
certain practice elements of the Safe and Together model (such as documenting patterns of coercive control, interviewing survivors, etc.).

From 10-12, Kristen met with the IPV unit (5 people). Kristen consulted on one case and discussed strategies for interviewing perpetrators. The group discussed their frustrations, concerns and experiences in interviewing perpetrators and in using the model. The unit expressed concern that they have been very busy lately but that they have been using the model and think it has been useful.

From 1-3, Kristen met with several ongoing workers regarding their cases. The group discussed three cases and asked for recommendations about how to proceed using the Safe and Together model. Kristen provided recommendations and feedback on the cases.

From 3-4:30 Kristen met again with the IPV unit and discussed more cases. In addition, Kristen discussed strategies for self-care and the importance of talking through difficult cases and frustrations with clients in order to maintain good practice in the long term.

May 21, 2010: Technical Assistance Day
Springfield and Chillicothe, OH
This technical assistance day was facilitated by Kristen Selleck, MSW

8:30-11:30 am: Springfield, OH

Kristen Selleck, Jenifer Thompson, Stefania Falke, Jo Simonson, and Tyra Jackson (ED of Project Woman) met to discuss implementation of the Safe and Together model. Kristen informed Tyra about the Safe and Together principles, and the training topics that participants have gone through. Stefania discussed ways in which Children’s Services handled domestic violence cases prior to the Safe and Together trainings and how they are working to improve their practice and their collaboration with community partners.

Stefania brought in Angela, the screening supervisor, to discuss screening procedures. Angela discussed how they accept domestic violence cases, including when there’s a history of violence, a recent physical incident witnessed by the children, or weapons involved. Currently, they do not accept cases regarding many threats or other controlling/verbally abusive behaviors. AR accepts domestic violence cases that are not felonies or involving a weapon or if the perpetrator has an extensive criminal history, those cases are being screened into traditional CPS units.

Several community related issues were addressed in the meeting; included in these concerns were one judge keeps kids with perpetrators when victims go to shelter because the judge does not believe the
Several CS-specific issues were addressed as well. Included in these concerns, were workers struggling with not holding survivors accountable for DV. In addition, if CS substantiated on the perpetrator and not on the survivor, workers can separate out referrals on mom and dad to keep them different (for prosecution purposes), but there is some inconsistency in this. There were several concerns raised about how to implement the model without training the rest of the staff and concerns because of turnover and medical leaves within this office. Finally, there was one AR concern raised specific to domestic violence practice: AR requires interviewing the family together to support family’s investment in the process but this can be a safety concern for domestic violence cases.

The group discussed solutions to some of the issues. CS invited Project Woman to attend the CAC meetings and to collaborate in other ways. CS’ group supervision will start next month when staff fills out to better implement the Safe and Together model. The group discussed ways to get a BIP (including that CS may be able to provide space for a provider from a nearby county).

1:00-4:00pm: Chillicothe, OH

Kristen and Jenifer Thompson met with several staff from Ross County Children’s Services. There were 11 attendees, some who had been through the Safe and Together training and some who had not.

Kristen consulted on two cases and gave specific case recommendations. In addition, the group discussed strategies for implanting the Safe and Together model. The group stated that they were doing well with implementation, particularly in assessing information about patterns of coercive control. Some of the workers in the supervision who had not been through the Safe and Together training asked about patterns of coercive control. There were joking comments about how the trained group uses terminology that the other staff does not understand. The workers who have been trained stated that they’ve been sharing information with their colleagues.

Kristen also worked with the group to discuss group supervision techniques and ways to use the critical components to organize the case information.

Participants stated that they’ve found focusing on perpetrators has been helpful and their ability to look at strengths of survivors has been helpful too. Helen Lehman stated that she has been screening better for coercive control and confronting perpetrators in her private practice, and several supervisors made comments about Safe and Together helping their supervision and assessment.
Ohio Alternative Response Pilot IPV Collaborative Monthly Report
June, 2010

David Mandel & Associates, LLC
PO Box 745 Canton, CT 06019

Kristen Selleck
7/1/2010
Activity Summary

June 2, 2010: Safe and Together Model Training for Legal Personnel
Columbus, OH

*This training was facilitated by Kristen Selleck, MSW.*

This training was attended by 44 participants, including 1 magistrate, several private and dependency court attorneys, GALs, CASA volunteers, 3 staff from ODVN and 2 staff from NCALP.

