

Further Revised Proposed Changes to NAC 228
Domestic Violence

5/5/2016

From Dennis Fitzpatrick

Reality Therapy Certified (RTC), M.M.

Domestic Violence Supervisor for LRS and New Beginnings, State of Nevada

Retired LADC Supervisor for Board of Examiners for Alcohol, Drug and Gambling Counselors

1. Change NAC 228.190 Inappropriate treatment. ([NRS 228.470](#))

An organization that operates a program shall ensure that:...

2. The program does not:

(a) Delay the treatment of an offender because the offender is abusing drugs or alcohol;

Add: “but may enroll the offender in a joint course in substance abuse and Domestic Violence.”

Reason:

Treat substance abusers (61%)¹ at the same time as Domestic Violence offenders. Current regs require that domestic violence offenders must be treated immediately for domestic violence even though they are not abstinent enough to benefit from the domestic violence classes.

NAC 228.190 2. The program does not:

(a) Delay the treatment of an offender because the offender is abusing drugs or alcohol;

Also, domestic violence continues to happen as the abuser attends domestic violence classes and continues to abuse substances. Most abusers cannot afford \$1600 for two separate classes.

Further, the Nevada Domestic Violence Committee’s own rule mandates a written plan of treatment for the offender that includes treatment for the abuse of drugs or alcohol by the offender.

Could the committee be in violation of its own rules by not providing such treatment?

NAC 228.170-2(b)(1) Treatment relating to a history of domestic violence, child abuse, sexual abuse or *the abuse of drugs or alcohol* (italics added) by the offender and treatment relating to the evaluation of the offender by the provider of treatment;

I have heard a member of the committee state that it is not within the jurisdiction of the Nevada Domestic Violence Committee to provide such treatment. Then, who is? Do more victims have to suffer and die because of untreated abusive substance abuse offenders attending domestic

violence groups? Could not a liaison committee member be selected to work out a joint program of treatment with the *Substance Abuse Prevention and Treatment Agency (SAPTA)*?

Another solution is obvious. I suggest that the all 26 Domestic Violence classes address these dual themes.

Possible Dual Class Topics for the 26 Groups:

1. Impulsive Thinking (the 2nd Thought) and the effect of Domestic Violence on the family and the causes of Domestic Violence
2. Handling Conflict and substitute abuse and domestic violence.
3. Fair Fight Negotiation 1 and substitute abuse and domestic violence.
4. Cycles and Stereotypes and substitute abuse and domestic violence.
5. Financial pressures and CD relapse and Domestic Violence
6. Child Abuse and substitute abuse and domestic violence.
7. Sexual Abuse and CD relapse and Domestic Violence
8. Recognizing addiction in substitute abuse and its effect on domestic violence.
9. Addiction Recovery in substitute abuse and its effect on domestic violence.

10. Power & Control, Controllers & Enablers and its effect on substitute abuse and domestic violence.
11. Meeting basic genetic needs without alcohol, drugs and Domestic Violence.
12. Choosing and Keeping Healthy Mates in the future.
13. Fair Fight Negotiation 2 and substitute abuse and domestic violence.
14. Self-Evaluation Questions in communication with others.
15. Conscience and substitute abuse and domestic violence.
16. Jealousy and substitute abuse and domestic violence.
17. Positive Growth Skills and substitute abuse and domestic violence.
18. Other addictions and substitute abuse and domestic violence.
19. Learning lessons and substitute abuse and domestic violence.
20. Competitiveness and substitute abuse and domestic violence.
21. Fair Fight Negotiation 3 and substitute abuse and domestic violence.
22. Conflict Practice Drills and substitute abuse and domestic violence.
23. Forgiveness and Amends and substitute abuse and domestic violence.
24. Grieving and substitute abuse and domestic violence.

