

Guidelines Cross Reference Numbers

BIPP Accreditation Guidelines April 2014	BIPP Accreditation Guidelines July 2009	Revisions/Additions
Guideline # 1	Guideline #1	<p>Revision:</p> <ul style="list-style-type: none"> • Fingerprint background checks need to be completed before staff provide direct services to batterers and to be conducted at a minimum of once every three years from an employee's date of hire. <p>Additions:</p> <ul style="list-style-type: none"> • Background checks shall be documented and kept in each staff member's personnel or administration file. • The development of procedures regarding addressing criminal background convictions and protective orders for current staff members. • Best Practice: Former batterers who want to work directly with batterers should have successfully completed a BIPP Program. Former batterers should have lived a violence-free for 3-5 years before providing direct service to batterers.
Guideline # 2	Guideline #2	<p>Revision:</p> <ul style="list-style-type: none"> • Current Provider, New Provider and New Staff of a Current Provider wording deleted. • List on how new staff can complete initial training hours moved to Appendix A (ii). • List of pre-approved training topics moved to Appendix A (iii). <p>Additions:</p> <ul style="list-style-type: none"> • Documentation of training hours completed must be kept on file and available for TDCJ-CJAD review and approval. • In-house training will be documented to include staff attendance list, date, time and training topics.
Guideline # 3	Guideline #3	<p>Revision:</p> <ul style="list-style-type: none"> • Current programs or providers, new programs or providers and new staff wording deleted. • List of pre-approved training topics moved to Appendix A (iii). <p>Additions:</p> <ul style="list-style-type: none"> • Specified the number of staff development hours that need to be completed in BIPP and FV topics. • Specified the number of staff development hours that can be completed online.
Guideline # 4	Guideline #4	<p>Revision:</p> <ul style="list-style-type: none"> • Staff supervision and supervisor peer-to-peer supervision wording compiled.
Guideline # 5	Guideline #5	<p>Revision:</p> <ul style="list-style-type: none"> • Element 5: Progress reports to referral sources every month after assessment is completed. At minimum the report should provide referral sources with information such as whether batterers are meeting attendance and participation requirements.

		<ul style="list-style-type: none"> Element 6: Batterers' sworn statement of acknowledgement, if applicable. The only victim information that can be included in batterers' files is the victim's name, address, and phone numbers, if this information is provided by a batterer. If a batterer does not know the victim information, the program or provider shall have the batterer sign or initial a statement confirming they do not know this information
Guideline # 6	Guideline #6	Revision: <ul style="list-style-type: none"> The only victim information that can be included in batterer's file is the victim's name, address, and phone numbers, only if provided by the respective batterer for the purposes of victim/partner contact.
Guideline # 7	Guideline #7	Revision: <ul style="list-style-type: none"> Accredited programs shall develop and document a policy for all participating batterers that includes a signed written agreement of confidentiality, and shall keep a copy on file which includes information disclosed by batterers during a) an assessment, b) group sessions and c) exit is confidential and shall not be shared with victims.
Guideline # 8	Guideline #8	Revision: <ul style="list-style-type: none"> Accredited programs shall develop a policy for all observers of direct services and those with access to batterers' and victims' records. The policy must include the administration of a signed written confidentiality agreement. The signed agreement must be kept on file. Confidentiality agreements must be kept on file for three years.
Guideline # 9	Guideline #9 and #10	Revision: <ul style="list-style-type: none"> Accredited programs shall develop and document a policy that protects the confidentiality and safety of victims when a participant is in contact with the media or participating in community education activities arranged by the accredited program. <p>Accredited programs organizing a community education activity or media event where batterers are disclosing information about any family violence related incidents, which includes victims' identifying information, must:</p> <ol style="list-style-type: none"> Outline the parameters, defined by the victim, under which information can be disclosed Obtain written consent from the related batterer and victim Have present a BIPP staff member to ensure the parameters are followed
Guideline # 10	Guideline #11	Revision: <ul style="list-style-type: none"> No change. Wording reformatted.
Guideline # 11	Guideline #12	Addition: <ul style="list-style-type: none"> Best Practice: Accredited programs should conduct 52 weekly group sessions at a minimum to follow national models for behavior.
Guideline # 12	Guideline #13	Revision: <ul style="list-style-type: none"> Best Practices moved to Appendix G: Recommendations and Resources for Specialized Populations

