IN THE MATTER OF THE ROYAL COMMISSION INTO FAMILY VIOLENCE

ATTACHMENT AR-10 TO STATEMENT OF ANDREW REAPER

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This is the attachment marked '**AR-10**' produced and shown to **ANDREW REAPER** at the time of signing his Statement on 17 July 2015.

Before me: ..... [redacted]

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An Australian Legal Practitioner within the meaning of the Legal Profession Uniform Law (Victoria)

Theory and Program Manual

Changeabout Program

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Table of contents

Table of contents 2
Introduction and Overview 4
What is the rationale for the Changeabout program program? 4
What are the outcomes we are seeking? 5
How are we defining family violence? 6
How are criminal justice and family violence fields of practice linked in our approach? 7
What is in this manual? 7
Chapter 1: Current Theory 10
Risk, Need, Responsivity Model - RNR (Psychology of Criminal Conduct) 10
Nested Ecological Model 12
Personal, Interpersonal, and Community-Reinforcement (PIC-R) Perspective on Criminal Conduct 13
Feminist Theory – The Duluth Model 17
Self-Control Theory 18
Social Learning 19
Attachment Theory 20
Cognitive-Behavioural Theory/Therapy (CBT) 21
Acceptance and Commitment Therapy (ACT) 23
Motivational Interviewing (MI) 23
Strengths-Based Approaches 24
Relapse Prevention (RP) 25
Program Logic of the Changeabout Program 26
Explanatory Theories and Models 26
Assessment Models 28
Change Process Theories/Models 29
Chapter 2: Effective and Safe Practice 32
Program Integrity 32
Elements of program integrity 33
Chapter 3: Safe and Ethical Practice 36
Accountability as a construct 38
Building safety into family accountability meetings 40
Accountability processes and practices – readiness to make changes 41
Pre-program work – Readiness and motivation to change? 42

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During program attendance 42
Post-program maintenance of change 44
Chapter 4: Pathways to Violence and Desistance 46
Pathways to family violence 46
Matching program participants to the Changeabout Program – Applying the 'what works' principles 48
Desistance from family violence 49
Desistance as a Changeabout Program component 50
Formulation (Explanation) 51
Integrating information into a formulation 53
Chapter 5: Risk and Other Assessments 56
RNR risk assessment approach 56
Risk assessment tool for the Changeabout Program 58
Case-noting and summary reports 61
Summary Report 62
Chapter 6: The shift in practice delivery 63
What's the rationale for the moving from the existing processes to a more therapeutic style of delivery? 63
What does a group therapeutic style for FV program participants look like? 63
Chapter 7: The 'how' of facilitating the FV program 71
The cornerstones of program facilitation 71
Working with the group rather than individual work with an audience 77
Widening the issue to include all group members 78
Shaping Group Conversations 79
Responsivity - Catering to multiple learning styles 80
Reference List 83

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Introduction and Overview

This section provides an overview of the theory and intervention program for family violence (Changeabout program). In this section these questions are answered:

1. What is the rationale for the program?
2. What are the outcomes we are seeking?
3. How are we defining family violence?
4. How are criminal justice and family violence fields of practice linked in our approach?
5. What is in this manual?

What is the rationale for the Changeabout program program?

Family violence (FV) has, over the last 40 years, emerged from behind closed doors and is now recognised as a major social problem in most jurisdictions. International research[1] indicates that there are two main approaches to intervention with FV – the 'Duluth Model' and the Cognitive-Behaviour Theory and Therapy (CBT) model.

The 'Duluth Model' is grounded in a feminist, psycho-educational approach that views FV as primarily caused by patriarchal ideology. These ideological beliefs and values are thought to legitimise the use of violence against women and children as a means by which power and control in relationships is maintained by men. Identifying the various power and control tactics used by perpetrators of FV and then generating a coordinated, community response to these abuses are central to the Duluth approach.

The Cognitive-Behaviour Theory and Therapy (CBT) takes the position that FV is a learned, functional behaviour which can be altered by a focus on psychological factors such as attitudes, beliefs, and emotional and behavioural self-control by perpetrators in situations which have previously resulted in the use of violence against partners.

In reality, these two major approaches have been blended to varying degrees and so, in the practice of FV intervention, there is often no clear distinction between the models.

Although FV is a major social problem, there have been few rigorous outcome evaluations undertaken. What has emerged, suggests that FV programs – whether based on the Duluth or CBT model (or some combination of these) – have a small, positive impact on reoffending. There seems to be no solid evidence to date which would provide confidence that either model should be favoured over the other. However, the research evidence does provide optimism that FV programs can work where men complete the full intervention.

What has also been noted in the recent research[2] is that many perpetrators of FV have other criminal convictions. This in turn suggests that the substantial evidence about what is effective in reducing reoffending with general and violent program participants is very likely to be applicable for FV perpetrators.

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[1] This section draws primarily upon the very comprehensive review recently completed by the New Zealand Department of Corrections with respect to FV programs in the community. See Slabber, M. (2012).

[2] See Footnote 1.

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The small positive impacts found to date in FV programs are therefore likely to be improved by inclusion of best practice and evidence-based approaches to reducing reoffending such as the Risk, Needs, Responsivity (RNR) approach which has emerged from the 'what works' literature. The Changeabout Program therefore targets key dynamic risk factors including attitudes and beliefs, emotional regulation, substance abuse, and relationship skills.

Besides the issue of low adherence to the RNR approach in existing FV programs, there are a number of other identified problems which strengthen the rationale for a fresh approach. These include:

- Mixing program participants with different reoffending risk levels in the same program can 'contaminate' lower risk people and, in fact, increase their likelihood of reoffending.
- High attrition rates within existing programs is linked not only to higher risk of reoffending, but is also a significant resource waste.
- Over-representation of indigenous men in FV statistics and the need for programs to be more responsive to and effective with this group.

The Changeabout Program has therefore been designed to address these various problems.

The program will primarily focus upon men who have committed family violence as this will likely reflect the needs of the greatest number of participants. The program is however, broad enough to accommodate other male program participants who have committed violent acts on people who are well known to them and who, on a case-by-case basis, would be considered to benefit from the program. Careful assessment will be used to determine the right program for each case.

This is not a program specific to Aboriginal and Torres Strait Islander populations or framed within a cultural worldview. We saw value to participants who are Aboriginal and Torres Strait Islander engaging in the program based on the central notion that across all cultures there is no justification for the use of violence as a way of promoting or enhancing the wellbeing of women.

What are the outcomes we are seeking?

The primary outcome being sought is a reduction in FV by those attending and completing the Changeabout Program. This overarching goal is underpinned by a number of key strategies:

1. Application of RNR principles[3] to FV, which effectively means:
    - Matching the intensity of the intervention to the level of risk that an offender is assessed as having (this is the 'risk' principle);
    - Targeting criminogenic needs or dynamic risk factors which are known to contribute to FV offending (the 'needs' principle);

[3] For a complete review of the RNR principles and accumulated research evidence that supports these principles, the reader is referred to the key primary source of this evidence - Andrews & Bonta (2010).

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- When dynamic risk factors are targeted appropriately, these risk factors can be altered positively;
- Delivering the program using a CBT and social learning approach (see the next chapter for more about these theories) which also accommodates the learning styles, capability and characteristics of program participants (the 'responsivity' principle).

2. Delivering the Changeabout Program as it is designed so that what is known to be effective in reducing reoffending risk actually gets facilitated in sessions. This is known as the 'integrity principle' and is described in more detail in Chapter 2 below.

3. Improved retention in the program through a strong focus on engagement of participants from the outset by fostering active collaboration between the program provider and the participant.

How are we defining family violence?
The Changeabout Program uses the following definition of FV:

Family violence means violence against a person by any other person with whom that person is, or has been, in a domestic relationship.

Violence means —

(a) Physical abuse

(b) Sexual abuse

(c) Psychological abuse, including, but not limited to:

- Intimidation
- Harassment
- Damage to property
- Threats of physical abuse, sexual abuse, or psychological abuse
- In relation to a child, causes or allows the child to see or hear the physical, sexual, or psychological abuse of a person with whom the child has a domestic relationship; or
- Puts the child, or allows the child to be put, at real risk of seeing or hearing that abuse occurring.
- Financial or economic abuse (for example, denying or limiting access to financial resources, or preventing or restricting employment opportunities or access to education).

The broad definition of FV provided by current law fits well with the focus the Changeabout Program has on multiple dynamic risk factors targeted for change in the intervention. Please note that those with convictions for sexual violence will not be the target group for this intervention.

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How are criminal justice and family violence fields of practice linked in our approach?
The Changeabout Program provides a genuine opportunity to link the expertise, experience and practice knowledge from two areas which have worked largely separately to this point in time. There are long established traditions of research and intervention with respect to violence which exist within the family/family violence field and also within the corrections or criminal justice context.

The recent literature review findings which provided the substantive basis for developing the Changeabout Program revealed that in practice there are some common theories, models and approaches used in both fields of expertise. This alone provides a basis for confidence that robust linkages between practice fields can be forged through the design and delivery of the Changeabout Program.

To maximise these linkages the following processes have been employed in designing and developing the Changeabout Program:

1. Collaboration toward a common objective of promoting family wellbeing to reduce FV are achieved by the program the relationships forged between program participants and program facilitators.

2. The Changeabout Program has well described theory, program and facilitation manuals which should provide a high degree of consistency of delivery in the field. The Changeabout Program content is based on best practice evidence and theory which is likely to already be familiar and not foreign to many program providers.

3. The program has been designed to strike a balance between content and process so that there is plenty of room for learning and change by participants and creativity by facilitators. While there are prescribed core dynamic risk factors targeted in the program, there is also scope for facilitators to bring their own ideas to delivery and to select from a wide range of practice tools available to them to best suit the particular delivery situation.

All those who deliver the Changeabout Program are provided with specific training in the program content and processes and have the opportunity to bring their own expertise to these events.

What is in this manual?

The table below details what is covered in each of the remaining sections of this manual.

Chapter	***Title***	***Description***
1	Current Theory and Practice Models	In this chapter, theories which have been used in developing the Changeabout Program are described. A number of practice models which have been used successfully with program participants to reduce reoffending, are also described here along with cultural models which inform the Changeabout

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		Program sessions. The way in which the Changeabout Program utilises both a risk reduction or deficits approach and a strengths focus for the building of protective factors as a dual method for achieving family wellbeing is also described. The chapter concludes by describing the overall program logic of the Changeabout Program.
2	Program integrity	There are key principles which have been found to lead to effective reduction in recidivism for program participants. These are discussed along with the importance of maintaining program integrity so that the best outcomes can be achieved.
3	Safe Practice	Also spelled out are mandatory requirements for ethical and safe practice when working in this field. Whenever there is intervention in family violence situations, safety of others is paramount.
4	Pathways to Violence and Desistance	Research findings indicate that men take different pathways to violence against their partners. One aim of this chapter is to describe these different pathways and link them to the theories which underpin the Changeabout Program as well as the 'what works' intervention principles. The literature on desistance from offending – pathways away from FV – is also described in this chapter. A further objective is to introduce a key tool called 'formulation' which is used in assessment to explain the pathway/s an individual man has taken to violence against his partner. Formulation is a process which helps identify the dynamic risk factors which are relevant to the man's violence. This in turn helps in being able to identify what parts of the program will be most important for that man, what protective factors can be strengthened to increase desistance, and also what needs to be done to help him prepare for active participation in the program.
5	Risk and Other Assessments	One of the challenges of intervention is a robust assessment to inform decisions about program placements according to level of risk and other factors. Assessing changes in risk and protective factors during and after program completion is a measureable outcome.
6	Therapeutic Group Work	A key assumption of the Changeabout Program is that changing men's violence toward their partners requires more than just psycho-education and that rehabilitation through a therapeutic approach is necessary. This chapter describes what effective therapeutic groupwork is. Clear links are then made for the reader as to how therapeutic groupwork is embedded into the Changeabout Program.
7	Facilitation of the Changeabout	This chapter spells out the 'how' of facilitating this particular program. Key components of effective group facilitation of the Changeabout Program are examined, including: privileging the

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	Program	voice of those who have been victims of FV; being very clear about the need to take a position on the unacceptability of FV; and generating a constant accountability for choices and actions. These basic tenets of the Changeabout Program then orient the facilitators to the conscious use of other important skills, such as ensuring all work is purposeful and directional; working to make the 'invisible visible'; and on-going reflection on the impact of choices and actions on family/family wellbeing. More generic facilitation skills are also described, such as catering to learning styles; creating and maintaining group cohesion; working as a group not as individuals in a group; and the use of motivational interviewing spirit and skills. Those delivering the Changeabout Program will discover that while there are core elements of the content which must be addressed in order the for the program to have integrity and be effective, there is also plenty of room for creative practice and for their own experiences and tools to be used to achieve session outcomes.

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Chapter 1: Current Theory

In this chapter, theories which have been used in developing the Changeabout Program are described and linked to the overarching Risk, Need, and Responsivity (RNR) framework. The way in which the Changeabout Program utilises both a risk reduction or deficits approach, and a strengths focus for the building of protective factors as a dual method for achieving the wellbeing of women, children and family, is also described.

Theories and Models

In this section, the major theories that have been linked to FV are described, as is the connection the theory has with session content in the Changeabout Program.

Risk, Need, Responsivity Model - RNR (Psychology of Criminal Conduct)
The RNR model is the leading model in the general offending research and intervention literature known as the Psychology of Criminal Conduct[4]. The risk, need and responsivity principles have been supported by research over the last three decades as fundamental to effective interventions with program participants. These three key principles are described as follows:

The **Risk** principle asserts that criminal behaviour can be reliably predicted and that treatment intensity should match the assessed risk of program participants. In practice, this means that the higher the offender's assessed risk, the more intensive any rehabilitation will need to be to reduce that risk. Low risk individuals should not be mixed with high risk ones in group programs, as research indicates that this can 'contaminate' lower risk people and lead to increases in their risk. Selecting program participants based on risk is an innovation for the FV field which has, to this point, tended to offer programs to all-comers regardless of risk level.

The **Needs** principle highlights the importance of *criminogenic needs* (criminogenic = crime causing) in the design and delivery of treatment. This means that programs to reduce risk must include content that specifically targets those risk factors that can be altered. These changeable factors are known as criminogenic needs, or dynamic risk factors. The Changeabout Program has been designed to target known dynamic risk factors (i.e., attitudes and beliefs, emotion regulation problems, substance use and relationship skills deficits) while also taking into consideration unique risk factors for individual participants.

The **Responsivity** principle describes how the treatment should be provided to maximise engagement of the offender in the change program. Responsivity is a broad domain and includes considerations such as motivation, learning styles, intelligence, and cultural engagement, amongst other things. The key idea is to ensure that the program is delivered in such a way that it minimises the negative impact of barriers to change and maximises the strengths, resources and supports an offender may have to enable successful change to occur.

[4] See note 2 for key reference – Andrews & Bonta (2010).

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The Changeabout Program is guided by the RNR approach in multiple ways, including:

Matching the intensity of the intervention with the assessed risk level of participants who are eligible for the program. Individuals whose assessed risk is at a high level will require more intensive intervention than the Changeabout Program. Mixing lower and higher risk individuals in the same intervention – which has been the standard approach to date in FV work – has been shown in research to have negative impacts on lower risk program participants.

Targets for intervention in the Changeabout Program include several of the criminogenic needs which have been well established as contributing to both general and FV offences. These dynamic factors are attitudes and beliefs supportive of FV, poor emotional regulation skills, substance use which contributes to FV, and poorly developed relationship skills that also result in an increased risk of violence toward a partner, and associates who condone partner violence. The means by which these criminogenic or dynamic risks are targeted for change is also consistent with the 'what works' research.

Effective rehabilitation programs for program participants generally use cognitive-behavioural, social learning and relapse prevention approaches; establish a working alliance between program participants and facilitators/change agents based on agreed goals and tasks and a trusted bond; and also have a heavy emphasis on building new skills and strengthening existing capabilities through skills practice or rehearsal. These elements are all present with the Changeabout Program. Improving the responsivity of the program is assisted by ensuring that assessment results in a clear formulation (explanation) of each individual's offending pathway/s or process. This then enables a more individualised focus in the program on how the module and session content applies to any particular participant, and also what each participant needs to do to reduce their specific risks. It also builds strengths, or protective factors, to enable the wellbeing of women, children and family.

The session structure of the Changeabout Program has been especially designed to provide flexibility and room for each participant to reflect on, and set and achieve, goals around their particular constellation of risk issues.