25. Stress and substitute abuse and domestic violence.
26. Tolerance Stress and substitute abuse and domestic violence.

2. **Change: NAC 228.106 Payment for program: Indigent offenders; sliding scale. ([NRS 228.470](#))... 3. The program does not deny an offender participation in the program solely because of the offender's inability to pay for the program.**

Add: In cases of offender's inability to pay a program may choose to require a corresponding amount of community service equal to the length of the class. (i.e. a 1.5 hour class equals 1.5 hours of community service.)

Reason: Agencies are flooded with indigent offenders.

Agencies treat far more than the required 5% of indigent offenders. Some agencies treat up to 50% offenders as indigent. There is a simple solution cited by the former inspector, Dr. Hughes, for the Nevada Domestic Violence Committee. Require community service for an indigent scholarship. Example: 1.5 hours of community service equals a 1.5 hour group class. Dr. Hughes reports that most indigents would rather pay than do community service.

Such a change would help reinforce the concepts of personal responsibility and consequences taught in group sessions to offenders.

3. **Change: NAC 228.165 Group counseling. ([NRS 228.470](#))...1(a)(3) Except as otherwise provided in subsection 2, consists of not less than 3 offenders or more than 24 offenders.**

Add: replace 24 offenders with 12 offenders.

Reason: Need smaller classes of 12 to be more effective:

This is the maximum group size recommended by Dr. Hughes, the former inspector for the Nevada Domestic Violence Committee. Nevada is the only state that allows as many as 24 clients. Chemical Dependency group size is limited to 15 clients in Nevada.

Agencies will not make this change on their own because they must employ twice as many counselors. Only a statute change can help

counselors be more effective in reducing domestic violence. Studies show that a smaller group size is far more effective in teaching and preventing violence.²

I have taught offender groups for 10 years and supervised them for 13 years. Only one of the members of the Nevada Domestic Violence Committee has taught offender groups. It is obvious to those who have taught offender groups that smaller groups learn much faster.

4. **Change:** NAC 228.165 Group counseling. ([NRS 228.470](#)) 1. An organization that operates a program shall ensure that:
- (a) The treatment provided to an offender by the program is provided in a group counseling session that:

Add: and one private counseling session once a month.

Reason: Counselors cannot adequately help or assess progress.

I have 3 reasons why I think it is necessary to have one private meeting a month with a domestic violence client as is done in level 1 Chemical Dependency classes.

1. Underlying epigenetic causes of lack of impulse control from childhood abuse cannot be addressed in group because of confidentiality implications. Therefore acting out of anger at childhood trauma is never addressed and can continue.
2. The courts can order offenders to attend group classes. But the counselor cannot order the client to change their thinking or order their residual pain to disappear. Counselors can inspire change best 1to1.
3. It is impossible for the committee to expect the counselors to give an adequate measure of the progress of the client in their behavior and attitudinal changes as required in NAC 228.170 2c without private meetings with the clients.

5. **Change:** NAC 228.210 Requirements. ([NRS 228.470](#)) 1. An organization that operates a program shall:

(a) Ensure that each supervisor of treatment and each provider of treatment complete annually at least 15 hours of continuing education approved by the Committee, of which:

Add: or providers may meet annually with their supervisors who will assess areas of need and suggest appropriate workshops, professional development activities and reading materials equaling at least 15 hours of continuing education.”

Reason: Rely on supervisors to know the needs of their counselors.

There are currently very limited opportunities and topics available to providers for completing approved continuing education in Nevada, especially southern Nevada. The solution is simple and all of the needed components are already in place. Providers can learn from a variety of sources and should be encouraged to do so.

Supervisors are best equipped to monitor, assess and make suggestions on areas of weaknesses as they are already tasked with monitoring and auditing each provider. Supervisors could simply add what was completed that year to the files they keep on each provider.