Guideline # 13	Guidelines #14, #15 and some of #16	<p>Revisions/Additions:</p> <ul style="list-style-type: none"> • Accredited programs’ service component consisting of Assessment and Orientation, group sessions, and curriculum shall focus on ending violence, holding batterers accountable for their violence, abusive behaviors, and keeping victims safe. <p>Accredited programs shall offer services in which the primary approach is direct intervention with batterers in a group format that holds batterers accountable for their abusive behavior. Facilitators shall avoid colluding and shall encourage batterers to work towards positive behavioral changes.</p> <p>The following examples are elements that will enhance group format; additional direct intervention approaches may also be utilized:</p> <ul style="list-style-type: none"> ○ Limiting groups to 15 participants; co-facilitated groups to 20 participants Assigning a consistent facilitator(s) to each group ○ Arranging seating so participants face each other ○ Facilitating a structured check-in at the beginning of each session in which participants report on the family violence related incident that brought them to the accredited program including current and past abusive behavior ○ Incorporating role-play activities, group exercises and other interactive assignments ○ Facilitating a wrap-up concluding each session to provide closure and to de-escalate heightened emotion while affirming the covered topics ○ Assigning homework including any reflection activities, and/or projects that allows batterers to apply and further explore concepts ○ Encouraging batterers who are ready for change to engage in elements of community service of community restitution designed to expand batterers’ understanding of family violence and involvement in its prevention beyond the content of their weekly sessions ○ Implementing programming beyond the BIPP duration minimums that promote violence prevention, self-help, and social support. This additional programming should reinforce the maintenance of non-violence, continue community service begun during group sessions, and addresses any additional issues e.g. parenting, job stress, intimacy, previous trauma, financial management, etc.
Guideline # 14	Guideline #16	<p>Revisions/Additions:</p> <ul style="list-style-type: none"> • Accredited program’s group sessions shall focus on holding batterers accountable for their violence. During group sessions, facilitators shall confront and hold batterers accountable for instances of denial, blaming, minimizing, justifying, and rationalizing their behavior, regardless of batterers’ relationships, current stress factors, or previous trauma. Facilitators shall inform batterers that battering involves choices.

		<p>Facilitators will enhance group accountability by:</p> <ul style="list-style-type: none"> ○ Encouraging batterers to disclose accurate and detailed description of the most recent violent incident towards victim which lead them to their referral to BIPP. ○ Encouraging batterers to hold each other accountable for their abusive behaviors ○ Encouraging batterers to hold each other accountable for instances of denying, minimizing, justifying, and rationalizing ○ Acknowledging and challenging inappropriate comments and jokes ○ Incorporating discussion, activities, exercises that encourage empathy toward victims and others affected by batterers’ abusive behaviors ○ Encouraging batterers to identify the victim by first name ONLY
Guideline # 15	Guideline #17	<p>Additions:</p> <ul style="list-style-type: none"> ● The program curriculum shall use approaches that encourage positive behavioral change without shaming batterers as well as approaches that create dialogue and do not solely lecture to batterers. ● Best Practice: Accredited programs should adjust curriculum to account for participants’ literacy levels and adult learning style. ● Element 8: Content that includes the effects of family violence on children. <p>The following items may be included in the portion of the curriculum pertaining to the effects on children:</p> <p>A. Discussions and exercises designed to help batterers develop empathy for the impact of their violence has had towards their partners or children</p> <p>B. Information on child development and realistic and unrealistic expectations of children at various ages;</p> <p>When necessary, accredited programs may partner with experts with demonstrated knowledge of family violence offender dynamics in parent education, child abuse, and child development to provide an accurate impression about the effects of family violence on children</p> <ul style="list-style-type: none"> ● Element 16: Content that includes prevention of future violence
Guideline # 16	Guideline #18	<p>Revisions/Additions:</p> <ul style="list-style-type: none"> ● Accredited programs shall conduct an assessment which focuses on holding batterers accountable for their abusive behaviors and violence and keeping victims safe. <p>During assessment, accredited programs shall gather information as to batterers’ appropriateness for program participation and the possible need for referral.</p> <p>At minimum, accredited programs shall obtain the following information directly from batterers:</p>