In addition, motivation and readiness for change are tasks which have been included in the assessment process for the Changeabout Program which should result in better matching of referrals to the intervention (that is, those who are most motivated will be likely to be given priority).

Finally, responsivity has also been considered by the requirement that selected participants attend an orientation session that is designed to prepare them for the program proper.

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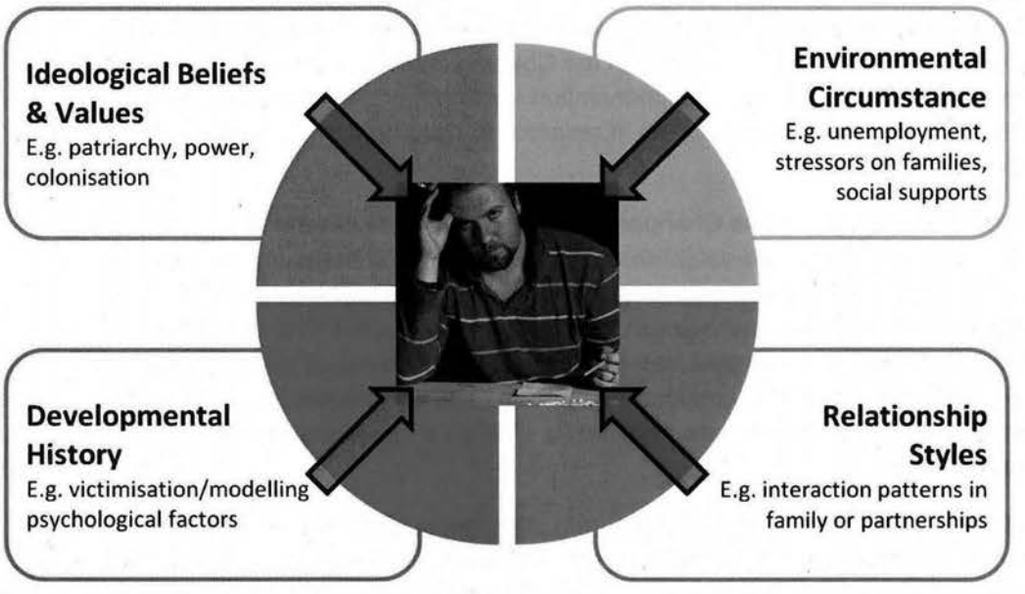
Nested Ecological Model



The Nested Ecological Model (NEM)[5] says that an individual's attitudes, beliefs, values, skill-set and typical reactions, will be influenced in various ways by four distinct but related sets of factors. These four domains, or contexts of influence, are the:

1. *Developmental History* of the individual – what the person has experienced and learned in their (unique) life to this point in time.

2. *Relationship Styles* – the patterns of interactions which the person has had modelled and reinforced in their relationships over time.

3. *Environmental Circumstances* – changing events, situations and circumstances which impact on the individual and influence their learning and relationships.

4. *Ideological Beliefs and Values* – the prevailing social mores, beliefs and values of any particular society at any particular time in history which can have an influence across what happens in the other contexts.

The NEM therefore says that any behaviour of interest is likely to have multiple causes or influences and no one factor is likely to be enough to explain behaviour. The model also emphasises the dynamic or changing nature of experience based on learning the person does within and across changing contexts.

The NEM also says that behaviour can only be considered within contexts and there is no such thing as 'context-free' phenomena. Finally, the dynamic nature of the NEM predicts that behaviour can be changed by intervening with those factors within the four

[5] Dutton (2006).

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contexts that have had the most influence on an individual's attitudes, beliefs, values, and skills repertoire.

Dutton[6] has applied the ecological model to FV. He provides the following description to illustrate how this behaviour might be explained in one particular case:

> *FV would be viewed as more likely when a male with strong needs to dominate women* (developmental history) *and exaggerated anxiety about intimate relationships* (developmental history – attachment problems), *who has violent role models* (developmental history – social learning) *and has poorly developed conflict resolution skills* (relationship style); *is currently experiencing job stress or unemployment* (environmental circumstances), *is isolated from social supports* (environmental circumstances), *is experiencing relationship stress in terms of communication difficulties* (relationship styles), *and power struggles* (relationship styles) *and exists in a culture where maleness is defined by the ability to respond to conflict aggressively* (ideological beliefs and values).

This description is not supposed to be an explanation for all FV. One of the strengths of the NEM is that it predicts that for any instance of FV for any individual, there are likely to be specific influences across the four contexts that culminate in the violence. Knowing what those particular influences are for the individual is a key formulation task which is part of the assessment process for the Changeabout Program captured in offence mapping.

The NEM also has links to the majority of the sessions in the Changeabout Program and in particular those modules which look at attitudes and beliefs, attributions, processing of social information, values, goals, and the purposes, or functions, served by a participant's violence against their partner.

Personal, Interpersonal, and Community-Reinforcement (PIC-R) Perspective on Criminal Conduct

The PIC-R model is Andrews and Bonta's explanatory model of offending.[7] It is based on social learning and self-control theories (see more on these below), and integrates biological, sociological, cultural, family, interpersonal and personal factors in explaining criminal offending.

The figure below shows the relationships between these factors according to the PIC-R and how they then result in an offence.

[6] Dutton, D. (2006).
[7] Andrews & Bonta (2010).

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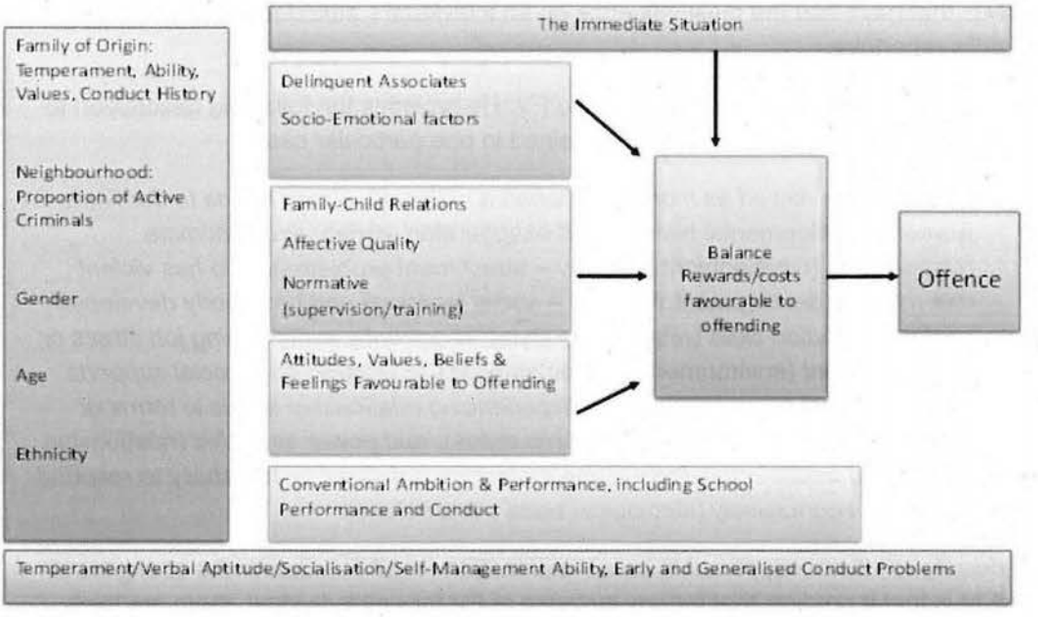

The PIC-R is useful when considering FV for a number of reasons. It suggests that antisocial and criminal behaviour is acquired and maintained through a combination of direct and observational learning experiences. For FV program participants, a history of having been abused and witnessing violence are factors which increase risk of becoming a perpetrator of family violence. In addition, consistent with what the PIC-R predicts, like other forms of offending, FV can be reinforced for the perpetrator when this behaviour results in goals, desired outcomes or other purposes being achieved. FV is also likely to be the result of multiple influences that precede any one offence.

According to the PIC-R theory, a crime will be committed when the anticipated rewards of the offence are assessed as outweighing the possible costs. A number of factors influence this weighing-up process. These include the characteristics of the immediate environment or situation, the person's attitudes, values and beliefs about antisocial behaviour, support for antisocial behaviour, delinquent associates, a history of antisocial behaviour, personality traits that encourage antisocial behaviour, cognitive emotional states (such as anger), self-regulation, self-management, and problem-solving skills that include rationalisations and justifications for criminal behaviour.

Broad economic, social and cultural contexts are seen as important background factors in an analysis of criminal offending. Within a social system, they define the parameters of dominant values, wealth and power, and control the distributions of rewards and costs (see next page).

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THE BROAD CONTEXT: POLITICAL, ECONOMIC, CULTURAL, SOCIAL STRUCTURAL
Dominant values and distribution of Wealth and Power
Legislation/Policy/Convention

Labour Market — Competitive Individualism

MORE IMMEDIATE SOCIAL STRUCTURE AND CULTURAL FACTORS

Family of Origin, Membership Composition: Personality, Ability, Values, Mental Health, Conduct History (Crime/Substance Abuse), Educational, Occupational, Parenting Skills and Resources

Neighbourhood: Membership Composition (e.g. Proportion of Active Criminals) and Roles and Statuses

Community Settings:
School/Work/Recreation/Mental Health/Social Service Agencies
the Justice System: Police, Courts, Formal Agencies

THE INTERPERSONAL: PROCESS AND CONTENT OF INTERACTION

Family-child relations: Affection/Supervision/ Neglect/Abuse

Ties to Anti-criminal Others

Interaction with Agencies (i.e. processing and service)

Ties to Criminal Others

THE PERSONAL

Biological Given: Temperament/Aptitude/Verbal Intelligence
Age/Gender

Early Conduct Problems: Lying, Stealing, Aggression

Personality: Socialisation/Psychopathy in particular

(Self-regulation skills/problem solving style)
(Internal/external monitoring for standards of conduct)

Conventional Ambition and Performance

School Performance and Conduct

Cognitions Favourable to Crime: Attitudes, Values, beliefs, Rationalisations, Neutralisations, and Feelings

Perceived social Support for Crime

History of Criminal Behaviour

THE PERSON IN THE IMMEDIATE SITUATIONS

Immediate Situation: Facilitators, Inhibitors, Stresses → Signaled Outcomes Favourable to Criminal Activity → Criminal Acts

A personal, Interpersonal, and Community-Reinforcement perspective on the Multiple Classes of Relevant Variables in the Analysis of Criminal Behaviour. Source: Andrews, D., & Bonta, J. (2010). *The Psychology of Criminal Conduct* (5th Edition). LexisNexis (Page 140).

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Andrews and Bonta (2010) have identified the major risk factors for criminal offending. The most powerful – the 'big four' risk factors – include antisocial cognition (antisocial values, attitudes and beliefs that support criminal offending), antisocial associates, a history of past antisocial behaviour and antisocial personality pattern (history of conduct problems and violations of rules, self-centeredness, hostility, callousness, difficulties with controlling impulsive behaviours, poor problem-solving skills). Four other more moderate risk factors include substance abuse, family problems, difficulties in school or work, and problematic leisure activities.

The PIC-R and NEM perspectives on offending have a significant degree of compatibility as illustrated in the table below.

Nested Ecological Model Context	*PIC-R Factors*
Developmental History of the individual What the person has experienced and learned in their (unique) life to this point in time	➢ Temperament ➢ Criminal behaviour is acquired and maintained through a combination of direct and observational learning experiences ➢ Offending is reinforced for the perpetrator when this behaviour results in goals, desired outcomes or other purposes being achieved ➢ The person's attitudes, values and beliefs about antisocial behaviour ➢ Rationalisations and justifications for criminal behaviour ➢ A history of antisocial behaviour, personality traits that encourage antisocial behaviour
Relationship Styles The patterns of interactions which the person has had modelled and reinforced in their relationships over time	➢ Support for antisocial behaviour, delinquent associates ➢ Cognitive emotional states (such as anger), self-regulation, self-management, and problem-solving skills
Environmental Circumstances Changing events, situations and circumstances which impact on the individual and influence their learning and relationships	➢ The characteristics of the immediate environment or situation ➢ Substance use/abuse ➢ Family problems ➢ Difficulties in school or work ➢ Problematic leisure activities

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Ideological Beliefs and Values The prevailing social mores, beliefs and values of any particular society at any particular time in history that can have an influence across what happens in the other contexts	➢ Broad economic, social and cultural contexts are seen as important background factors in an analysis of criminal offending ➢ Within a social system, these factors define the parameters of dominant values, wealth and power, and control the distributions of rewards and costs

The consistency with which these two major models help explain general offending and FV provides confidence that by including many of these considerations in the assessment process and in Changeabout Program sessions, the program is structured to achieve the desired outcomes of reduced FV and increased family wellbeing.

Feminist Theory – The Duluth Model

Although there is no single feminist perspective on the causes of family violence, a number of key factors are identified as important in explaining FV including, gender inequality, gender roles, power and control, and patriarchy.

The 'Duluth model'[8] is the most influential approach in current use for responding to violence by men against women. It was developed to provide a coordinated, inter-agency response, designed to eliminate the male perpetration of domestic violence. In a significant advance in the field, the Domestic Abuse Intervention Project (DAIP) in 1981 brought together nine agencies (Police, County Jail, Prosecution, Shelter/Refuge, Court, Community Corrections and three mental health agencies) who developed agreements around guidelines and responses to domestic violence and the sharing of information across agencies.

A key focus of this approach is to place responsibility for the violent behaviour squarely on the perpetrator. The overarching aims of the men's program based on the Duluth model are:

1. Help perpetrators understand their use of violence as a means of control;
2. Increase the perpetrator's understanding of the socio-cultural influences on his behaviour and their causal role;
3. Increase the perpetrator's willingness to change through increasing his awareness of the negative consequences of his behaviour;
4. Encourage the perpetrator to be accountable to the victims of his behaviour through the acknowledgement of his behaviour and acceptance of responsibility for it;
5. Provide non-controlling and non-violent ways of relating to women.

Factors which in some other models (like CBT, PIC-R, Nested Ecological Model, etc.) are viewed as 'causes' of violence - such as having witnessed or experienced violence in childhood, various cognitive, emotional and behavioural self-regulation skills deficits, substance use, etc. - are not viewed as causes or explanations of FV within the Duluth

[8] See Bowen (2011) for an overview and description of theories of family violence, including the Duluth model.

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formulation. Instead, these factors are seen as products of a socialisation process which effectively dehumanises men and which contribute to, or modify, abusive behaviours, and stand as inhibitors to meaningful change. This conceptualisation of FV has then led to a psycho-educational approach to change within the co-ordinated interagency response that generates accountabilities on perpetrators at a systems level.

As noted elsewhere in this manual (see footnote 1), in practice however, psycho-education has been blended with cognitive-behavioural theory in an endeavour to improve outcomes for men undertaking Duluth-based men's programming. While there is evidence that this blended Duluth/CBT approach has small positive effects, further improvements in these outcomes can be expected to result from a broader view of FV which includes the 'what works' evidence and principles, and formulates each perpetrator's violence at an individual level to target specific causes. The Changeabout Program assesses for the use of power and control tactics and gendered beliefs as a potential pathway to FV for some men but does not assume that these issues will be universal to program participants. Where there is evidence that beliefs and behaviours supportive of the subordination and subjugation of partners/victims is present, these issues will be targeted as dynamic risk factors or criminogenic needs.

Self-Control Theory

Self-control theory makes two major claims.[9] Firstly, low self-control is seen to be the most important 'individual level cause of crime', and this is influenced by opportunity to commit crime. According to this theory, individuals differ in their ability to control their urges for immediate gratification. People with low self-control are more likely to engage in criminal or deviant behaviour than people with high self-control. Weak self-control in children is a result of weak self-controls exercised by parents. These include weak parent-to-child attachments, poor parental skills and supervision, parental failure to recognise deviant behaviour, and ineffective punishments.

People with low self-control are characterised as impulsive, insensitive, risk taking, short sighted, physical as opposed to mental, and nonverbal. Low self-control will result in crime or antisocial behaviour only when the opportunity to engage in the behaviours is present.

The second proposal of self-control theory is that the consequences of low self-control are similar in all circumstances with all people. Therefore, variations in self-control will account for the variance in criminal behaviour for all classes of individuals. A number of studies have empirically assessed self-control theory and found self-control to be related to criminal behaviour for both male and female program participants.[10]

It is well documented that, in general, males commit more crimes more frequently than females. Self-control theory suggests that this does not assume that that one gender is more criminal or more likely to possess a criminal trait than the other.[11] Instead, it is proposed that males have substantially lower self-control than females, due to variations in the ways parents and other social and community institutions manage male and

[9] Gottfredson & Hirschi 1990.
[10] Pratt & Cullen 2000.
[11] Farrington & Painter 2004.