Trusting this task to the supervisors provides huge benefits and minimal if any downside. Adopting this proposal would improve the scope of topics and availability of learning opportunities, reduce the work load of the committee in this area (allowing for focus on other important areas), place a minimal new burden on supervisors as they are already serving in much of this capacity, encourage more collaboration between supervisors and the committee, make continuing education valuable and impactful for providers, and improve the quality of domestic violence groups being offered in Nevada. The process can continue to be audited and recorded as stated above for quality assurance and safety. If we can trust supervisors to oversee providers and providers to facilitate groups, there is no reason not to trust them with continuing education.

6. **Change:** This is a reg to add not change.

Add: A study according to the Deming PDSA³ method or other proven tool as determined by the Nevada Committee on Domestic Violence, will be conducted every two years on the effectiveness and improvements needed in group/private classes held in Nevada. This

study will be funded by charges to agencies and each agency's results will be presented privately to them. It will not be made public.

Reason: We do not know if domestic violence groups work, what improvements are needed and which approach works best (Duluth, CBT, Glasser, Maté, mixed models, use of visuals, etc.). The evidence so far is that domestic violence groups do not work.⁴

The committee would be wise to fund an objective performance measurement of domestic violence agencies. At present, there is no such objective measurement, only unreliable anecdotal reports.

There is also no measurement of the effectiveness of agencies compared to each other, their methods and approaches. To know which approach is most effective like Reality Therapy/Choice Theory, Duluth Model, Use of Visuals, CBT, etc. is valuable information.

I like Deming's quotation on this issue: "A numerical goal without a method is nonsense."

The study should include not only be by the number of clients who reoffend but the study should measure

- best length of treatment;
- best type of treatment individual, group or a combination approach;
- effectiveness against the cost of the treatment;
- effectiveness of treating a mixed group of offenders with and without substance abusers;
- effectiveness of addressing residual childhood attachment violations (trauma rehabilitation);
- measure effectiveness by cultural diversity, race, age, economic status and educational level;
- use of role play with males and females on safe occasions;
- father mentoring;
- effectiveness of the use of videos and PowerPoint over lecture classes;
- did the treatment go beyond preventing reassault by improving life skills and happiness and satisfaction in life;
- effectiveness of ex-offenders as coaches and as new domestic violence counselors.

END NOTES

¹ The U.S. Department of Justice found in 2002 that 61% of domestic violence offenders also have substance abuse problems. <http://www.ncadv.org/files/SubstanceAbuse.pdf>

² The following references clearly establish that class size matters:

<http://www.classsizematters.org/research-and-links>

<http://www.brookings.edu/research/papers/2011/05/11-class-size-whitehurst-chingos>

³ W. Edwards Deming is widely recognized as the most successful systems analyst for service and product companies in history. He led Japan to dominance in electronics and automobiles. Ford and Xerox credit him with saving their companies from extinction. See *The power of TRUE Quality Management* by Matthew Cross,

<http://www.leadershipalliance.com/deming.htm>

⁴ The following 10 studies show that domestic violence groups are not effective:

1 Jeffrey L. Edleson, PhD in 1989: 156 men who completed the treatment program and comparison groups totaling 67 men who received varying amounts of treatment but did not complete the program. Overall, approximately two-thirds of the men who completed treatment were found, at follow-up, to be not violent. Just over half of the men who received some treatment but did not complete treatment were also reported to be not violent at follow-up. However, follow up is by estimation and was determined automatically by a computer program.

https://scholar.google.com/citations?view_op=view_citation&hl=en&user=IO9_y4gAAAAJ&citation_for_view=IO9_y4gAAAAJ:UeHWp8X0CEIC

2 Futures without Violence (Family Violence Prevention) in May, 2003:

https://www.futureswithoutviolence.org/userfiles/file/Children_and_Families/Certified%20Batterer%20Intervention%20Programs.pdf

No measurement of outcomes was taken.

3 Batterer Intervention Programs: Where Do We Go From Here? June, 2003

<https://www.ncjrs.gov/pdffiles1/nij/195079.pdf> US Dept. of Justice

“The stakes for women’s safety are simply too high to rely on batterer intervention programs without stronger empirical evidence that they work.” Page 26.