		<ol style="list-style-type: none"> 1. Accurate and detailed description of the most recent violent incident towards victims; 2. Any past use of violence towards victims, including any, sexual abuse towards the victim and others; 3. Nature of current relationship with victim; 4. Abuse and/or neglect towards children, 5. Substance abuse, 6. And other abusive behaviors (i.e. animal/pet abuse) <p>Assessments can be enhanced by including:</p> <ol style="list-style-type: none"> 1. History of threats, assaults, ideation of homicide or suicide, and attempts of homicide or suicide; 2. Possession of, access to, or a history of using weapons; 3. Degree of persistent focus on partner's actions, whereabouts, friends; 4. History of head trauma injuries; 5. History of episodes of blackouts; 6. History of mental health conditions, and current mental health status; 7. 7. History of abuse and/or trauma as a child.
Guideline # 17	Guidelines #19 and #29	<p>Revisions/Additions:</p> <ul style="list-style-type: none"> • Accredited programs shall develop a policy and create criteria for batterers exiting the program to ensure that decisions regarding program completion are consistent and objective for each participant. A written copy of the criteria for batterers exiting the program shall be provided to the participant when the assessment is conducted. This includes providing the criteria to the participant and the referral source. <p>Satisfactory Program Completion</p> <p>Satisfactory completion includes but is not limited to:</p> <ol style="list-style-type: none"> 1. Completion of orientation and assessment; 2. Completion of the required number of sessions as directed by the program. Service providers must comply with the requirements in Guideline #12; 3. Full payment of fees; and 4. Compliance with program rules. <p>Termination</p> <p>Termination can include, but is not limited to:</p> <ol style="list-style-type: none"> 1. Continued abuse, particularly physical violence; 2. Non-attendance; 3. Non-compliance with other intervention conditions (in accordance with Guideline #23) or provisions that are part of the batterers' written agreement;

		<p>4. Non-compliance with fee payment;</p> <p>5. Violation of program and/or group rules; and</p> <p>6. Frequent and/or continued use of manipulation or disruptive behavior during group sessions.</p>
Guideline # 18	Guideline #20	<p>Revision:</p> <ul style="list-style-type: none"> • Best Practice became part of the guideline.
Guideline # 19	Guideline #30	<p>Revisions/Additions:</p> <ul style="list-style-type: none"> • Accredited programs shall provide an exit report to the referral source within five (5) working days of a batterer exiting (completion or termination) the program. <p>Exit reports shall include the following elements:</p> <ol style="list-style-type: none"> 1. Attendance 2. Level of participation 3. Participant's level of taking accountability <p>Exit reports may include fee balance. The exit report shall state that the participation in or completion of the program does not guarantee the absence of future violence.</p>
Guideline # 20	Guideline #21	<p>Revisions/Additions:</p> <ul style="list-style-type: none"> • Accredited programs shall complete an individualized plan for batterers accepted into the program and the plan shall be completed within a month of assessment. Both the batterer and facilitator shall be involved in creating the individualized plan. If additional services are offered to the batterer, they should be noted on the individualized plan. <p>An individualized plan shall include, but is not limited to:</p> <ol style="list-style-type: none"> 1. Recommendations to the referral source for additional interventions in response to assessment information or observed participation in groups. 2. Referrals made to local organizations. <p>An individualized plan addresses the particular needs of each batterer and may be revised throughout the program based on the changing needs of each batterer.</p> <p>Methods of individualized plan revision may include:</p> <ul style="list-style-type: none"> ○ Discussion and revision of individualized plan or goals as part of a group activity ○ Meeting individually with participants. ○ Reviewing individualized plan on assessment, at the batterers' midpoint in participation and upon exit.