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female children. Research into self-control has suggested that a preference for risk-seeking by males was overall the most striking factor in explaining gender differences in self-control.

Low self-control is likely to play a role in at least some FV offending. There will be individual differences in FV program participants' self-control that are captured during the assessment process for the Changeabout Program when social history and offence mapping information is gathered. While some men may show low self-control due to poorly developed emotional and behavioural regulation skills (e.g., impulsive, reckless, risk-taking) others may be more deliberate and instrumental in the goals or outcomes they seek through violence against their partners, and so exhibit intact self-control which is more closely linked to antisocial attitudes, beliefs and values. The Changeabout Program intervention caters for these differences by developing an individual case formulation for each participant that then becomes the focus of change in the program proper, as each man is asked to examine how self-control contributes to their offending and impacts on family wellbeing. Building self-control skills which are explicitly tied to the outcome of family wellbeing is a focus of the program overall.

Social Learning

Social Learning Theory proposes that people learn criminal behaviour not only through direct learning experiences supportive of offending, but also through their associations with others.[12] Three primary factors are involved in the learning process:

1. The (differential) reinforcement principle says that people are more likely to engage in, and repeat, criminal behaviour if –
    a. it is frequently reinforced either positively (such as through financial gain, social or familial approval, pleasure), or
    b. negatively (such as using drugs to avoid problems), and is
    c. infrequently punished.

2. Beliefs supporting offending are developed through involvement with peers who hold similar beliefs.

3. Modelling refers to imitating the behaviour of others that one has observed, especially those held in high regard.

There is considerable support for the role of social learning factors in offending (see the RNR research for example) although there is no support for the claim that being exposed to violent role-modelling inevitably results in becoming a perpetrator of violence. Other factors such as poor conflict resolution or problem-solving skills, substance use, and attitudes supportive of violence, play a mediating role between exposure to violence and becoming a perpetrator.[13]

It is likely that each of the three factors known to underpin social learning and listed above, will have an influence for some FV program participants. Having had violence modelled, having 'successfully' used violence against a partner to either achieve or

[12] Bandura 1977
[13] Polaschek, D (2006).

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avoid a particular outcome, and having family, peers or other relationships in which attitudes that condone violence against partners prevail, are characteristics of FV which will be assessed through offence-mapping prior to the Changeabout Program commencing.

Attachment Theory

This well-developed theory focuses on the formation of early relationships and the implications of this on later child and adult functioning. Secure attachments in the earliest years are important in the adaptive development of exploration and novelty-seeking within the safety provided by a nurturing relationship. Secure attachment is also thought to promote emotional development and regulation, self-perception and belief, promote a positive and adaptive world-view, and the ability to form and maintain relationships with others which are healthy and functional[14].

Levy & Orlans (see footnote 14) note that secure attachment has other important functions, namely:

- Development of trust and reciprocity;
- Effective management of impulses and emotions;
- Defence against stress and trauma via resourcefulness and resilience;
- Generation of core beliefs based on cognitive appraisals of self, caregivers, others and life/the world in general;
- Identity based on a sense of competence, self-worth and a balance between dependence and autonomy, and
- Establishing a pro-social moral framework that involves empathy, compassion and conscience.

In the absence of the kinds of care-giving and nurturing environments and relationships that characterise secure attachments, disordered or insecure attachment can occur. Three main categories are identified as contributing to disordered attachment:

1. Parental/Caregiver factors such as abuse, neglect, depression, psychological disorders
2. Child factors such as difficult temperament, prematurity, foetal alcohol effects and
3. Environmental contributions in the form of poverty, stressful and violent home and/or community, multiple out-of-home placements across foster-care arrangements, etc.

Insecure attachment has been linked (in theory and with some empirical support – see Dutton, 2006, for example) to FV. In essence, FV is thought to be contributed to by some perpetrators having abandonment anxiety and anger derived from insecure attachments in childhood. In the face of perceived abandonment, anger may function as attachment behaviour and in some situations, lead to violence in order to maintain proximity to the attachment figure.

Research has shown that in samples of FV program participants, insecure attachment is more prevalent than secure attachment. Some personality constructs linked to

[14] Levy (2000).

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disordered attachment have also been found to be prevalent in samples of domestically violent men compared to martially distressed but non-violent men[15]. These include:

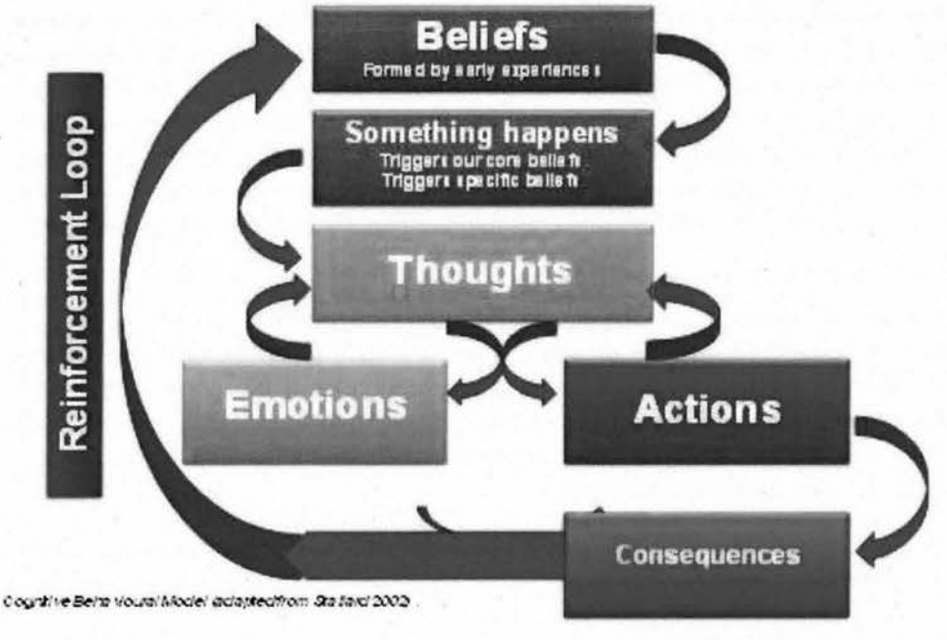
- Higher levels of interpersonal dependency
- Greater dependency on their family
- Lower self-esteem
- Jealously
- Trauma
- Engaging in controlling behaviours.

The presence of disordered attachment related factors may therefore create an on-going risk of FV in situations of couple conflict where cycles of unhelpful interactions can escalate conflict to violence driven by attachment deficits. The contributions of disordered attachment to offending will be assessed for each offender individually, and where found to be relevant, targeted in the change program (in sessions on relationships, emotion and behavioural self-control, beliefs and appraisals of the intent and behaviour of others/victims etc.).

(See also Chapter 4 for more on attachment disorder as a contributing pathway to FV).

Cognitive-Behavioural Theory/Therapy (CBT)

CBT[16] is based largely on social learning theory and is a broad approach used to change cognitive, affective (emotional) and behavioural aspects of an individual's problematic experience. CBT can be described as a positive, change-oriented collaboration between client and therapist/change agent used to increase consistency between goals and values through changing problematic thinking and feelings. The basic CBT model is illustrated in the diagram below.



Cognitive Behavioural Model adapted from Beck 2005

[15] See Bowen (2011) for a review of this research

[16] Gilbert & Leahy (2009).

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CBT proposes that events trigger beliefs that have formed over time about oneself, others and the world. These beliefs are used to explain what is going on in a situation and so are theories about the nature of the situation, which are vulnerable to being distorted. Beliefs are relatively stable because information that is consistent with them tends to be attended to by an individual, while information that is counter to the belief is often ignored. An individual's feelings about a situation are viewed by CBT as a product of the thinking process. Behaviour is also influenced by the thinking process and reinforced as described in the section on social learning theory above. Reinforcement of actions tends then to strengthen the whole system and so beliefs, including 'cognitive distortions' (and their associated feelings and actions) become more entrenched, so that similar situations in the future tend to create similar responses. This process involves what is known as social information-processing.

Social information-processing studies show that for some individuals, violent responses in interpersonal situations of conflict or perceived threat, may be the product of a largely automatic internal process learned through past experiences of aggression. Regularly aggressive individuals tend not to reflect on their decisions and responses in the immediate situation of conflict or perceived threat. Often, the perpetrator misreads social cues and attributes hostile intent to others. That misinterpretation combines with a poorly developed social skill-set (e.g., limited pro-social conflict resolution skills) and a tendency toward egocentric considerations (e.g., 'what's in my best interests here?') as well as a proneness to impulsive-aggressive responses (e.g., "I need to act now..!"). Violence, as a method for achieving instrumental goals, is also probably due to poorly-thought-through consequences. Often, the costs and longer-term impacts are neglected or ignored in the process, or minimised after the fact. By doing this, the perpetrator perceives a violent act as successful and therefore the social information-processing circuitry is strengthened, leading to increased likelihood of future violence.[17]

Another important aspect related to social information-processing is attribution theory (Weiner, 1985)[18]. This model looks at the ways people attribute causality to behaviours, problems/ issues. These attributions may be internal (ascribed internally to the self) or external (causes are attributed to factors/persons outside of the self). Men who commit FV offending have a tendency to attribute hostile intent and blame outside of themselves to the behaviours of partners and children. Understanding the role that attribution plays in abusive practices, is a key aspect of the intervention skills utilised throughout the program.

Distortions which support violence against partners, and the attributions made by participants about the behaviour of others (including victims), will be assessed for each offender coming into the Changeabout Program through the development and use of offence maps questioning/challenging core beliefs and thinking that supports violence and abusive practices, and developing new alternative beliefs/thinking that facilitate pro-social behaviours, safety and respect.

The Changeabout Program also has modules to target problem emotions and coping associated with beliefs about the self, partners, family and the world more generally. As

[17] Losel, Bliensener & Bender (2007).
[18] Weiner (1985).

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described in the section on strengths-based approaches below, the Changeabout Program will use a strengths-based CBT model to build participant resilience in pursuit of the goal of family wellbeing.

In addition to the cognitive-behavioural interventions above, mindfulness training[19] will be provided in the Changeabout Program. This involves training participants to be able to observe and describe their thinking and problem emotions without reacting to them and managing these situations safely. Participants will also be trained to develop ways to enhance their positive emotions.

Of note, men may resort to substances (alcohol and drugs) to regulate mood that has the potential to make a bad situation worse. Positive emotion through mindfulness assists in being able to tolerate distressing situations (e.g. violations of trust, separation, lack of contact with children).

Acceptance and Commitment Therapy (ACT)

ACT is a values-driven intervention that aims to increase psychological flexibility.[20] This is achieved by teaching six core concepts and skills:

1. Contacting the *present moment* (being here now)
2. *Defusion* (becoming less attached to thoughts)
3. *Acceptance* (learning to tolerate difficult, challenging and uncomfortable emotions)
4. *Self-as-Context* (not clinging to a rigid self-view by strengthening the 'observer' aspect of the mind)
5. *Values* (knowing what is really important)
6. *Committed Action* (doing what it takes to pursue values-based goals)

In essence, the objective of ACT processes is to enable people to 'open up, be present and do what matters,' the product of which is greater psychological freedom. While ACT has not yet been applied within an offender context to a significant degree, there are elements of the model that are of value in working with FV program participants. Mindfulness will be taught to participants and this will aim to help them remain present in the moment and gain some 'wriggle room' on strong arousal without responding to the urge to act on it destructively.

Participants will also be asked to reflect on the often unattended relationship between their goals and values. This is an important exercise that will be on-going as participants are asked to set and achieve values-based goals that will take them toward family wellbeing.

Motivational Interviewing (MI)

MI is a person-centred method of fostering change by helping a person explore and resolve ambivalence.[21] Rather than using external pressure, MI looks for ways to access internal motivation for change. It borrows from client-centred counselling in its emphasis

[19] Baer (2006).
[20] Harris, R. (2009).
[21] Miller & Rollnick (2013).

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on empathy, optimism, and respect for client choice. MI also draws from self-perception theory, which says that a person becomes more or less committed to an action based on the verbal stance they take. Maintaining motivation throughout the program is critical to enhance retention, and the skills of motivational interviewing is an expected skill-set for program facilitators.

Strengths-Based Approaches

Social Skills and Behavioural Rehearsal

While social skills and behavioural rehearsal concepts come from a behavioural psychology tradition,[22] they are included in this section because they also contribute to the development of strengths and so can enable improvements in family wellbeing.

A focus on safety from the beginning is essential and has been incorporated into the Changeabout Program. From the first day of a program, actively practicing the social skills that enable men to contain and tolerate high levels of arousal without taking harmful action. The emphasis upon skill rehearsal will be a core aspect of the program design. Social skills are cumulative and will be arranged in the program so that they contribute first of all to safety, and also to capability building.

Targeting Deficits and Strengths

The Changeabout Program will use an approach to change which has a dual focus on reducing recidivism risk by identifying deficits and working to minimise the impact of these, while also attending to the building and strengthening of protective factors. The diagram below illustrates how the Changeabout Program combines a deficits and a strengths approach. The 'Deficits Path' on the left includes dynamic risk factors targeted in the program for reduction. These are focused on from the perspective of how these factors might apply to the individual participant's pathway to violence against their partner. The participant is then asked to consider how these deficits might be reduced, which includes the building of protective factors illustrated on the right side of the diagram labelled 'Strengths Path'.

The participants in the program are always being asked to reflect on how choosing to hold on to attitudes, attributions, beliefs, emotions, the use of substances and other actions on the deficits path – risk factors which culminate in violence against partners – impacts on family wellbeing. They are also invited to consider how developing strengths – which may require them to change attitudes, attributions and beliefs, and gain better control over emotional and behavioural responses and substance use – might strengthen and enhance family (and so also their own) wellbeing. The key question being asked by the Changeabout Program of all participants is:

"Is this (attitude, belief, value, action etc.) taking me closer to, or further away from, family wellbeing?"

[22] O'Donohue & Fisher (2008).

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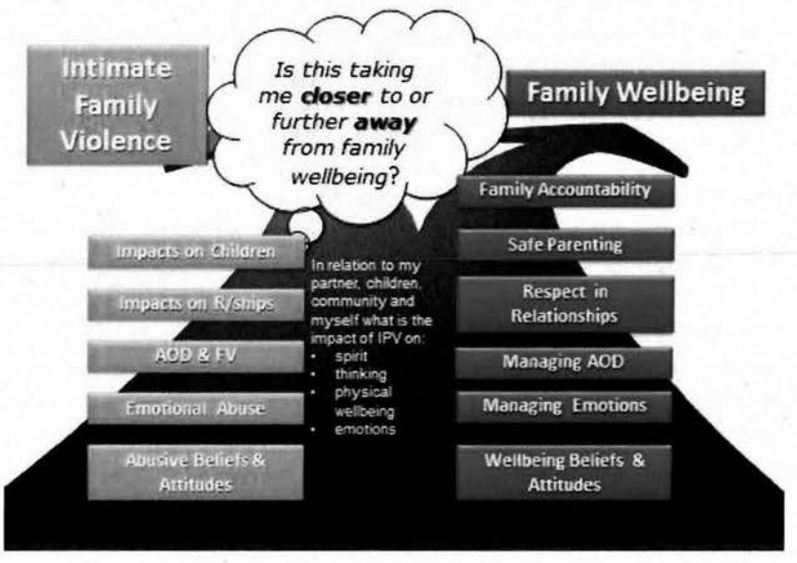
'Family' includes children, partners/victims, family as well as the program participant himself.



Over the course of the program, this reflective question will be asked many times with the objective being that participants internalise this perspective, discuss it with others, and take on an attitude of promoting the wellbeing of children, partners and family in their lives beyond the program itself.

Relapse Prevention (RP)

Once a position of responsibility and accountability for behaviour is established, then the challenge is to prevent relapsing into old behaviour (for example, ignoring the need for vigilance, engaging in high-risk activities, managing mood states inappropriately). Once a person lapses, then it is easy to undermine their changes of desistance and return to using abusive practices. As Marlatt (2000, xi)[23] states:

> *Relapse prevention (RP) is best described as a self-management approach to behaviour change. Therapists who are presenting RP to clients sometimes describe it as similar to a driver-training program. Driving is a unique behaviour, in that it involves both personal freedom and responsibility. One is free to explore the open road, but one must do so in a responsible manner. No matter what happens on the trip, the driver is always ultimately responsible for his or her actions.*

Relapse prevention in the Changeabout Program is based on the fundamental premise that family wellbeing cannot co-exist with FV. The diagram above essentially plots two roads – one which leads to FV and the other which leads to family wellbeing. The program is sequenced in its delivery so that the road to FV is examined first by participants from the perspective of 'how does this apply to me? Once that has been

[23] Marlatt (2000).