Also cited by Deborah L. Rhode in *What Women Want*. According to one National Institute of Justice report, “Although interventions are proliferating, there is little evidence that they work.”

Endnote 6#113. Shelly Jackson, National Institute of Justice, Batterer Intervention Programs: Where Do We Go from Here?

<https://www.ncjrs.gov/pdffiles1/nij/195079.pdf>

4 Edward Gondolf, PhD, in June, 2003 reports that 840 men who had completed the domestic violence group program were studied with a 4 year follow up (page 616). The reassault rate was 49% for the full 4 years (page 617). Dr. Gondolf also said that categorical recommendations could not be made. No evaluation was made of the method used to teach: Duluth, CBT, Glasser or other.

<http://ncfm.org/libraryfiles/Children/DV/Evaluating%20Batterer%20Programs--CDC%20summary-fin.pdf>

Dr. Gondolf also wrote an article defending the Duluth Model from criticism by Dutton and Corvo in 2007. But neither party addressed the critique I would make. Epigenetic attachment issues are not addressed. Consequently acting out violence reoccurs. Also, CBT mistakenly identifies symptoms as the cause of violence in their treatment of it.

["Theoretical and Research Support for the Duluth Model of Domestic Violence Intervention"](#)

5 [HOW DO YOU KNOW YOUR PROGRAM WORKS?](#), Dick Bathrick in June, 2007 [Men Stopping Violence](#), Decatur, GA.

"Projecting from a National Family Violence Survey and BIP enrollments in a major city, it's estimated that less than 2 percent of men who had pushed, shoved, slapped, or hit their partners – or done worse – ended up in a Batterers' Intervention Program. So what are we doing with 98 percent of those men, who don't get anywhere near a batterers' class or group? And, for those men who do attend a class for two hours a week, for 24, 36, or 52 weeks, how many of them will internalize meaningful, lasting change?" page 1.

No other stats are given.

6 *What Women Want* Deborah L. Rhode states: Little data is available on their (classes) long-term effectiveness. Much of the existing research is conflicting or hampered by small and non-random samples.

Endnote 6#110: Deborah L. Rhode, *Social Research and Social Change: Meeting the Challenge of Gender Inequality and Sexual Abuse*, Harvard Journal of Law and Gender 30 (2007): 11, 21 (reviewing studies); Sampson, *Domestic Violence*, 25. <http://www.law.harvard.edu/students/orgs/jlg/vol301/rhode.pdf>

7 *What Women Want* Deborah L. Rhode states: Some of the most systemic evidence indicates significant recidivism rates.

Endnote 6#111. MacLeod, Pi, Smith, and Goodwin, *Batterer Intervention Systems in California*, 79 (40 percent of program participants were rearrested within 12 months, half for domestic violence) (2009).

<http://www.courts.ca.gov/documents/batterer-report.pdf>

8 Batterer Intervention Programs Often Do Not Change Offender Behavior according to the National Institute of Justice in December, 2009

<http://www.nij.gov/topics/crime/intimate-partner-violence/interventions/pages/batterer-intervention.aspx>

"NIJ researchers have evaluated the most common batterer intervention programs. Most findings show that these programs do not change batterers' attitudes toward women or domestic violence, and that they have little to no impact on reoffending." Page 1.

9 Futures Without Violence (aka Family Violence Prevention) with a federal agency, the National Institute of Justice in 2010:

https://www.futureswithoutviolence.org/userfiles/file/Children_and_Families/Batterer%20Intervention%20Meeting%20Report.pdf

"No consensus was reached on the percentage of men who stop their violence as a result of program participation. No mechanism is in place that captures best practices." Page 3.

10 Controversies and Recent Studies of Batterer Intervention Program Effectiveness published by the National Resource Center on Domestic Violence in 2011:

http://www.vawnet.org/applied-research-papers/print-document.php?doc_id=373

Only 59 men were studied and the follow up response rate was low so outcomes could not be measured.

—End of Submission—