

Testimony of Ellen Ridley, resident of Scarborough
Written Testimony in Support of L.D. 1238
An Act To Improve Professional Training for Licensed Mental Health Clinicians

Before the Joint Standing Committee on Labor, Commerce, Research and Economic Development
Date of Public Hearing: Thursday , April 18, 2013

Dear Senator Patrick, Representative Herbig, and members of the Committee on Labor, Commerce, Research and Economic Development:

My name is Ellen Ridley. I am pleased to submit written testimony today in support of L.D. 1238, An Act to Improve Professional Training for Licensed Mental Health Clinicians. My interest in this topic and legislation is based on research I conducted in collaboration with Amy Coxa, LCSW, from the University of New England, when I was employed by Family Crisis Services, the domestic violence project serving Cumberland and Sagadahoc Counties. Having heard many anecdotes from survivors about unsatisfactory and sometimes dangerous responses from mental health clinicians in response to their disclosures of abuse, Amy and I acquired funding to investigate the central research question, "How do mental health counselors enhance or compromise the physical and emotional safety of domestic violence survivors through their counseling practices?" UNE's Institutional Review Board approved the use of human subjects for the study before we began. Over the course of several months, Amy Coxa and I interviewed 103 domestic violence survivors from Maine about their mental health counseling experiences using a 108-question survey. One hundred and two women were interviewed, and one man. Because many of the participants had more than one counselor, their responses represented the actions of 177 Maine counselors, including mental health counselors, addiction counselors, and pastoral counselors.

In order to determine the level of danger the participants were in during the time they engaged in counseling, we used a validated instrument known as the Jacqueline Campbell Danger Assessment. Importantly, 75% of the survivors in our study were in severe to extreme danger based on this widely recognized danger assessment tool. Items that suggest extreme danger include the abuser's possession of a gun, the abuser being unemployed, the abuser having threatened to kill, and the survivor having left him at some point after living together. In other words, this sample of domestic violence survivors included women for whom the information, support, and resources gained from counseling could be as life-saving as an emergency room is to someone having a cardiac arrest.

With this as context, these survivors reported that fewer than 25% of the counselors in this study conducted a written screening for domestic abuse when the counseling relationship began, and nearly 50% did not help the survivor to develop a safety plan. About four counselors out of ten provided information about the local domestic violence project. Survivors also reported that in couples counseling cases, only 25% of the counselors screened for domestic abuse in the relationship prior to entering into a counseling relationship with the couple. Domestic abuse advocates have long been concerned that couples counselors may enhance danger to the survivor by not recognizing the dynamics of power and control in the relationship, by specifically inviting the survivor to disclose details about the abuse for which the survivor might later be punished by the abuser, and by offering counseling or therapeutic strategies to the couple that make survivors more vulnerable to ongoing abuse.

What we learned is that while there is good counseling work occurring in Maine, many professionals have yet to fully embrace and incorporate a number of important practices that have been identified by state and national domestic violence advocates and leaders in the mental health community as helpful to survivors. These include written and verbal screening for domestic abuse both at intake and throughout the counseling process, an understanding of and assistance with safety planning, and referral to the local domestic violence project as a key community resource. I am hopeful that LD 1238 will move the counseling profession, and individual counselors, to become better informed and to adopt these best practices. Thank you for your consideration.

Executive Summary
Domestic Violence & Mental Health Counseling:
Investigating Safety Outcomes for Survivors
January 2010

In 2006, Family Crisis Services received funding from the Bingham Program to conduct research about the experiences of domestic violence survivors who engaged in mental health counseling. The research was conducted in collaboration with the University of New England, and sought to investigate the following central research question: **“How do mental health counselors enhance or compromise the physical and emotional safety of domestic violence victims/survivors through their counseling practices?”** Survivors were recruited using a variety of methods including outreach to domestic violence projects, state and community agencies, press releases, and via email distribution. Study participants were people who 1) experienced domestic abuse within the previous three years, and 2) participated in counseling with mental health counselors, addiction counselors, pastoral counselors, or clergy members during that time. Participants were offered complete confidentiality with the exception of disclosures legally requiring mandated reporting to the Maine Department of Health and Human Services. Each participant received \$25.00 gift certificates to a local grocery store for participating. The 108-question interview tool consisted of both quantitative and qualitative questions and was administered in person or over the phone to participants. The survey tool gathered data on up to two counselors and included a modified 20-question Jacquelyn Campbell Danger Assessment as a method of measuring the level of danger faced by the survivor prior to entering the counseling relationship. The following statistics reflect the data based on the reports of 102 women and one man and their counseling experiences with the 177 counselors represented. Participants’ counseling experiences ranged from one session to multiple months of sessions.