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established, then participants are invited to look at the journey they can take on the other road, the road leading to family wellbeing.

The goals participants set themselves and apply between sessions, the skills they rehearse in and out of the program, and the support and accountability that is garnered by them as they progress through the program, all form important aspects of relapse prevention planning. Detailed relapse prevention plans will emerge over the course of the program as participants examine both the road to FV and the one that leads to family wellbeing.

Program Logic of the Changeabout Program

This section sets out the program logic of the Changeabout Program by summarising and linking the key theories and models that have been used to develop the program. This is an incomplete attempt because not everything that can be known about what causes people to commit crimes, and men to abuse their partners, is yet known. Having said that, there is very robust evidence accumulated over a long period of time about what is effective in reducing recidivism and that research has been a driver of the design of the Changeabout Program. So, even if not all offending and family violence can yet be fully explained, a lot can still be done to reduce these significant problems.

This summary is split into three types of theory:

Explanatory theories and models are those that help in understanding how behaviour develops over time and across contexts, and what factors influence this.

Assessment models are those that help us determine what factors are relevant when we undertake the task of formulating problematic behaviour, like family violence. The formulation process that is the product of assessment then helps us to decide what we should be working on in terms of changeable factors, how we might be most effective in doing that work, and what level of intensity is required to be effective in generating change.

Finally, *Change Process* theories and models are those that guide our specific rehabilitation approach with those who have perpetrated family violence.

Explanatory Theories and Models

The major explanatory theories/models that inform the Changeabout Program are the Nested Ecological Model (NEM) and the Personal, Interpersonal and Community Reinforcement (PIC-R) model. These theories have significant overlap in the way they explain the development of offending behaviour such as family, and the factors that influence and reinforce that behaviour over time and across context. The consistency between these two explanatory models is overviewed in the table on pages 19 & 20. The Changeabout Program takes the theoretical position that an individual's violence against their partner can be understood as influenced to varying degrees by four inter-related levels of experience:

- *Prevailing ideologies and values* of the society in which a person resides and the economic, social and cultural influences impacting on them in that context. These impacts may be indirect and subtle and can include individual responses to the way that society defines what is valued, how power and wealth are

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experienced and distributed, and the impacts of major historical events and processes influencing power, relationships and identity, such as colonisation and patriarchal values.

- *Environmental circumstances* are the changing events and situations that have direct impact on families and individuals and influence their learning and experience in relationships. These circumstances are potentially infinite in their variety and impact and cannot always be predicted. Within the context of family violence and offending more generally, some of the situational and environmental factors that are empirically linked to these problems include stressors associated with marginalisation from normative conventions in school, leisure/recreation, and employment activities, and interpersonal conflicts and problems that can lead to violence in the immediate situation. Additionally, the widespread availability and use of substances might be viewed as an environmental factor that can have impacts on the wellbeing of both users and those with whom they have relationships.

- *Relationship factors* are the next level down in that they describe the patterns of interactions which a person has had modelled and directly reinforced in their relationships over time. Within the context of offending and family violence, some of the salient factors known to be significant relational experiences include victimisation, modelling of, and support for, family violence, and various cognitive-emotional difficulties which emerge in relationship situations, such as pro-family violence attitudes and beliefs, hostile attributions about the intent of another's behaviour, and poor emotional and behavioural regulation patterns which have been at least partially 'successful' in either achieving or avoiding a particular relationship goal or purpose.

- *Developmental history* of the individual are the unique experiences that an individual has had over their lifetime which are both influenced by the other three levels of the model and in turn may influence those factors to one degree or another. This level includes biological and genetic influences as well as environmentally-driven learning and experience. Within the context of offending and family violence, developmental factors which are relevant include temperament, verbal intelligence (such as the ability to reflect on, and articulate, experiences, which is especially important when faced with challenges and problems, including in relationships), impulse control and other self-regulation problems with attention, emotions and actions, problem thinking which rationalises and justifies family violence, and empathy deficits/callousness with respect to the experience of others.

The Changeabout Program is therefore based on an explanatory model that, in essence, says that family violence is influenced by multi-factors impacting on individuals in relationship across time and in different contexts.

What also occurs over time and context is the *learning of any individual* – that is, responses to unfolding experience which are reinforced and/or punished, and which can increase the probability that a given individual in a certain circumstance may use

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violence against their partner. Learning for an individual participant in the Changeabout Program is explained by theories also used to inform the program, including *social learning theory* that emphasises the learning through modelling and peer influences especially, *self-control theory* that identifies impulsiveness, insensitivity, risk-taking and a short-term focus as responses which may militate against learning constructive self-control.

In addition, the particular (learned) attitudes, beliefs, attributions and problem thinking typically accompanying family violence are explained by *cognitive-behaviour theory*, social information-processing models and attribution theory, all of which emphasise the key role of cognitions in influencing perception and interpretation of experience as well as resulting emotions and behaviour.

In summary, the unique learning experiences of an individual across their lifetime are influenced by multiple factors at various systemic levels. Whether or not an individual perpetrates violence against their partners will depend on the degree to which combinations of these multiple factors (some of which are known and some of which are still to be determined in research) are in play in any given circumstance where the opportunity to be violent to a partner presents itself.

Assessment Models

The degree to which learning experiences of an individual increases their propensity for using family violence is an assessment task. The key assessment framework used to inform the Changeabout Program is the Risk Needs and Responsivity approach. The RNR model provides valuable guidance in answering three key questions in relation to family violence:

1. Who should intervention efforts be targeted at? (risk principle)
2. What factors should be targeted in interventions? (needs principle)
3. How should interventions be delivered to be most effective? (responsivity principle)

Accumulated research over many years in the 'what works' tradition indicates that those at high risk should receive the most intensive intervention and that interventions should be aimed at those 'crime causing' or dynamic risk factors, which are amenable to change (generally the higher the static risk of the person, the greater the number of dynamic risk factors present) and that interventions should consider engagement of individuals in the intervention so as to maximise outcomes.

The Changeabout Program uses the RNR principles to select low, to low/moderate risk individuals for the program (risk principle) and focuses on a number of established dynamic risk factors for FV (needs principle) while also considering cultural, motivational and engagement issues (responsivity principle) to facilitate change. Importantly, the risk principle as it is applied to the Changeabout Program, reduces the chances of under-treating high risk individuals (they will be excluded and receive other more intensive interventions) and over-treating low risk individuals.

The dynamic risks targeted in the Changeabout Program centre on attitudes and beliefs, emotional abuse and regulation problems, substance use, relationship influences, and

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skills deficits. These are all well-established contributors to FV (and other offences) for many program participants.

These particular dynamic risk factors may not be the only ones relevant to the individual given that all people have a unique learning history that complicates explanations of how they came to offend. To accommodate this variability, the Changeabout Program also uses a number of other established assessment protocols to both inform intervention planning and to track risk and protective factors during and after the program. See the Corrections Victoria Program Change Manual for the assessment tools (models).

As well as performing the task of identifying who will attend the program and to what extent various dynamic risk factors contribute to their family violence, assessment also produces an individualised formulation. This incorporates responsivity considerations, and importantly, what goals the participant has for himself relative to his violence risk and also family wellbeing – all of which is captured in an intervention plan.

Change Process Theories/Models

The foundational process model used in the Changeabout Program is around the four aspects of lifestyle balance. This model situates the individual within the broader context of relationships with partners, children, family and community, while also having a focus on mental health. Lifestyle balance, as a contextual and holistic model of wellbeing and health, sits well with the NEM and PIC-R overarching theories that help explain FV. This is illustrated in the diagram on page 26 (where two divergent pathways are presented to participants – one leading to more violence and the other leading to family wellbeing). The Changeabout Program takes the position that these two destinations cannot co-exist and that any violence undermines family wellbeing. The key on-going question being asked by the Changeabout Program of all participants therefore is:

> *"Is this (attitude, belief, value, action, etc.) taking me closer to or further away from, family wellbeing?"*

Supporting the lifestyle balance process model are a number of other change theories and models that are used in rehabilitation to target specific problem areas (dynamic risks, responsivity issues) to achieve the twin aims of reducing recidivism risk and promoting family wellbeing. These models and theories include:

- *Cognitive-Behaviour Therapy* (CBT) – which will be used to focus on, and help change, the attitudes, beliefs and problem thinking which characterises FV. A strengths-based CBT approach will be used to promote resilience as a family wellbeing strategy.

- *Acceptance and Commitment Therapy* (ACT) – parts of which will be used to help men clarify their fundamental values and link these values to goals which are, in turn, related to committed actions for reducing dynamic risk and increasing family wellbeing. Mindfulness and 'defusion' (learning to get some distance) from powerful emotions, will also be used as part of the change process that the ACT model brings.

- Motivational Interviewing (MI) – will be used to help men take responsibility for their own changes within a working alliance based on the 'spirit' of MI – that is a working alliance which facilitates partnership (support for change efforts),

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acceptance that the person has choices about whether they value family wellbeing as a worthy goal, compassion (empathy with boundaries), and evocation (understanding of a participant's subjective experience).

- Relapse Prevention (RP) – which will be used as the key, safety planning tool to develop plans to ensure all risk situations and factors are linked to mitigation strategies to prevent further violence. Preventing relapse, while using a deficits focus, will also be accompanied by values-based goal striving (see ACT above) so that encouragement for doing constructive things is also an emphasis, not simply not doing violent things.

Throughout the change process, there will be a very practical focus on skills development and behavioural rehearsal, so that new ways of being in relationships which support family wellbeing and mitigate FV are strengthened. The Changeabout Program is not talking therapy but is action-oriented, and there is a deliberate effort to ensure enough room in sessions for skills rehearsal, goal-setting and review of goals from session to session.

Finally, accountability is built into the change processes of the Changeabout Program through session structures which review goals session to session, value the voice of victims and family more broadly, and through the involvement of Community Corrections staff with the program.

The objective is that participants internalise the taking of responsibility for all choices made (past and future), that they embrace attitudes, skills and support offered to them, and take on the commitment of promoting family wellbeing in their lives beyond the program.

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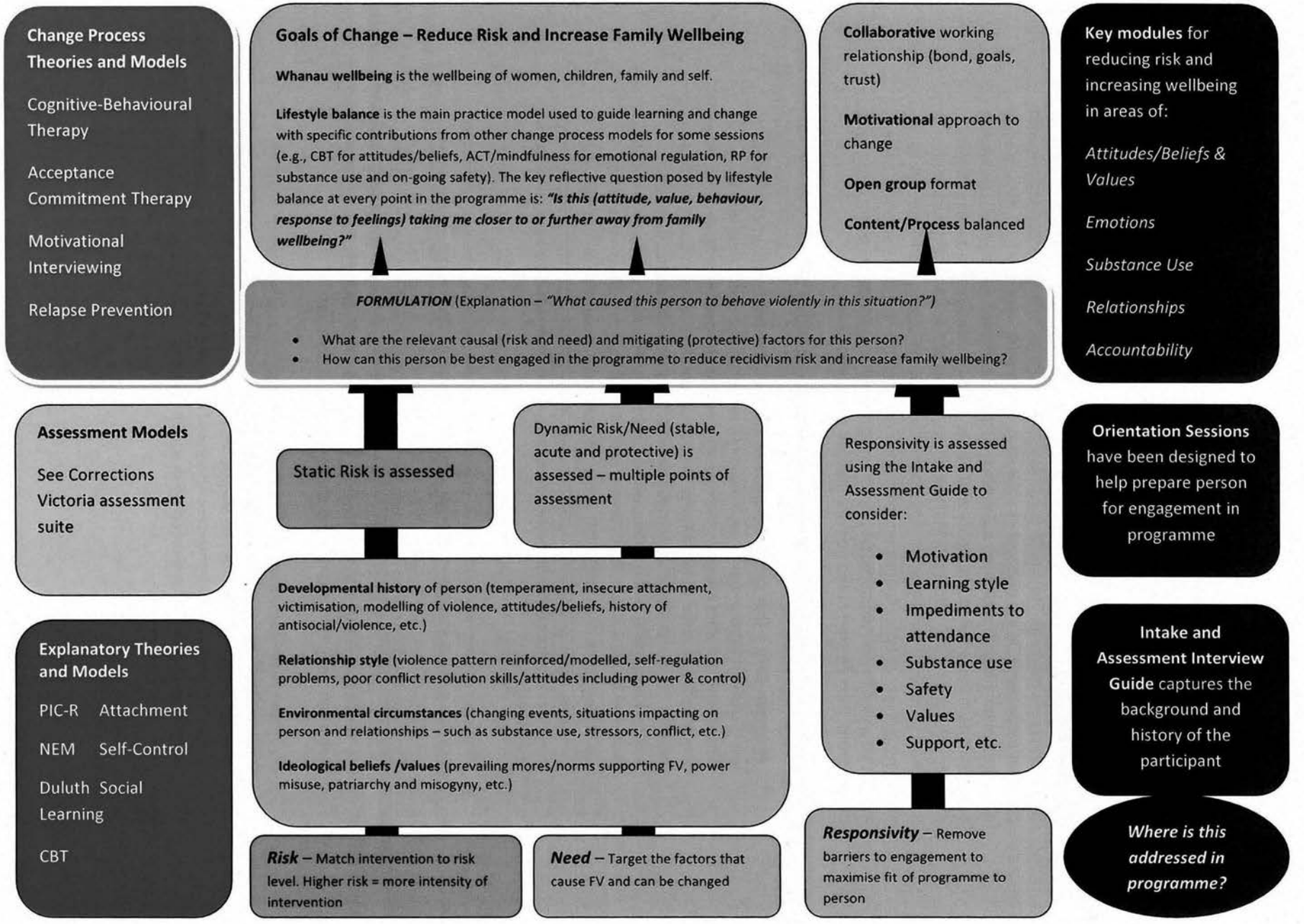
Change Process Theories and Models
Cognitive-Behavioural Therapy
Acceptance Commitment Therapy
Motivational Interviewing
Relapse Prevention
Goals of Change – Reduce Risk and Increase Family Wellbeing
Whanau wellbeing is the wellbeing of women, children, family and self.
Lifestyle balance is the main practice model used to guide learning and change with specific contributions from other change process models for some sessions (e.g., CBT for attitudes/beliefs, ACT/mindfulness for emotional regulation, RP for substance use and on-going safety). The key reflective question posed by lifestyle balance at every point in the programme is: "Is this (attitude, value, behaviour, response to feelings) taking me closer to or further away from family wellbeing?"
Collaborative working relationship (bond, goals, trust)
Motivational approach to change
Open group format
Content/Process balanced
Key modules for reducing risk and increasing wellbeing in areas of:
Attitudes/Beliefs & Values
Emotions
Substance Use
Relationships
Accountability
FORMULATION (Explanation – "What caused this person to behave violently in this situation?")
What are the relevant causal (risk and need) and mitigating (protective) factors for this person?
How can this person be best engaged in the programme to reduce recidivism risk and increase family wellbeing?
Assessment Models
See Corrections Victoria assessment suite
Static Risk is assessed
Dynamic Risk/Need (stable, acute and protective) is assessed – multiple points of assessment
Responsivity is assessed using the Intake and Assessment Guide to consider:
Motivation
Learning style
Impediments to attendance
Substance use
Safety
Values
Support, etc.
Orientation Sessions have been designed to help prepare person for engagement in programme
Explanatory Theories and Models
PIC-R Attachment
NEM Self-Control
Duluth Social Learning
CBT
Developmental history of person (temperament, insecure attachment, victimisation, modelling of violence, attitudes/beliefs, history of antisocial/violence, etc.)
Relationship style (violence pattern reinforced/modelled, self-regulation problems, poor conflict resolution skills/attitudes including power & control)
Environmental circumstances (changing events, situations impacting on person and relationships – such as substance use, stressors, conflict, etc.)
Ideological beliefs /values (prevailing mores/norms supporting FV, power misuse, patriarchy and misogyny, etc.)
Intake and Assessment Interview Guide captures the background and history of the participant
Risk – Match intervention to risk level. Higher risk = more intensity of intervention
Need – Target the factors that cause FV and can be changed
Responsivity – Remove barriers to engagement to maximise fit of programme to person
Where is this addressed in programme?

Chapter 2: Effective and Safe Practice

There are some key principles that have been found to lead to effective reduction in recidivism for program participants. These 'program integrity' principles are discussed here along with the importance of maintaining program integrity so that the best outcomes can be achieved. Also spelled out are mandatory requirements for ethical and safe practice when working in this field.

