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Health Insurance can't pay for BIP Attendance

Health insurance only pays for medical or mental health "treatment". A BIP is not treatment. It is an "education" program.

Treatment requires a biopsychosocial assessment to determine a mental health diagnosis to treat. There is no such thing as a diagnosis for domestic violence, battery, intimidation, stalking, or invasion of privacy.

According to IC 35-50-9-1(c) batterer's intervention programs in the State of Indiana must be certified by the Indiana coalition against domestic violence. The certification standards specifically state:

1. On page 11, "Sessions will be based on ICADV-approved curriculum rather than on client's individual assessment or treatment plan."
2. On page 4, "In cases where substance abuse, addictions, and/or mental illness have been identified the treatment intervention must be separate from the BIP."
3. On page 3, "Substance abuse, addictions, and/or mental illness counseling/treatment is not an appropriate intervention for domestic violence and may not be substituted for the BIP."

A list of certified programs is online for verification at <http://www.icadvinc.org/programs-services/batterers-intervention-programs/certified-programs/>

A BIP is therefore a standalone specialized education program. No other counseling is appropriate in place of BIP attendance.

To access health insurance reimbursement, some therapists incorrectly label abusive behavior with the diagnosis label of "Impulse Control Disorder". But therapists sometimes do so to access insurance reimbursement. I personally believe this is morally inappropriate. Additionally, therapists that do so are often operating outside the scope of practice for which they have proper training and experience. Therapists in the State of Indiana are licensed according to criteria listed in Title 25 of Indiana Code. None of the licenses require training in the dynamics of domestic violence. None of the academic programs that lead to securing a license contain training in the dynamics of domestic violence. None of the licensed professionals; Licensed Marriage Family Therapists, Licensed Clinical Social Workers, Licensed Mental Health Counselor, or Licensed Clinical Addiction Counselor are required to have any training or experience in the dynamics of domestic violence. Yet many of them accept referrals for DV offenders without conscious understanding that they are not properly trained or experienced to work with this unique population. This is the equivalent of a licensed airline pilot thinking and claiming he can drive a Grey Hound bus from Indianapolis to Chicago with no other training or experience.

When the therapist takes on the referral of the DV offender, they often mis-diagnosis the offender as having a mental health disorder of Impulse Control Disorder, in order to obtain payment from a health insurance company for services they provide. Then even worse, they mistreat the client by mis-labeling the problem as an "anger" issue. On the surface this may seem reasonable. But this would be the same as if we starting treatment substance abuse and addiction as a "craving" issue. The focus of therapy would become decreasing cravings rather than stopping use of the drugs and alcohol. Treating the problem as an "anger" issue results in working to decrease angry feelings instead of ending abusive behavior.

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