- 86% of survivors entered counseling voluntarily, as opposed to being mandated by the Department of Health and Human Services, a judge, or coerced by the abuser
- Over 75% saw two or more counselors during the abuse relationship
- 75% of survivors were in severe to extreme danger when they entered counseling, as measured by their responses to the modified Danger Assessment.

Health professionals, including mental health counselors, are encouraged to screen for the presence of domestic abuse in a patient’s life at multiple intervals. Domestic abuse advocates and many counseling professionals also assist survivors in thinking about ways to enhance their physical and emotional safety for both the short and long term. Survivors in this study reported inconsistent screening and safety planning practices by the counselors from whom they sought help.

- 23% of counselors conducted a written screening to assess for the presence of domestic abuse issues at the beginning of the counseling relationship. 57% conducted verbal screening.
- 55% of counselors helped the survivor plan for her physical and emotional safety.
- Less than half of the sample of 177 counselors – 42% - identified the local domestic violence project as a resource for the survivor.

For over half the survivors in this study, mental health counseling was a positive experience.

- 60% of survivors reported that their counseling experience was extremely helpful, very helpful, or helpful. 40% of survivors reported that their counseling experience was somewhat to not helpful.
- Survivors who reported an **overall helpful** counseling experience also reported that the counselor understood domestic violence and abuse, empathized with the survivor's experience of abuse, was supportive, identified the survivor's strengths, undertook safety planning with the survivor, said the abuse was not the survivor's fault, and made referrals to the local domestic violence project.
- Survivors who reported an **overall unhelpful** counseling experience also reported that the counselor suggested that the survivor and abuser should compromise, that the survivor should stop "provoking" the abuser, and that the abuser could change with the survivor's support.

Couples counseling is a common tool used by couples to strengthen their relationship, work through a difficult crisis, or as preparation to end the marriage or partnership. Couples counseling assumes that the two parties enter the counseling with equal power in the relationship and have a shared commitment to participating freely and openly in the counseling process. Domestic abuse advocates have long been concerned that couples counselors may enhance danger to the survivor by not recognizing the dynamics of power and control in the relationship, by specifically inviting the survivor to disclose details about the abuse for which the survivor might later be punished by the abuser, and by offering counseling or therapeutic strategies to the couple that make survivors more vulnerable to ongoing abuse. This study reveals that:

- Couples counseling was not associated with an overall helpful counseling experience. 81% of survivors who had an overall helpful experience did not engage in couples counseling.
- Couples counseling increased danger to the survivor both during couples counseling and after couples counseling concluded. Forty-three percent (43%) of survivors reported the abuse increased while they were in couples counseling, and 48% reported the abuse increased after couples counseling concluded.
- In 19% of the 53 couples counseling cases reported, the couples' counselor interviewed the partners individually before engaging in couples counseling. In the other 81% of the cases, the survivor did not have an opportunity to disclose the true nature of the relationship in a private and safe setting.
- In 26 % of the 53 couples counseling cases, the couples' counselor screened for domestic violence in the relationship before engaging in couples counseling. In the other 74% of the cases, the counselor did not attempt to discern this information before proceeding.
- 70% of survivors said they sometimes, rarely, or never felt safe after couples counseling, as compared to 29% of survivors who said they felt safe always or almost always after couples counseling.

Summary. This study reveals that the quality and helpfulness of mental health counseling for domestic abuse survivors is mixed. The counselors represented in this study, the majority of whom practice in Maine, have yet to fully embrace and incorporate a number of important practices that have been identified by state and national domestic violence advocates and leaders in the mental health community as helpful to survivors. These include written and verbal screening for domestic abuse both at intake and throughout the counseling process, an understanding of and assistance with safety planning, and referral to the local domestic violence project as a key community resource.

This study further reveals that couples counseling may be associated with increased abuse to the survivor. While more study is needed on this matter, these findings are consistent with anecdotal evidence gathered by domestic abuse advocates at both the state and national levels. These findings signal a need for counseling associations and their leadership to re-evaluate and reform couples counseling practices, alter curricula at the professional education level, and utilize peer networks to re-educate counseling professionals who have been in the field for many years. Domestic violence advocates might consider educating reimbursement entities to enforce vigorous safety practices, and working with licensing boards to ensure appropriate attention to continuing education on this important topic.

For more information on this study please contact investigators Ellen Ridley (eridley@une.edu) or Amy Cocha, LCSW (acocha@une.edu) at the University of New England. Ellen can also be reached at 207-221-4419, and Amy at 207-221-4354.