Program Integrity

Sometimes referred to as the 'fourth principle,' or 'X factor' of effective interventions with program participants, is the concept of treatment, or program, integrity[24]. At the broadest level, treatment integrity is defined as delivery of the intervention as intended. Delivering a program as it was intended in theory and design, is a fundamental requirement for program effectiveness[25]. While this statement may seem self-evident, even obvious, there are a number of factors which have been identified as posing significant risk to achieving delivery of interventions according to designed intentions. If these risk issues are not attended to and mitigated as part of implementation and the on-going delivery of the program, then desired outcomes are unlikely to be achieved.

Three key risks to program integrity have been identified in research[26]

1. ***Program Drift*** – this occurs when there is a *gradual shift in the practices and aims of the program over time.* This is not necessarily a conscious effort to undermine program integrity. Instead, drift seems to occur in practice through an incremental process of facilitators, or other influential people in program delivery, making decisions about what might work better than the existing methods, and/or losing sight of the outcomes being sought. The motivations underneath drift may be beneficent. Sometimes, program staff also change methods of delivering material in ways that are more personally comfortable for them. For example, some practices may fit their own world view or emphasis, or they may have more competence in some areas and not in others and so lean on what they know best.

2. ***Program Reversal*** – unlike drift, program reversal happens when program staff actively seek to resist and oppose, and so undermine, the workings of the program. Active opposition to the program by facilitators indicates some fundamental differences of opinion by them with the underlying theory, values or practice design of the intervention. Generally, there is a level of subterfuge going on in which resistance to the program is not made transparent but maintained by some form of justification by the staff engaging in reversal.

3. ***Program Non-Compliance*** – this threat to integrity is realised when program staff decide independently to make changes to the intervention, sometimes by omitting parts of it. This can be viewed as a middle ground between program drift where incremental but beneficent changes occur, and the more malevolent and conscious opposition evidenced by program reversal.

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[24] Wales & Tiller (2011).
[25] Andrews & Dowden (2005).
[26] See King & Sinclair, 2009.

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When these various threats to program integrity are considered, it becomes clear that delivering a program as intended is not as straightforward as it might at first appear. The attitudes, values, knowledge, commitment and skill of staff involved in program delivery (as implementers, facilitators and supervisors) are crucial ingredients in effectiveness, and might be the 'X factor' described by Wales & Tiller (2011), who sum up effective rehabilitation as being:

> *"...reliant on the highly skilled use of complex psychological techniques delivered within a holistic appreciation of participants' issues and ability to change."* (page 41).

Elements of program integrity

As just noted, the promotion of program integrity as a key contributor to effective outcomes is reliant on the qualities of those delivering the program (and by extension, those supporting that delivery). There are also other elements that support program integrity and program effectiveness that have been established through research.[27] Program effectiveness can be enhanced through the following elements being present:

- Stated aims of the program are linked to methods used
- Adequate resources are available to achieve these stated aims
- Staff are appropriately trained and supported
- There is an agreed plan for program monitoring and evaluation
- Monitoring and evaluation takes place and is systematically recorded.

Andrews & Dowden (2005 – see footnote 2 above) further specified 10 elements needed to promote program integrity as follows:

- Having a specific model
- Selection of workers
- Training of staff
- Clinical supervision of staff
- Use of training manuals
- Monitoring of service process or intermediate gains
- Adequacy of intervention dosage
- 'Freshness' of program (keeping it contemporary as knowledge accumulates)
- Program evaluations involve small sample sizes (fewer than 100 participants)
- Involvement of an evaluator in design, delivery or supervision of the program.

Andrews and Dowden carried out substantial research involving more than 270 program outcome studies and showed that when more elements of integrity were included, this resulted in significantly greater effects for programs compared to those that had fewer integrity components.

[27] See Wales & Tiller (2011) pages 37-39.

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Maintaining integrity for the Changeabout Program

In a recent review of domestic violence programs contracted by the New Zealand Department of Corrections[28], it was found that while existing programs did not adhere strongly to the RNR principles, and in particular the risk principle (see Chapter 1), a number of programs reviewed (20% or 12 programs from a total pool of 62 that were sampled) received relatively high ratings on integrity conditions – such as monitoring, supervision, use of manuals, a clear model of change, a co-ordinated approach across agencies, etc.

Building upon best practice findings the Changeabout Program, as a new intervention, has been designed explicitly to apply the RNR principles to family violence. There is also a high degree of adherence to the elements of program integrity cited in the research. The 'X factor' of program integrity and effectiveness has also been considered in the training for facilitators in the Changeabout Program. The essence of the program is one of individual participants as part of a broader set of important relationships. This is a holistic view of the individual that is based on models such as the Nested Ecological Model. The Changeabout Program constantly challenges (in the constructive not confrontational meaning of that term) men to consider their psychological and behavioural experience and choices as either contributing to and so enhancing their own and others' wellbeing, or detracting from this. The practice models used in the Changeabout Program (e.g., CBT, MI, ACT, RP, etc.) provide methods for identifying current problems in functioning that contribute to FV and then assisting in reducing those risks and increasing protective and desistance factors which can lead to greater family wellbeing.

The central concept of family wellbeing means there is a simple *clarity of purpose* at the heart of the Changeabout Program that can be readily transferred to program staff in ways that are very important for both integrity of delivery and program effectiveness.

In summary, program integrity is as important as the other core principles of effective interventions with program participants - those of risk, needs and responsivity. What can be achieved when each of these key principles is translated into practice is illustrated by the graph below which shows the increase in effect size[29] for programs which adhere to the RNR principles with integrity.

[28] Community Based Domestic Violence Programs: A review of the adequacy of programs available. (2011). Department of Corrections, NZ.

[29] Effect Size is a statistical term which measures the difference in outcomes between a treatment group and a control (non- treated) group. This data comes from Andrews & Bonta (2011) The Psychology of Criminal Conduct (5th edition) page 503.

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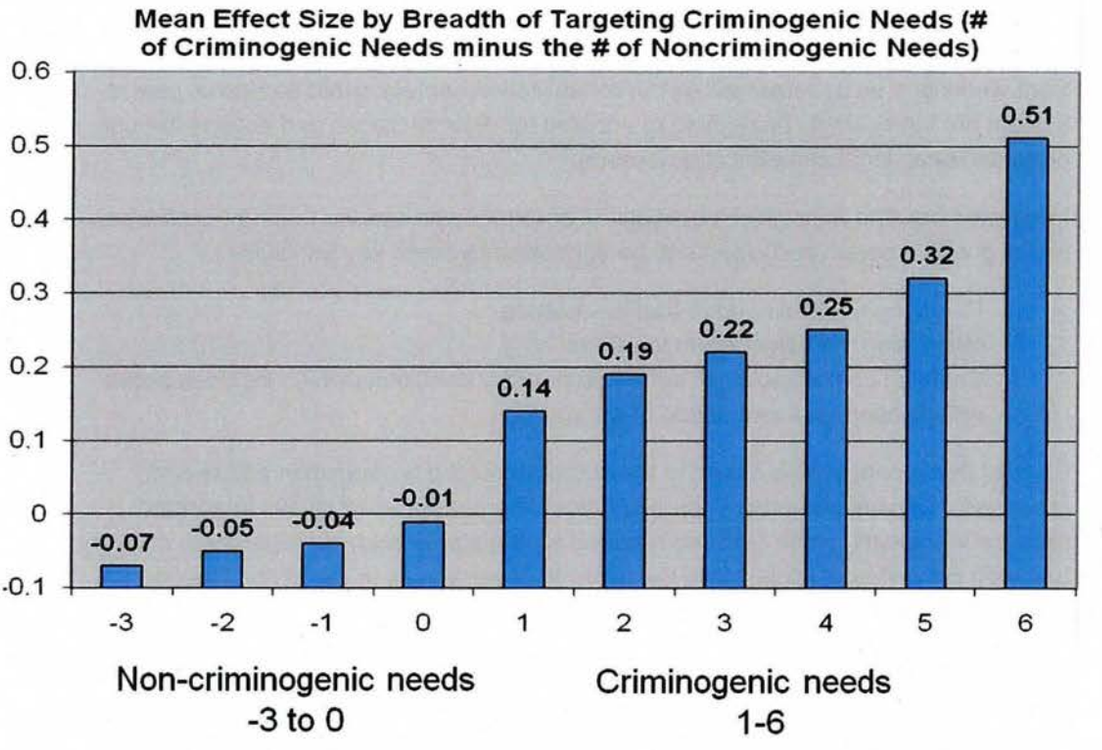

To further emphasise the value (both in economic and human terms) of delivering the Changeabout Program with integrity to design the table below (slightly adapted from Wales & Tiller (2011), page 43) provides effect size comparisons for some commonly accepted interventions.

Effect sizes of common interventions		
Intervention	*Target*	*Effect Size*
Aspirin	Risk of heart attack	0.03
Chemotherapy	Breast cancer	0.08
Bypass surgery	Coronary heart disease	0.15
AZT (an antiretroviral drug)	HIV/AIDS	0.23
Psychological therapy	Mental health problems	0.32
Treatment of program participants	Recidivism – overall	0.10
	Recidivism – high integrity	**0.29**

The data above shows that some common and well regarded interventions for medical problems have, in reality, quite modest effects. When 'high integrity' rehabilitation of program participants is viewed alongside other interventions listed in the table, it becomes clear that the evidence is strongly supportive of adhering to the RNR and integrity principles as a means of obtaining significant economic and human benefits.

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Chapter 3: Safe and Ethical Practice

Staff working in an assessment and/or rehabilitation context within a criminal justice system are increasingly being held to account for their decisions and actions through organisational, legal and ethical processes.[30]

Integrated practice frameworks obligate all decisions and actions taken by staff when working with program participants to be supported by three key principles:

1. Reducing the likelihood of further violence
2. Minimising the risk of harm to others
3. Enabling compliance with sentence or order conditions which includes active participation and completion of programs.

Each of these principles is linked to the outcomes of the organisation and is also grounded in ethical and professional practice. The overall effect of this integrated practice framework is that staff are required to make professional judgements at every turn with the safety of society and the integrity of sentences at the core of these considerations.

In addition to these ethically grounded principles underpinning practice, staff are also required more generally to adhere to policy and behave in accordance with the code of conduct for the organisation. The various requirements obligate staff to consider how they will respond in any given situation so that safety is maintained while the rights of program participants are also not inappropriately infringed upon.

Professional bodies will have specific ethical codes which guide practices within their respective fields – for example, Social Workers, Counsellors, and Psychologists – and which must also be considered by practitioners as they work within any particular place of employment.[31]

Ethical and safe practice in the Changeabout Program

The Changeabout Program is an intervention which operates within the criminal justice context and so ethical consideration regarding such issues as informed consent, confidentiality of information and disclosures made by program participants in the program, safety of actual and potential victims, facilitators, society and the offender, are all relevant.

The man has the right to know not only what information is to be gathered, but also, how this information will be used. That is, who will have access to the information and under what circumstances information will be shared and/or confidentiality might be breached. The following are the most likely situations where confidentiality will be broken:

- He discloses other offending for which he has not been held to account

[30] Wilson, Tamatea, Riley (2007).
[31] Reynolds (1997).

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- If he poses an immediate risk of harm to victims/children
- If there is a risk of self-harm.

All of these situations will be discussed with the program director, supervisor and any other person directly connected to the man's journey to safety (e.g. Probation and Parole Officer) so that safety strategies can be implemented. This process needs to be transparent. This issue is reflected in the consent to assessment and treatment forms.

Safeguards for ethical practice

As is made clear above when there are grounds for considering a breach of confidentiality, a transparent process of discussion about the issues is to take place. There are also a number of other professional routines that will serve as safeguards for ethical practice. These include:

- Facilitators should be familiar with the various behavioural and ethical codes and guidelines that operate within their own professional sphere of activity and within the Corrections Victoria. Any areas of confusion, uncertainty or apparent conflict between these codes should be raised with the program director and supervisor.

- Whenever a facilitator is in doubt about any situation that might contain ethical and safety concerns, this should be proactively raised with the program director and supervisor in the first instance.

- Professional and safe practice is likely to be enhanced by actively attending to the health and functioning of any co-facilitation relationships. Adequate provisions should be made by facilitators to plan and debrief together so that any safety or other ethical issues are made visible and responded to appropriately.

- Case noting is an integral part of ethical and safe practice – the maxim that *'if it isn't in case-notes it didn't happen'* is a useful guide to follow. Case-notes provide an audit trail of the various situations occurring during a program, the decisions and actions that followed those circumstances, and the explicit rationale behind those decisions and actions. In addition, the Summary Report which is written for each man at the conclusion of the program, and which he is entitled to a copy of, is based on case-notes taken over the program. (See chapter 4 in this manual for more on case-noting and report-writing).

- *Reflective practice* is a term used to describe an attitude and approach to work which is based on wanting to learn to improve practice and skill. Reflective practice sessions can be quite focused and efficient and are similar to peer supervision but with varying degrees of structure which can be applied to them. Changeabout Program facilitators are encouraged to consider using a reflective practice model as part of their professional development.

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- Supervision is a key safeguard for ethical practice. Changeabout Program facilitators will have access to supervision and amongst other topics of discussion will be encouraged to discuss safety and other ethical considerations.

- Cultural competence is another useful strategy to safeguard against unprofessional or unsafe practice. While the Changeabout Program is not a bi-cultural intervention, facilitators need to be comfortable working across cultures. Accessing cultural expertise and support can assist in improving the ability of facilitators to have competent cultural conversations.

Gender safety

Family violence requires a high degree of vigilance during interventions. Women are often making decisions to remain in or return to relationships based upon hopes that program attendance will create the safety that they desire. Doing 'time' rather than 'change' can therefore increase risk to others.

Safety of those victimised (women and children) must always be paramount for all administrative and service delivery staff located in offices from which programs are delivered. Facilitators have a duty to remain vigilant to safety issues throughout the delivery of all programs, particularly aware of the changing nature of acute risk. All staff must know how and when to contact emergency services, particularly Police, Women's Refuge and Psychiatric Emergency services when the program is run in a community setting.

Accountability processes are woven into the program design. While accountability for Corrections Victoria clients is through the criminal justice system, accountability processes can also be seen through the eyes of the victim (victim-informed assessment) as well as from the viewpoint of family members. This moves the work towards a family focus. This section will answer the following questions:

1. What is accountability as a construct and how has it worked within the FV field?
2. What accountability processes are designed into the program materials?
3. How are these ideas embedded within the program structure?

Accountability as a construct

Jenkins (2009) describes accountability as a survivor-sensitive process of facing the abuse and effects, revisioning the abuse, making restitution, and demonstrating respect. Privileging the voices of those impacted by family violence, can greatly enhance change for men by building understanding of the impact of abuse and how this translates into behaviour, and accountability as a proactive, rather than retroactive, notion. Anticipating the impact of our behaviour on others, allows men to defuse from the moment and create distance, and therefore safety.

Within the structure of this program the family accountability model does not necessarily mean that the partner or children would be present. This is clearly a choice made

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around safety and the risk of re-abuse. The ideas of disclosing the secrecy around family violence to the wider family group will, in itself, create a degree of safety and transparency of what has been occurring within the privacy of the home.

Accountability has generally been understood to operate at the inter-agency level and not necessarily in the context of the man, his partner and children, and their respective family groups. In the United States, throughout the 1990's, themes of accountability and collaboration emerged, and in particular, we refer here to the 'Coordinated Community Responses' approach based upon the Duluth Model (Pence and Paymar, 1993).

One of the challenges and concerns for women's advocacy services, is the ineffective feedback mechanisms regarding the outcomes of family violence intervention programs (Murphy & Fanslow 2012). Intervention programs are designed to assist men to achieve the outcomes of (i) attendance and participation; (ii) facing-up to the violence; (iii) 'mapping' the risk factors and triggers; (iv) attend to the impact and effects of the survivors; and (v) establish relapse prevention plans (which can be discussed subsequently with 'affected others'). However, as this information is essentially held as 'confidential', victim services and victims themselves are not privy to obtaining it. Indeed, 'attendance and participation' are the only outcomes that are generally reported. In summary, the information flow into and out of intervention programs is highly restrained and seldom is there parallel process between survivors and men perpetrating FV. This issue is of serious concern to the safety of victims and children (see Cagney & McMaster, 2013, for an extensive exploration of these issues).