Participants gained an overview of the Safe and Together model as well as information about how Children's Services has been implementing the Safe and Together model particularly related to AR. In addition, participants learned about interventions for perpetrators, case plans and court orders that can be in place to reduce the risk to children exposed to battering behaviors. This training included PowerPoint, lecture, discussion, and video to learn about the topics.

Throughout the training, the group asked many relevant questions and were very engaged. The questions were primarily basic questions about domestic violence and at times participants struggled to remain focused on legal-specific topics in favor of asking about or talking about basic domestic violence issues.

Several participants struggled with concepts related to supporting domestic violence survivors. However, several attorneys who represent domestic violence survivors at times in cases stated that this information was beneficial to them. Two participants in particular struggled with victim-blaming concerns and the belief that domestic violence survivors falsely allegations of abuse.

Several participants stated that the training was overall helpful. One participant stated that he would be screening case plans to ensure services for non-offending parents were not unreasonable. Another participant stated that she would use the information to assess the quality of information presented by Children's Services. One attorney stated that she will use training materials about assessing for strengths in her conversations with clients and with Children's Services. A few participants spoke to the facilitator during breaks stated that they did not feel comfortable confronting the victim-blaming statements to the larger group, but that they thought the Safe and Together model information was beneficial and needed for themselves and their colleagues.

There were discussions throughout the training about issues around confidentiality, legal strategies for when batterers are not biologically related to children, case planning strategies for perpetrators of domestic violence and needs of children exposed to domestic violence.
June 8, 2010: Safe and Together Model Training for Substance Abuse and Mental Health Providers
Columbus, OH
This training was facilitated by Kristen Selleck, MSW.

Approximately 40 providers, including mental health clinicians, clinicians for children, substance abuse counselors, several clinicians with specialties in trauma, or children's behavioral issues or children in foster care, and 2 staff from the Ross County Prosecutors office.

This training included lecture, PowerPoint, discussion, small group exercises and video in order to teach participants about the Safe and Together model, how Children's Services has used Alternative Response and Safe and Together to change their practice in recent years, and about interventions and treatment indications for domestic violence co-occurring issues of mental health and/or substance abuse.

Participants stated that they rarely receive details about cases, particularly about patterns of coercive control, from Children's Services. The trainer offered questions providers can use to ask Children's Services to gain more information. Participants were surprised to learn that child welfare does not do ecological or biopsychosocial assessments of families in the manner that providers do. Providers stated that they have struggled at times in their collaboration with Children's Services but that the information in the training has given some of them a framework to discuss these cases with the agency.

Many participants had questions about interventions with domestic violence perpetrators, including how to assess effectiveness of Batterer Intervention and ways to work with perpetrators in mental health and substance abuse settings. The trainer provided answers to many questions and directed some participants to information given by Tonia Mouly from ODVN.

Participants stated that the information about domestic violence was helpful and for some of them was new. Participants also stated that it was helpful to learn about ways to work with perpetrators of domestic violence and to collaborate with Children's Services.

June 9, 2010: Safe and Together Model Overview Training for Franklin County Children's Services
Columbus, OH
This training was facilitated by Kristen Selleck, MSW.

2 3-hour Safe and Together overview trainings were conducted for Franklin County Children's Services staff who had not been involved in the IPV Pilot. There were approximately 40 participants for the entire day. Each training consisted of lecture, discussion and PowerPoint and participants learned basic information about the Safe and Together model as well as tips regarding interviewing perpetrators and survivors. Participants also learned about the principles and components of the Safe and Together model as they relate to case practice. Several participants stated that they found the components helpful for organizing information. In addition, several participants stated that it was helpful to have
some strategies for interviewing and for handling difficult perpetrators. Several workers stated that they were glad to learn some of what their colleagues in the IPV pilot were learning. No significant concerns were noted.