		<ul style="list-style-type: none"> • BEST PRACTICE: The individualized plans may include goals created for the batterer by both the batterer and facilitator, expectations that the batterer has regarding BIPP, concepts that the batterer has learned from the BIPP. • BEST PRACTICE: Referrals to parenting classes should be made to programs that demonstrate knowledge, understanding and sensitivity to family violence issues.
Guideline # 21	Guideline #22	Revisions: <ul style="list-style-type: none"> • Accredited programs shall not offer batterers additional fee-based services provided by either the organization operating or overseeing the accredited program or any of the program’s staff members. Referrals for additional fee-based services or supplemental programming must be made by the referral source. • BEST PRACTICE: Once a batterer completes BIPP, programs should offer additional sessions without requiring additional program fees.
Guideline # 22	Guideline #23	Additions: <ul style="list-style-type: none"> • A copy of the signed agreement shall be provided to batterers at the time of assessment or orientation.
Guideline # 23	Guideline #24	Revisions/Additions: <ul style="list-style-type: none"> • A copy of the signed agreement shall be provided to batterers at the time of assessment or orientation. • Element 1: Fair and humane treatment and services in a manner that batterers can understand; • Element 4 (not numbered): A copy of the criteria for exiting the program (including completion and termination) • Element 6 (should be 7): A report every month after assessment is completed to the Community Supervision and Corrections Department (CSCD) or other referral source regarding the batterers’ compliance status. Progress reports shall include elements such as attendance, level of participation, level of accountability, and may include fee balance. Progress reports may be provided to referral sources electronically. • Element 10 (should be 11): A copy of the participant grievance procedure.
Guideline # 24	Guidelines #25 and #26	Revision: <ul style="list-style-type: none"> • Accredited programs shall keep victim safety in mind at all times and neither persuade nor coerce victims to waive confidentiality. Victims shall be informed of the limits to confidentiality (in accordance with Guideline #7). • Accredited programs shall develop and implement written procedures for victim contact when the program initiates victim contact and/or when the victim initiates the contact.
Guideline # 25	Guideline #27	Revisions/Additions: <ul style="list-style-type: none"> • Accredited programs shall provide written notification by mail to victims within five (5) working days of batterers completing assessment and exiting (completion or termination) from the program. Both the entrance and exit report shall include notification that participation in and completion of the program does not guarantee the absence of future violence. Exit reports shall only include factual information that can be verified, including the date a batterer exited the program.

		<ul style="list-style-type: none"> • BEST PRACTICE: Entrance and exit notification should include information, brochures, and flyers about the local family violence centers, and available community resources.
Guideline # 26	Guideline #28	<p>Revisions/Additions:</p> <ul style="list-style-type: none"> • Accredited programs shall refer victims seeking services to appropriate family violence resources which include the local family violence program which may be able to provide services at no additional cost. Accredited programs shall not recommend marriage and couples counseling to victims during the time batterers are receiving battering intervention services. <p>If a victim reports a new violent incident, the accredited programs shall advise the victim of resources available from the appropriate law enforcement agency and the local family violence center.</p>
Guideline # 27	Guideline #31	No changes.
Guideline # 28	Guideline #32	<p>Additions:</p> <ul style="list-style-type: none"> • BEST PRACTICE: Accredited programs sharing jurisdictions should collaborate in providing training. Accredited programs may also collaborate with local family violence program to provide community training sessions. • BEST PRACTICE: It is recommended that required training for members of the justice system include information about family violence, battering, its effects on victims, and appropriate intervention strategies to eliminate violence against women and children.
Guideline # 29	Guideline #33	No changes.