A related issue is that assessments are not always victim-informed, whereby the women's voice can inform the points of intervention and man's risk assessment. Clearly, this information can be significant for the future plans of 'affected others'. Yet too often, men who have demonstrated limited integrity in treatment, easily manipulate, and slip back into families. Alternatively, men who have integrity in treatment and capacity to 're-solve,' are often not offered a clear pathway or support to communicate this.

Another strand to this emerging conversation regarding family accountability, has been in relation to lateral violence in Aboriginal and Torres Strait island communities. Given the impact of colonisation and the level of lateral violence, an inclusive approach to providing services and opportunities is important moving forward. By taking an empowerment approach, rather than focusing separately on individual family members and their problems, it aims to build a partnership across government agencies and family to engage in longer term input into wellbeing. FV is partly viewed as an outcome of disadvantage, so in order to generate permanent change, interventions need to be culturally appropriate and address the group, rather than the individual.

Timing, pacing and readiness are imperative for 'sound process' that does not place survivors in situations of re-abuse. In this program, survivors should be in control of the level of involvement and the shape of any family accountability work. It is worth restating that the lack of ineffective processes of feedback from those impacted by abusive practices, risk poor outcomes, as the work is carried out in isolation from those who have most stake in the outcome (Trutte & Connolly 2003). We appreciate the insight of Jenkins (p.29, 2009) in recognising, "traditionally, much intervention with men who have abused has been conducted in isolation from the efforts to assist, and the experiences

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of, those who have been subjected to abuse. Such disconnection and isolation can frequently lead to disrespectful and insensitive intervention practices ... many women who have been subjected to abuse have felt judged and criticised in their contacts with authorities." Our concern is that 'accountability and safety' have risked becoming 'rhetoric,' not grounded or meaningful in client's lives.[32]

While program providers are not currently in a position to include victim informed assessment where protection orders are in place, this is the ideal in terms of maintaining transparency in the work.

Building safety into family accountability meetings

Bringing people from the man and his partner's family group, when managed well, can achieve a useful balance of support and accountability for all involved (Turnell & Edwards, 1999). Family accountability meetings would be run based upon the following conditions being in place:

- Primary survivors of the violence would attend such meetings only if safe and supportive for them to do so (note: victim-informed assessment would be a useful starting point, as the partner will know many of the risks in such a process)
- That survivors have had, and have, independent support and assistance that respects their safety as well as their choices
- That the man is supported to develop readiness for any family accountability meetings – alternatively, consideration should be given to not engaging the process if readiness is an issue
- The needs of survivors, such as the safety of women and children, are given paramount consideration with regards to the agenda for meetings. Specifically, the agenda should reflect and facilitate the themes of relapse prevention
- Enhancing the man's motivation and self-efficacy are essential corollary processes and outcomes that review meetings should seek to support.

There are two main points of confusion around 'family-centred' approaches when FV is the focus, both of which have implications for accountability processes in the Changeabout Program.

Firstly, family can often be interpreted by practitioners to mean family reconciliation and prioritising keeping the family together, or only working with all the family together (which obviously raises serious concerns around safety, and ends up privileging the heterosexual, nuclear family model).

[32] For an in-depth discussion of these issues see Cagney, M. & McMaster, K.J. (2013) The next step: A resolution approach to dealing with family violence, DVRCV Quarterly – the Domestic Violence Resource Centre Victoria (in press, due August, 2013)

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Secondly, a focus on family often reverts straight to children, and then wider family, and does not focus on women's individual safety/wellbeing/needs/experiences that can be different from those of the children and partner.

Family accountability meetings involve a complex layering of client needs; the ethical challenge is not to replicate abusive relationship dynamics, engage processes of 'victim blaming,' or to ignore the safety, needs and wellbeing of the children and woman/victim – which may of course be distinctly different (Cagney & McMaster, 2013).

Accountability processes and practices – readiness to make changes

Attending a program to stop family violence is a small piece of the jigsaw of sustained change. To achieve the best chance of success, integrated and collaborative practice across the range of agencies is required to get a good outcome in the longer-term. Building an audience for change (those with a vested interest in what happens to this family) can comprise family support systems, Corrections Victoria, and other interested parties. Each will contribute towards longer-term desistence to offending.

Embedded into the current program design are three distinct stages of work that will help to avoid non-engagement, to maintain intervention readiness, and minimise the potential drop-out from treatment. These are:

- Including in the pre-program assessment, a component whereby men are assessed for their readiness and motivation to make changes
- Supporting the man while he is on the program
- Supporting men who have completed the program through a maintenance period.

The table below outlines the sub-tasks at each stage that are extrapolated further in subsequent sections of this chapter.

Stage 1	**Key tasks**
Pre-program readiness and motivation to make changes	• Appropriate matching to the intervention • Building a vision of the future, including the good life • Identifying motivation (intrinsic and extrinsic) to complete the program and make changes • Identifying an audience for change
Stage 2	**Key tasks**
Supporting men while they are on programs	• Maintaining engagement with the program • Ensuring program ideas are shared with the audience for change • Strengthening commitment to change • Conversations with program facilitators

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Stage 3	Key tasks
Supporting the maintenance period of change	• Being an audience for change • Conversations around how safety/relapse plans are working • Working with hot issues (high risk/acute issues) that may lead to family violence • Family involvement and widening audience for change

Pre-program work – Readiness and motivation to change?

In line with motivational and strength-based approaches, identifying the costs and benefits of undertaking a program is a useful tool.

The men need to look at the short- and long-term benefits of staying the same, versus making changes (i.e., to no longer perpetrate the violence). The focus is then placed on the benefits of making changes. An example might be, "I want to make the changes and no longer be violent." Useful motivational questions could include:

- What would life look like?
- How would you feel?
- What would you notice?
- What would other people notice?
- What would you be doing?
- What would you be seeing?
- Where would you go?
- What would be different?
- What would you be doing together?
- What would people be saying?
- If I/others came to your house, what would they see?
- How would I know that things had changed?
- How would you know things had changed?

The other key area to work on, is to create an audience for change from within the man and his partner's wider family group. This is investing in a longer-term future relationship of the family to others. Family violence operates in secrecy, so the more exposure of what is happening within the family setting to the wider family group, the higher the degree of safety will be developed.

During program attendance

Many men attending programs are isolated from pro-social influences. They may have people around them, but these can be antisocial influences and can actively undermine their attempts to change their violent behaviour. Who we talk to and what we talk about are critical factors in reinforcing attitudes and beliefs about ourselves, the world around us and our possible futures. Reinforcement of ideas occurs through conversation and, in

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particular, language. In essence, "We believe what we hear ourselves saying." Repetition of anti-social ideas through conversation, will reinforce those ideas, in the same way that repetition of pro-social ideas will start to challenge anti-social core beliefs.

For the perpetrators of family violence, the program facilitators and their Probation and Parole Officer are often some of the most stable and pro-social people in their lives. Both can have positive conversations about change that would be seen as dishonouring of past experiences in other contexts.

It is possible to mitigate these risks by keeping the channels of communication open. This can be achieved by: talking to others, regular updates/conversations between the Corrections Victoria and other program providers, reading the weekly reports from program providers, putting effort into networking, knowing the programs, having a clear direction in casework, asking the offender to bring in work from the program, and lastly, asking the offender for examples of what they're learning in the program and when they have applied it.

The challenge around change is to notice the small things; the subtle changes that occur. Questions that are most useful include:

- How is the program going?
- What are you finding most useful?
- What have you tried out from what you have learnt?
- What differences are you noticing in your life since the program began?
- Why do you think things are different?
- What does it say about you that you have been able to put these changes into place in your life?
- What has surprised you about what you have picked up on the program?
- How has the program helped you to reduce your chance of doing the same thing again?
- What is the most interesting thing you have learnt on the program?
- How have the other group members been supportive?
- What do you think the benefits are of being challenged, as well as supported by, the other group members?

These questions dig below the surface level of how the program is going, to eliciting evidence of how change is working, what has been attempted, what has worked and what hasn't. The questions can also elicit potential problems with compliance with sentence conditions of program attendance.

Accessing information through 'internalised other questions' is also an effective way to gauge how well a person is doing:

- What would . . . say were the benefits you have gained from the program if s/he was here?
- What would . . . say could still be the areas that might trip you up?
- What would . . . say were your strengths?
- What changes would . . . say s/he has noticed in you since you started on the program?

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Barrier- or restraint-based questions are also very useful for identifying the areas where problem-solving strategies can be utilised:

- What has stopped you from practising these new skills in your day-to-day interactions with others?
- What supports are you going to need to put in place to address that issue?
- How might you go about addressing that?
- What's your guess about what you need to do?
- What's getting in the way?
- What can you do about that?
- Despite everything that has gone against you, what could you still do to move ahead in your life?
- That's one point of view ... how about considering another for a moment ... or, what would be another way of looking at that?

The responsibilities of the program provider are to keep others abreast of the changes that the man is making, raise any concerns about escalating risk, and points that would be useful to inquire about during report-ins.

Post-program maintenance of change

Breaking patterns of entrenched behaviour is one of the hardest aspects of the work with men who engage in family violence. Post-program maintenance of change is based on the Relapse Prevention (RP) model (see Section 1 of this manual).

Managing the risk of further family violence is one of the key parts of the entire program intervention, as is monitoring as part of maintenance. Once others, including family members, are familiar with the man's offence process, safety plan, and risk signals, then they can actively work with the man to consolidate changes started as part of the program work.

The following questions can form the basis of a conversation regarding evidencing changes that are being made:

- What topics and situations are hot for you right now?
- What are you doing okay with at the moment?
- How quickly are you able to recognise that tension is building?
- What are the first thoughts you recognise that warn you that you are escalating into a more risky situation?
- What have you decided to do in order to avoid high-risk issues/situations?
- What seems to work for you in these high-risk times?
- How are you using your safety plan?

From a strength-based perspective, it is also useful to explore the skills and changed attitudes that the person who has offended is using in their daily lives to avoid offending behaviour, strengthening these conversations through questions such as:

- What have you had to think in order to not go back to the old ways?

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- What did you say to your friends who were trying to take you back to offending?
- Who in your life would be most proud of your efforts?
- How would you rate your efforts and success in this situation?

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Chapter 4: Pathways to Violence and Desistance

Research findings indicate that men take different pathways to violence against their partners. One aim of this chapter is to describe these different pathways and link them to the theories which underpin the Changeabout Program as well as the 'what works' intervention principles. The literature on desistance from offending – pathways away from FV – is also described in this chapter. A further objective is to introduce a key tool called 'formulation' that is used in assessment to explain the pathway/s an individual man has taken to violence against his partner. Formulation is a process that helps identify the dynamic risk factors that are relevant to the man's violence. This in turn helps in being able to identify what parts of the program will be most important for that man, what protective factors can be strengthened to increase desistance, and also, what needs to be done to help him prepare for active participation in the program.

Pathways to family violence

The Changeabout Program takes the position that while there are likely to be some common factors that feature in the offence processes of many men attending the program there are also likely to be individual differences in the pathways they take to violence against partners. This position is consistent with the two key frameworks which underpin the Changeabout Program – the Nested Ecological Model (NEM) which asserts that family violence is likely to have multiple causes and influences, and the Personal, Interpersonal and Community-Reinforcement (PIC-R) model which says that a combination of 'predisposing, perpetuating and proximal'[33] factors (i.e., the various static and dynamic risk factors cited in Chapter 1) leads to offending, including FV.

Importantly, this position does not preclude an examination and where relevant, targeting for change, those factors asserted by feminist theorists to be leading causes of violence by men against women. In fact, the components that make up the 'power and control' wheel are specifically built into the Changeabout Program as part of the attitudes, beliefs and values module. The Changeabout Program considers the elements of the power and control analysis to be of potential relevance to some, but not all, men who will attend the program. The various power and control factors (i.e., emotional abuse, bullying and threats, intimidation, avoiding responsibility for behaviour, isolation, using children, etc.) are viewed as constituting a particular pathway to violence against partners, although not the only pathway.

Accumulated evidence[34] suggests that not all men who perpetrate violence against their partners are characterised by generally pro-violent values, patriarchal attitudes, have witnessed inter-parental or other violent models, have insecure attachment, have deficient communication skills or pathological personality characteristics, etc. While there is still much to be discovered about what causes FV, these discoveries are likely to occur by using multi-factor, not single-factor, approaches. The Changeabout Program takes the multi-factor position which accommodates both common and unique, individual considerations in explaining (not excusing) the pathways perpetrators take to family violence.

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[33] See later section on 'Formulation' for more on this.

[34] See Bowen, E (2011) for an analysis of the evidence.

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Common factors will, in all likelihood, cluster around the criminogenic needs which are targeted in the Changeabout Program – those which have been supported by the 'what works' research – for example, attitudes supportive of family violence, emotional regulation problems, substance use issues and relationship skills deficits.

The individual differences will be found in unique risk factors (e.g., mental health problems which contribute to mood management difficulties, or acquired brain injury which impairs decision-making and inhibition) and in distinct mixes of early developmental (e.g., genetically inherited temperament, attachment and degrees of childhood exposure to abuse) and adult experiences (e.g., peer influence, social skills, and attitudes, beliefs and values).

Empirical support for the existence of different pathways to FV comes from Holtzworth-Munroe and colleagues[35] who have accumulated evidence that supports the broad categorisation of FV program participants into three types – Family Only (FO), Dysphoric/Borderline (DB) and Generally Violent and Antisocial (GVA).

It should be noted that these categorisations are not viewed as the last word on how men come to violently offend against their partners and that that research is on-going.

- *FO Program participants* are those men whose FV is both less severe and less frequent than the others types and occurs only towards family members. These men have been found to oppose violent behaviour generally, may have positive attitudes toward their partners, and are generally free of serious personality pathology. These men are likely to be at lower overall risk of further FV compared to the other types described below and may make up the majority of those who attend the Changeabout Program.

- *DB Program participants* are characterised by moderate to severe violent acts, as well as sexual assaults, still mainly towards partners, are psychologically distressed with features of borderline personality disorder and substance use. These men are emotionally dependent and fear abandonment. This fear produces jealous rages and efforts to deprive their partner of independence. During conflict, these individuals become easily aroused, are prone to fits of rage, and are hyper-vigilant to the behaviour of their partners. They are demanding in their relationships and while avoiding changes to their own behaviour, demand more availability from partners. This group are at high risk of breaching Family Violence Orders, stalking and potential murder-suicide post separation[36]. In treatment, these men are likely to require a strong focus on emotional regulation and self-control skills (perhaps even adjunct mental health treatment for depression or personality dysfunction and substance abuse) as well as altering their attitudes toward violence as a response to their distress and mistrust. They will have more criminogenic needs than the FO program participants previously described and some may be assessed as at too high a risk for attendance at the Changeabout Program, which may not be of sufficient intensity to address their needs.

[35] Holzworth-Munroe, A., & Meehan, J. C. (2004).
[36] See McMaster, K. (2009).

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- *GVA Program participants* are those who are essentially chronically criminal, antisocial or psychopathic, and who moderately to severely assault their partners, often sexually assault them, and tend to also abuse substances. This group have a propensity to use violence in instrumental ways, including in conflict with partners, and others. They tend to misperceive neutral signals from others as intended to be hostile toward them and view the world through a threat frame. They may be impulsive and have experienced insecure/dismissive attachment in formative relationships, leaving them with low trust in others, strong autonomous motivations and limited empathy. From a rehabilitation perspective, these men are likely to have a broad range of criminogenic needs based on a longer and more serious prior history of criminal behaviour. They are also likely to have more responsivity barriers to change and, depending upon issues such as motivation and what other rehabilitation they have, or are engaged in, to address dynamic risk issues, may be considered as too high a risk to attend the Changeabout Program.

In addition to the pathways to FV described above, other pathways have been noted.[37] These include retaliatory violence by victims to escape and/or stop violence perpetrated against them or to resist being dominated by using force themselves.

What is described as 'pathological violence' (see footnote 5 also) is purportedly characterised by the offender who is abusing substances, experiencing mental illness or physical problems, or perhaps neurological damage, and may use violence against others, including partners.

An additional path to FV is driven by families who may use violence against one another to express anger, disapproval, or achieve some other goal, such as ending an affair or trying to stop the other person drinking, smoking, or being obnoxious in public. The violence exchanged in such relationships is likely linked to mutual deficits in mood regulation and behavioural self-control, and the absence of a 'withdrawal ritual' that seems to feature as a safeguard in non-violent couple conflict.[38]

Matching program participants to the Changeabout Program – Applying the 'what works' principles

One of the key benefits derived from the research which has described these various pathways to FV is not so much the categorisations themselves (see the earlier comment about research being on-going around this issue) but the support this research lends for the view that 'one-size-does-not-fit-all' when it comes to considering either the assessment or rehabilitation of FV program participants.