June 18, 2010: Safe and Together Model Retreat
Columbus, OH
This training was facilitated by David Mandel, MA, LPC and Kristen Selleck, MSW.

This training day was attended by 43 participants, most of whom were Children’s Services staff and domestic violence advocates who were in the original training cohorts. In addition to the DV advocates and CS staff were Jenifer Thompson from NCALP, Jo Simonson and Tonia Moultry from ODVN and 2 additional community providers.

This training day included PowerPoint and lecture review of the Safe and Together model as well as discussion, group and individual exercises focused on ways to maintain the momentum of the training period as well as focused on sustaining the implementation of the model throughout the counties’ practice in the future.

Participants were asked to report to the larger group about what strategies they’ve learned and incorporated into their practices from the ongoing Safe and Together training. The following is a sample of the answers given: CS staff, including managers and supervisors who review the work, reported having improved documentation and improved skills at assessing patterns of coercive control versus incidents of violence. An advocate reported feeling more confident about the referrals made to CS and believing her referrals are clearer for CS and for domestic violence survivors. One CS worker stated that she’d developed a different level of empathy for children’s experiences of domestic violence and has gotten better at assessing for the impact of violence against them. Another CS worker stated she was improved at recognizing how domestic violence perpetrators use survivors’ mental health and/or substance abuse against them in a controlling manner. Several participants stated they felt they were better at interviewing and learning about the risk to children as well as intervening with perpetrators and understand how to use perpetrator interviews as assessment tools.

Participants were asked to report their next steps in implementing the model or actions that they can continue to ensure good implementation of the model. The following is a sample of the answers given: Advocates reported they will bring domestic violence survivors into the process of making referrals to CS when necessary which can highlight survivors’ cooperativeness and their strengths. CS staff reported that they will frame goals (especially goal of keeping children in the care of survivors) for survivors and build on survivors’ strengths; in addition, CS staff reported that they will directly address perpetrators’ behaviors and interview perpetrators sooner in the process and in an ongoing manner. Advocates
reported being able to use CS as an ally, particularly for intervening with perpetrators in a way that supports the needs and wants of survivors. Supervisors reported that they will listen for patterns of coercive control and strengths as well as recognize how survivors’ needs for their children may be more immediate than domestic violence issues (and the importance of how that knowledge shapes case planning).

Participants were asked to report to the larger group about their concerns or barriers to this point. Some participants reported feeling uneasy still with interviewing perpetrators. In addition, CS participants stated they needed more support in case planning and better collaboration with first responders (particularly law enforcement around safety assessments). CS also reported that they are concerned that some of their community partners and providers do not understand domestic violence and that services don’t necessarily meet the needs of families.

To discuss issues of sustainability, participants stated that they were concerned in the long term about several issues. Participants stated that an inability at times to find perpetrators, dealing with court personnel (magistrates in particular) who do not understand the Safe and Together model or domestic violence dynamics, focusing on behaviors rather than services in case plans, trying to find ways to maintain the momentum, and struggling with doing comprehensive assessments in short time frames and understanding community partners’ time frames and how those will impact case practice.

Participants also made suggestions for the sustainability of the Safe and Together model. These included: Using the Safe and Together principles and critical components in their safety assessments, case reviews, transfer logs, and case mappings. In addition, the principles and components can be used for formal and informal conversations between intake and ongoing workers about cases. Participants stated that group supervision can assist them in staying focused on the Safe and Together model as well. In order to maintain sustainability through community partnership, participants discussed ways to share case plans with service providers and share information about batterers’ behaviors to batterers’ providers. Participants also suggested different specific strategies for intervening with perpetrators through getting releases of information for services and CS up front and ensuring that if perpetrators refuse to sign, contacting court or probation to try to encourage perpetrators to change their minds and cooperate. Finally, participants stated that more training for colleagues, case reviewers and quality assurance staff would help the sustainability.

No other concerns were noted.