In the past, these different types of FV program participants have tended to be placed in community-based FV programs together, regardless of the differences in their recidivism risk, treatment needs, and responsivity concerns. What will occur in the Changeabout Program however, is a thorough assessment[39] of risk, need and responsivity for each offender so that person's particular constellation of FV causes (i.e., a formulation of

[37] McMaster, K (2013).

[38] McMaster, K (2009) – footnote 4 above.

[39] Refer to the CFVP's *Intake and Assessment* resource and notes for details.

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offending) enables the best match of the individual's needs to the intervention. Decisions about attendance will be based on the conclusions drawn from that assessment. The 'what works,' or RNR principles, are therefore used to best match program participants to the intervention content and intensity offered in the Changeabout Program. These considerations were described in Chapter 1 of this manual.

One important focus of the Changeabout Program that stems from viewing FV program participants as a diverse group, is that the offence they have been referred to the program for may not be the only FV or other offence they have committed. The Intake and Assessment process will capture information across offences to ensure identification of all relevant, dynamic risk factors.

Desistance from family violence

Desistance is the term given to the process of transitioning from, and sustaining abstinence from, offending. There has been a limited research conducted on desistance from FV – perhaps in part due to the 'one-size-fits-all' approach to interventions that has been dominated by single factor theories. Desistance for an individual offender is a result of the increase in protective factors in combination with a reduction in dynamic risk issues over time. Just as offender pathways to FV are diverse, so too may be the pathways of desistance away from such offending.[40]

From a RNR perspective, protective factors are not simply the opposite of risk factors, but rather are resources and strengths (attitudes, skills, external supports) which serve to 'buffer' risk factors and mitigate these in risk situations. Protective factors which are regularly assessed by Community Corrections Officers for program participants on their case loads are:[41]

- *Responsive to advice* (conscientious following of direction from pro-social others)
- *Pro-social identity* (shifts in self-view to pro-social attitudes, values and behaviours)
- *High expectations* (offender/supports have high expectations of change success)
- *Costs/benefits* (pro-social behaviour is more important to the offender than offending)
- *Social supports* (access to meaningful, pro-social support)
- *Social control* (cooperation/compliance with pro-social models due to strong bonds).

New Zealand Department of Corrections research (yet to be published) involving more than 5000 program participants indicates that increases in protective factors are predictive of reductions in recidivism.[42] Each of the protective factors listed above will be assessed by a Community Corrections Officer for the FV offender who is attending the Changeabout Program. Communication between the Community Corrections Officer, offender and the program facilitators needs to include discussion/monitoring of these protective factors along with efforts to develop them wherever possible. This is an important accountability aspect of the program.

[40] McMaster, K. (2013).
[41] See Wilson, N. (2010).
[42] Nick Wilson (Personal Communication 28 May 2013).

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Within the FV research tradition, what research has been completed,[43] suggests that many of the protective factors which make up the RNR view of desistance are worthy of more attention.

These protective factors are examples of three aspects of desistance referred to by Shadd Maruna[44] as important to the desistance process –

- *Maturational change* (growing out of offending),
- *Social bonds* (finding reasons to stop through the quality and nature of relationships),
- *Narrative identity* (past offending is seen as part of identity with lessons learned)

To genuinely contribute to a desistance process, these shifts and changes need to be of personal significance and value to the offender. They are not just compelled by mounting costs or external forces and accountabilities, but rather take an active role (agency)[45] in the desistance process. Desistance is therefore about personal meaning to the offender and is connected substantially to pro-social values and their associated actions (colloquially, 'walking the talk').

Desistance as a Changeabout Program component

In the Changeabout Program, desistance processes are supported in a number of ways:

- *Values-based goals* with respect to enhancing family wellbeing are the mirror in which participant progress in change is reflected. Helping men to become clear about what is fundamentally important to them in terms of their own and their family's wellbeing, and then setting and achieving goals related to this, promotes desistance through strengthening a number of the protective factors cited above. For example, through this reflection-action-reflection process, men may become more:
    - responsive to advice as the wellbeing of women, children and family becomes more valued;
    - able to experience rewards (benefits) from the wellbeing of women, children and family;
    - confident in their ability to make changes as values-based goals related to wellbeing and nonviolence are set, achieved and reviewed;
    - able to access support from others who view them as striving for change;
    - able to view offending as part of what they did in the past and take responsibility for this, while incorporating these lessons into their developing identity as a partner, father etc.;
    - strengthening internalised bonds to family and pro-social others, and so increasing the sense of choosing to cooperate and comply, rather than resenting compliance as an external expectation imposed by others.

[43] Walker, K., Bowen, E., & Brown, S (2013).
[44] Maruna, S (2001).
[45] See footnote 11 above.

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- *Balancing risk reduction with strengths development*. As described in Chapter 1, the Changeabout Program sequencing of content has a dual focus in identifying risk factors for FV relevant to the individual offender, and then providing opportunities to ameliorate these risk issues and build skills and strengths on the pathway to family wellbeing. *The family wellbeing pathway is, in essence, a desistance pathway,* and will be discussed with participants in that fashion. They are invited to take that journey and are supported to do so.

Formulation (Explanation)

As noted above, an individualised explanation for the causes of an individual offender's FV (and other offences if these exist) is an important platform for making changes to relevant risk issues for that person. This is an area that has been neglected to this point in the FV interventions area. This is perhaps again due to limited resources, narrowly focused explanatory models, and a tendency to take all-comers which, to a degree, makes a thorough assessment redundant, but also precludes robust formulation.

The Intake and Assessment process for the Changeabout Program addresses these problems by introducing a formulation process for staff to use with the offender. This is outlined here:

> Definition of Formulation: *"A working model about the predisposing, precipitating, maintaining and protective influences on a person's psychological, interpersonal and behavioural problems."*
>
> (Adapted from Eells, 1997)[46]

Predisposing factors are those influences/causes which are more distant in the person's history and which have created a *vulnerability* to behave in unhelpful ways in particular situations in the future. Some considerations include:

- *Biological* and *neurological factors* such as temperament, aptitude, IQ, acquired brain injury, foetal alcohol syndrome, epilepsy, etc.;
- *Familial factors* such as childhood attachments, affective quality of bonds in the family, modelling – violence, offending, substances, aggression, socialisation, and the person's own experiences of victimisation;
- *Social factors* including delinquent associations, early/generalised conduct problems; attention problems; conventional ambition/performance at school, work, community; community/environment – exposure to influences favourable to offending, including FV.

It is important also to think about how these vulnerability factors have helped shape or reinforce *psychological factors* for the person, such as their **attitudes**, **goal orientation** and **behaviours** that might be linked to FV and other offending.

Precipitating factors are those factors which are events and *triggers* which occur closer in time to, and/or immediately prior to, an offence. Some considerations include:

[46] Eells, T. (1997).

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- Thoughts favourable to FV – attitudes, attributions, interpretations, cognitive distortions, etc.;
- Perceived or actual rewards derived from the FV/offence;
- Support for the offending/FV (such as peer influence);
- Environmental stressors (hassles, conflict, relationship, or other life problems, etc.);
- Approach versus avoidance motivations (was the FV/offence motivated by wanting to gain something, or stop/escape from something?);
- Coping responses – such as poor self-control and regulation, impaired by substances, impulsivity, negative emotions, etc.;
- Problem-solving skills deficits.

Again, consider the *psychological factors* at play here for the perpetrator in terms of what **goals**, **purposes**, **functions** are served by the FV/offending.

Perpetuating factors are those elements that *maintain* the problem behaviour over time. This assumes that there have been repeated instances of the behaviour – in this case, FV. Watch for the situation were the man has a single conviction for this offending but may have other undisclosed offences. Maintaining factors to consider include:

- Criminogenic needs, such as:
  - Attitudes supportive of FV and other offending (attributions, beliefs, rationalisations, neutralisations, justifications, etc.);
  - Associates who condone (implicitly or explicitly) the use of violence against partners;
  - Personality characteristics supportive of violence against partners (such as antisocial traits like a disregard for others rights or needs, impulsiveness, callousness, a lack of emotional connection/empathy, risk taking/poor self-control, borderline/dysphoric traits – see earlier description);
  - History of antisocial behaviour (think about density of reinforcement over time – the benefits derived from FV may have outweighed the costs associated with it for the offender. How amenable is the person to being deterred by sanctions?);
  - Involvement/participation and satisfaction in areas such as employment, education, leisure/recreation, family/relationships, connections to non-criminal others and activities;
  - Substance use;
  - Verbal IQ (the ability to verbally articulate a position in a conflict situation, rather than use violence);
  - Psychopathology (anxiety, depression, mental health issues).

Also think about how these factors work psychologically for the individual – how do they facilitate or enable the person to achieve or move toward **goals**, **purposes**, and **functions** that might be linked to FV?

Protective factors are *strengths and supports* which, when present, tend to buffer or mitigate, the risk of an offence occurring. Considerations here include:

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- Responsive to advice (conscientious following of direction from pro-social others);
- Pro-social identity (shifts in self-view to pro-social attitudes, values and behaviours);
- High expectations (offender/supports have high expectations of change success);
- Costs/benefits (pro-social behaviour is more important to the offender than offending);
- Social supports (access to meaningful pro-social support);
- Social control (cooperation/compliance with pro-social models due to strong bonds);
- Other desistance factors evident in past contexts favourable to offending but where this did not eventuate (i.e., exceptions).

Also think about how these factors might help the person achieve **goals** or meet **needs**, **purposes**, and **functions** that DON'T lead to offending against a partner, and which could be useful in strengthening, to promote family wellbeing.

Integrating information into a formulation

A key task in formulation is to pull together the information gathered, into the 'working model' of what caused the person to offend in the way they did. There are a number of tools that can be used to integrate the various causal factors into a coherent understanding of the person's offending. One such tool is the '4 x 4 grid' below. This grid considers the biological, psychological, social and spiritual factors that predispose, precipitate, perpetuate and protect program participants with respect to their offending.

Formulation Grid

	Predisposing	Precipitating	Perpetuating	Protecting
Biological				
Psychological				
Social				
Spiritual/ Cultural				

The key to the grid is that it encourages you to not forget important factors – to be comprehensive – and then to consider how those factors interact.

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All of the 'four Ps' – predisposing, precipitating, perpetuating and protecting factors – are important, but some are more important than others, depending on the nature of the offender's problems and/or the timing of the presentation (i.e., recent onset or more chronic offending patterns).

In problems of recent onset (such as a first instance of FV), precipitants or triggers, are often most salient, but predisposing/vulnerability factors also need to be considered, as they are likely to hold the origins of presenting problems.

In chronic conditions (like a repeated history of FV, or FV as one of a number of other offence types), some of these precipitants may have occurred many years earlier and may no longer be active, or they may have become maintaining/perpetuating factors. In these situations, it is the perpetuating factors (criminogenic needs/dynamic risk factors) that become the main focus for intervention, while precipitating factors which are still relevant, should be considered 'acute risk factors,'[47] and built into relapse prevention planning. There is also a big focus on building protective factors to buffer risk and promote family wellbeing in the case of repeated offending against a partner.

To use the 4x4 grid approach, you enter known causal/influential factors into the grid. Most program participants will have factors in multiple areas of the grid, and some factors will be entered in several different boxes. Don't get too concerned about whether something is a psychological or a social factor: this is not so much a 'right or wrong' thing, but rather a tool to help clarify the range of issues that might be contributing to a person's offending which can help you decide how these factors link together for this individual.

There is however, a danger in just using the grid to generate a list of factors. The aim is to use it as a part of the process to produce an explanatory statement or 'working model' about the person's violent behaviour, which identifies key causal factors and their interaction. One structure for organising the explanatory statement, uses three paragraphs that consider the interaction between key factors, as follows:

1. How you think predisposing factors created the vulnerability to use violence as a problem solving method.

2. How this vulnerability is linked to precipitating factors closer in time that triggered the violence.

3. How, in the instance of repeated incidents, the perpetuating factors maintain that violent behaviour behaviour over time, and why protective factors were/were not employed to stop offence/s from occurring.

The formulation needs to be fed back to program participants and those supporting the person to make changes so that a shared and transparent understanding of why you think the person was violent, is reached. This provides an opportunity to strengthen a collaborative, working alliance and obtain the offender's perspective and comment.

[47] See chapter 4 for more about static, stable, and acute risk factors.

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This feedback conversation also serves as a basis for developing a specific *intervention plan* with the offender (see Summary and Conclusion section of Intake and Assessment notes) and discussing '*getting ready for the journey*".

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Chapter 5: Risk and Other Assessments

One of the challenges is ensuring a lack of robust assessment is undertaken to inform decisions about program placements according to level of risk and other factors. Assessment processes have the task of assessing changes in risk and protective factors during and after program completion.

RNR risk assessment approach

The RNR approach to risk assessment and treatment was developed in the 1980s and first formalized in 1990[48]. The risk-need-responsivity model has been used with increasing success to assess and rehabilitate program participants around the world. As suggested by its name, it is based on three principles: 1) the *risk principle* asserts that criminal behaviour can be reliably predicted and that treatment intensity should match the assessed risk of program participants; 2) the *need principle* highlights the importance of criminogenic needs in the design and delivery of treatment; and 3) the *responsivity principle* describes how the treatment should be provided. Risk from and RNR perspective is made up of separate elements:

- ***Static*** risk factors are those which have been shown to be predictive of recidivism but which cannot be changed or influenced because they are historical. They are sometimes referred to as 'tombstone predictors'[49] to convey the idea that they are no longer able to be altered.

- ***Dynamic*** risk factors – called criminogenic needs in the RNR approach – are those elements that have been shown both to predict reoffending, but are also changeable. Dynamic risk factors are therefore the primary targets for change from an RNR perspective. Dynamic factors can be further divided into two types:

    - ***Stable factors*** which are those criminogenic needs which are changeable but can take some time to alter (through treatment programs, maturational processes, burnout, etc.) and,

    - ***Acute factors*** that are also criminogenic needs but tend to fluctuate and change more rapidly than stable factors. It is the acute factors that are often evident in the immediate period before an offence occurs. They are sometimes colloquially referred to as the 'children' of the stable factors.[50]

The pyramid diagram below illustrates these various risk factors and the relationship between them. Static factors make up the base of the pyramid, as these factors have been shown to have the best predictors of further violent behaviour.[51] The stable and

[48] Bonta & Andrews (2007).
[49] Riley (2006).
[50] Wilson (2010). See footnote 9 in Chapter 3 of this manual.
[51] Andrews & Bonta (2010).

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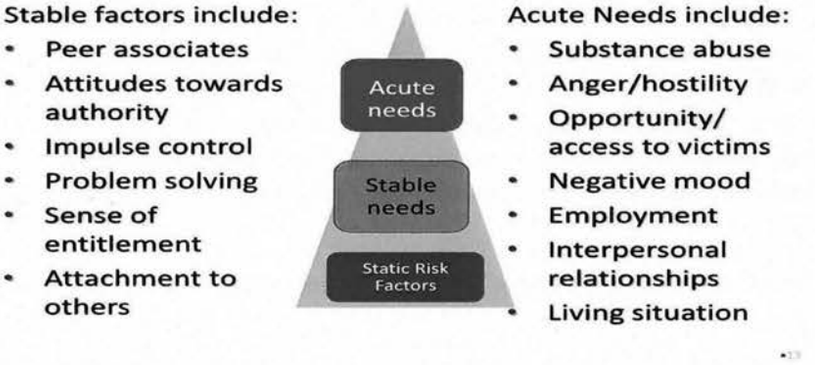
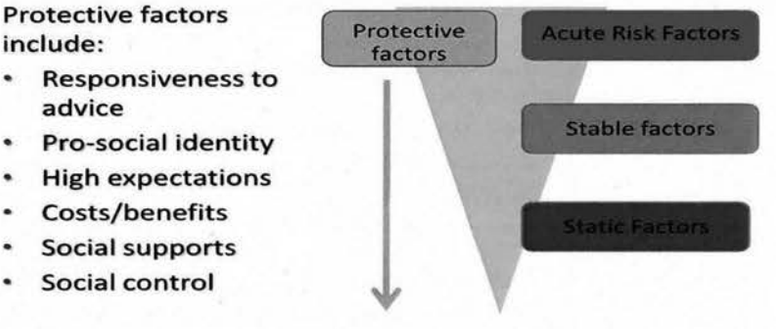
acute factors combine to make up the overall dynamic, or criminogenic risk. The specific stable and acute factors assessed are included in the diagram below[52].



Dynamic risk factors are what RNR programs for program participants look to change through reducing their presence and impact. In addition, the RNR approach also considers strengths and protective factors – which are targeted for enhancement as another means by which recidivism can be effectively addressed. Protective factors were referred to in the previous chapter and in the diagram below, the relationship between risk and protective factors is illustrated: in short, the aim is to reduce dynamic (stable and acute) risk, and to increase protective factors.



[52] This assessment by Community Corrections Officers is completed using a tool called the DRAOR (see more below)

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Risk assessment tool for the Changeabout Program

Before targeting risk factors for reduction and protective factors for strengthening, an assessment of these issues needs to occur. The risk assessment tool which have been chosen to assess the risk of men who will attend the Changeabout Program is the Spousal Assault Risk Assessment (SARA) [53].

The Spousal Assault Risk Assessment (SARA) is a widely used structured judgement tool for spousal risk evaluations. It contains 20 items grouped into five content areas (see table below). The SARA can be used for risk assessment and case management – it contains both static and dynamic risk factors – and has, according to Kropp & Gibas (2010), a wider application than some other risk assessment instruments, such as the ODARA (which can't be used with dating or same-sex relationships, or with female perpetrators).

The risk items for each of the five content areas of the SARA are listed in the table below:

Content Area	***Items***
Criminal History *These items assess for a history of previous violence and non-compliance*	• Past assault of family members • Past assault of strangers or acquaintances • Past violation of conditional release or community supervision
Psychosocial Adjustment *These items assess for instability in functioning across important life domains*	• Recent relationship problems • Recent employment problems • Victim and/or witness to family violence • Recent substance abuse/dependence • Recent suicidal or homicidal intent/ideation • Recent psychotic and/or manic symptoms • Personality disorder with anger, impulsivity or behavioural instability
Spousal Assault History *These items assess for lethalness and violence within intimate relationships.*	• Past physical assault • Past sexual assault/sexual jealousy • Past use of weapons and/or credible threats of death • Recent escalation in frequency or severity

[53] A comprehensive review of the SARA is provided by Kropp & Gibas (2010).

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	of assault • Past violation of 'no contact' orders • Extreme minimisation or denial of spousal assault • Attitudes that support or condone spousal assault
Alleged (Current Offence) Factors *These items assess for lethalness and violence dimensions within the current (or alleged) offence.*	• Severe and/or sexual assault • Use of weapons and/or credible threats of death • Violation of 'no contact' orders
Other Considerations *This area allows for consideration of factors that have a rational or intuitive relevance.*	There are no specific items in this content area and it is left for the assessor to include other potentially relevant items such as: • Stalking • History of torturing, maiming, disfiguring partners • Sexual sadism, etc.

While the SARA is not 'scored' in terms of risk factors like some tests, the assessors have to make 'structured judgements' based on the

- Presence of individual items (0=absent, 1=sub-threshold, 2=present)
- Presence of critical items (0=absent, 1=present)
- Summary risk judgements about imminent risk of harm to the partner and to others.

To administer the SARA with integrity, file information should be combined with perpetrator and victim interviews. This has not always occurred, and may explain why the SARA has been found to predict family violence only as well as more general violence instruments.[54]

Generally, the more risk factors present, the higher the risk of spousal assault in future (which considers imminent risk also). Risk profiles can be compared to a normative sample and any discrepancies in judgements by the assessor against these descriptions has to be justified.

The SARA is used for various assessment tasks, including for pre-trial, pre-sentence, program intake and discharge/release considerations. This makes the SARA a useful tool for the Changeabout Program for initial judgements about risk and also for safety

[54] See review by Erica Bowen (footnote 9)

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planning considerations. Pre-program assessment information can help inform the SARA also.

Victim-informed assessment

The SARA instrument considers the perceptions and experiences of victims as relevant to accurate risk assessment. Victim-informed assessment has been shown in a number of studies to be reliable and accurate.[55]

Victim-informed assessment of risk is also a factor underpinning the development of the Danger Assessment Scale (DAS).[56] The DAS was developed to enable victims to assess their own danger of being victimised. It has been shown in research (see footnote 13 reference) to have robust, predictive validity (although on retrospective samples) and that five items can be used as a screen for future violence:

- Escalation of violence
- Use of weapons
- Perception of the perpetrator as capable of killing
- Violence during pregnancy
- Violent jealousy

Bowen (footnote 9) reviewed the research on the accuracy of victim appraisals of risk and also factors which are associated with accuracy. She concluded that "*victim appraisals of their own risk appear to be consistently valid predictors of future victimisation*" with about two thirds of victims able to accurately identify their level of risk (p. 222, footnote 9 reference).

What factors victims based their estimates of their own risk on, have also been examined in a few studies. Eight factors that have been identified as contributing to the accuracy of victim estimation of their own vulnerability to violence have been identified. These are listed in a descending order from those that have the greatest contribution to accuracy, to the least important:

1. Perpetrator being 'high' or drunk in the last year
2. Voluntary referral status
3. Perpetrator unemployment
4. The use of controlling behaviours in the last three months
5. The use of threats
6. Being separated or divorced
7. Prior severe violence
8. The victim being frequently drunk in the past year

The available research indicates that victims do often provide relevant and important information about risk that is on a par with many of the existing structured risk assessment tools. Bowen's recent review (footnote 9) takes the position that best-practice, risk assessment guidelines need to emphasise obtaining partner/victim

[55] See footnote 9 for details.
[56] Campbell, J., Webster, D, & Glass, N (2009).

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information. Multi-agency working for clear information-sharing so that partner/victim information can be obtained, would add value to the Changeabout Program.

Case-noting and summary reports

Facilitators will complete case-notes for each of the men in the Changeabout Program after each session. These case-notes form an important part of tracking progress of the individual participant and are a record of safe and ethical practice. This will promote clear communication around issues between program staff and other supporting the offender. The key case-noting principles and how they might be considered within the Changeabout Program, are set out in the table below. These are guiding questions and there may be other considerations that need to be recorded which are not itemised here.

Case-Note Principles	***Some considerations for Changeabout Program***
Circumstances	• How has the participant responded to the session today? • What problems and obstacles to engagement and acceptance of responsibility for this person were evident? • What strategies were tried to mitigate these issues? • What did he do well? • What other issues is the participant presenting with? • Has anything changed? If so, what? (What is your evidence for this?) • How well has this person gone in terms of setting and achieving goals to reduce risks for FV relevant to the session content being worked on? (Cite your evidence) • How much effort and commitment is he evidencing to promoting family wellbeing? (Provide examples) • Are there safety issues of concern?
Decisions and Actions	• What decisions and agreements were made with this participant during the session? • What actions were agreed to by this participant in this session? • When will those actions be implemented and followed up? (By whom?) • Where there were safety concerns, what actions did you take to safeguard those at risk? • Who else was communicated with about any issues in relation to this participant?
Rationale	• What were the most important factors you considered when making agreements with this participant? • How did these agreed actions link to the reducing reoffending risk and promoting family wellbeing for this participant?

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	• What outcomes were you trying to achieve by choosing these actions? • Do these decisions need to be reviewed and the actions followed up? (If so, by whom and when?)

Summary Report

Timely, professional and understandable case-notes are the documentary basis for recording the progress of participants in the Changeabout Program. They will also be reviewed by facilitators when completing the Summary Report for each participant at the end of the program.

The summary report is designed to be able to answer the following questions:

- How much progress has this participant made in reducing the dynamic risk factors that contribute to his family violence?
- How well positioned is this participant to behave in ways which promote family wellbeing in future?
- How willing is this participant to be accountable to others for both past and future behaviour?
- What needs to happen next so that this participant does not reoffend?

The summary report is likely to be useful for others who have a role in monitoring the offender's risk, and participants will be informed, as part of the program assessment, that the report will be shared with their allocated Probation and Parole Officer.

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Chapter 6: The shift in practice delivery

This section will consider theoretical aspects of provision of group therapy, focusing particularly on the understanding of the development (stages) of a group, and the nature of group work. An important therapeutic factor – interpersonal learning – will also be outlined. How facilitators can work effectively in group therapy, particularly how to work in the 'here and now,' and how to work with group process, will also be considered. In this section, the following questions are answered:

1. What's the rationale for moving from a psycho-education to a more therapeutic style of delivery?
2. What does a therapeutic style with family violence program participants look like, and how is this embedded into the program design?

What's the rationale for the moving from the existing processes to a more therapeutic style of delivery?

Designing the right program for the right people at the right time has been the challenge for developers of interventions for those who have engaged in family violence. A well thought-out program provides a delivery mechanism to challenge pre-existing understandings and cognition around behaviour, while at the same time embedding a number of new skills to manage situations of high risk.

Based on best practice in offender rehabilitation, recent design has focused upon blending the best elements of cognitive behaviour therapy, relapse prevention, social and cultural factors, along with social skills development, within a context of therapeutic process. Increasing attention to the notion of tailoring the individual's needs to the intervention, is now accepted as best practice (Taxman, Shepardson, and Byrne, 2004).

Increasingly, interventions need to be viewed as greater than attending a group program in the more traditional sense of the word. This program therefore takes a wider view of intervention and includes individual, group and family/family components.

What does a group therapeutic style for FV program participants look like?

Yalom and Leszcz (2005) identified that when a group is both supportive and challenging, it is engaging. One of the challenges is to learn the limits of our behaviour, as well as the impact that our behaviour has on others. The group sessions therefore have a strong emphasis upon skill rehearsal and applying learning in a very practised manner. This will allow the best opportunity when men go back into their existing, or future relationships, to be able to deliver on the social and emotional responsibilities that are adherently part of relationship life. The idea of exploring and making sense of issues, without shaming, will provide a number of 'aha!' moments for participants.

By nature and definition, group work requires a range of interactions between participants that differ significantly from individual work and individual interaction with an

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audience. Many group therapy models developed from individual psychotherapy and change usually took place as a result of the therapist conducting individual therapy in the group setting. However, as indicated earlier on in this manual (see Section 1), milieu or unstructured therapy is unlikely to work with program participants. Nevertheless, despite there being a strong structure to the program, there is also the empirical assumption that group therapy is an excellent system for change within men who use violence, provided it is structured and the whole group is utilised.

Like any intervention, groups involve planning and preparation. This does not mean a reliance only on a program manual, but consideration of the needs of the group members and practical considerations of how the program will be delivered. Effective group work is achieved through combining knowledge of group techniques and processes, with knowledge of the subject area, to construct a planned intervention. Understanding of group process and group content are critical to the delivery of effective group interventions.

One of the advantages of group work over individual work has always been that the group allows the development of relationships and the ability to practice relating skills within a safe environment (Yalom & Leszcz, 2005). The following section outlines a number of core ideas that underpin therapeutic group work and relate these to how they will work within the program context.

Development of socialising skills

Very few people get honest and open feedback about their behaviour from others. Particularly in relation to family violence, partners are often afraid to provide direct feedback around the impact of behaviour from the perpetrator of violence. Feedback is often more indirect. One of the issues of therapeutic group work is the ability to work in the 'here and now' and provide the opportunity to become mindful of what is happening, to identify strategies to manage these situations, and then rehearse the strategy to get a positive result, by which we mean a safe result. The development of social skills in groups has major implications for life outside the program. These include:

- Being tuned to the non-verbal and meta-communication (what's the message being sent and received)
- Being verbally able to respond to others rather than keeping reactions internally focused. We know that for many men using family violence, this is a critical issue in relationships
- Learning and practising the skills of problem-solving and conflict resolution while maintaining the well-being and safety of others
- Communicating disagreement with others without resorting to abusive behaviour (being able to agree to disagree)
- Being able to take a different perspective on a situation
- Expressing accurate empathy towards others, as it is clearly known that empathy is the foundation of interpersonal intimacy.

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Being able to explore and try out things differently

Yalom & Leszcz,(2005) identified that groups can provide the greatest possibility for people to re-experience past emotional states in more positive ways. One of the challenges for many men accessing programs to address family violence, is understanding the formation of relationships, how they respond within relationships, and how this relates to issues of attachment and family of origin patterning (social modelling). Many men accessing this program will have grown up in families where family violence was the norm. They may have developed relationship patterns where they feel a lack of attachment, feel unloved and/or overwhelmed, or have high levels of mistrust. Several studies have indicated that attachment provides the basis for dependency needs as well as the ability to empathise (Holtzworth-Munroe & Stuart, 1994; Dutton, 1998).

Processes within the design encourage caring for others, support, and honesty, which can provide a social microcosm of what a functioning group can achieve. Rehearsing these experiences and exploring how these relate to the man's family, is a function of the group.

Instillation of hope

This program is based upon the notion of hope and a hopefulness that family violence can be banished from within the family. Research from Hubble, Duncan, & Miller (2004) reported that a number of factors contribute to generating positive change amongst counselling interventions in general (not specific to FV). Forty per cent relates to extra-therapeutic factors (social supports, skills and motivation); 30 per cent to the working alliance between the worker and the client; 15 per cent to the therapist's attitude in conveying a sense of hope; while the remaining 15 per cent related to the model of intervention. Taking care of the working alliance and building strong interpersonal connections, encourages processes of 'facing-up-to' family violence in a non-shaming way.

Interpersonal learning

Interpersonal learning is a complex therapeutic factor and is crucial within group therapy. It is about important elements such as developing insight, and correcting emotional experience and behaviour. Interpersonal learning can be described as the mechanisms that mediate therapeutic change. Yalom & Leszcz, 2005 (1995), outlined three important factors to interpersonal learning: *The importance of interpersonal relationships; the corrective emotional experience; reality testing.*

The importance of interpersonal relationships

Yalom & Leszcz, 2005 (2005) proposed that psychological and behavioural problems develop in part, because of disturbed interpersonal relationships (interested readers may wish to review interpersonal theory in Yalom & Leszcz, 2005, 1995). One task in the group then, is not only to assist the men to learn skills that will help them reduce the probability of further violence, but also to assist them to develop gratifying, positive interpersonal relationships. This is akin to whakafamilyngatanga.

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The corrective emotional experience

Alexander (1946, cited in Yalom & Leszcz, 2005, 1995) introduced the concept of the "corrective emotional experience" in successful treatment. Corrective emotional experiences occur in two steps. The first step is for the man to become aware of the intense emotional reactions they are having in a particular situation. Rather than avoiding them, the group process will engage more therapeutically with these ideas. The second step is then to decide on how best to manage these situations without resorting to family violence. The group therefore provides an opportunity, as well as an audience, to practice and develop new responses to patterns of behaviour.

Reality testing

Intellectual insight alone is not enough; there must be an emotional component and systematic reality testing as well. Clients also need to become aware of any inappropriateness in their interactions. These three basic principles – the importance of the emotional experience in therapy and the client's discovery, through reality testing, of the inappropriateness of his/her interpersonal reactions – are crucial in group therapy.

Universality

Universality is defined as the idea that we are not alone in the world, and that many of the issues we face are common across humanity. Many men come to programs for family violence experiencing a sense of shame, inadequacy, disconnection and concern about their ability to manage the day-to-day challenges of being in relationships. Within the context of the group, men find that they are not the only ones grappling with the skills of how to maintain safety within their family/family group (Lehman & Simmons, 2009). Universality also allows the men to understand the influence of patriarchal traditions in shaping men's behaviour towards women. This also invites the opportunity for men to take a position of resistance against these traditions in the same manner that the partners have taken positions of resistance to the man's use of FV. Within the program, this is also linked to an understanding of how their partners will have taken positions against dominant narratives of violence against women.

Altruism

When men are under threat, life can become narrow and constricted. Reaching out to others through altruistic means operates at multiple levels. Altruism within the group is about inviting group members to help each other through the provision of support, validation, insight, as well as providing meaningful feedback. Embedded into the session materials is the idea that senior members of the group will welcome and support new group members into the culture of the group. Practising the skills of noticing and supporting others also contributes to the development of mindfulness that can lead to more empathic responses.

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Imitative behaviour

Human beings learn from imitation of others' behaviour. This is the basis of social learning theory and the program materials reflect the importance of this aspect. A number of small group activities allow men to view and feedback on others' behaviour, to practice themselves, and to build a repertoire that would work in their own situations. In addition, a number of media clips are used throughout the program where men can observe alternative strategies to deal with challenging situations, as well as other men taking the risk to disclose their own experiences of having used family violence. One of the challenges in group work is to engage the group in enough depth of the work. When one group member is prepared to take the risk of disclosure, this invites other group members to match this. One of the skills of facilitation is to notice and draw out positive, behavioural evidence within the group that allows other group members to also notice, and potentially imitate, the behaviour. This is also based upon the principle of positive reinforcement.

Group cohesiveness

Cohesion in groups is critical to avoid drop out. Before group participants can risk vulnerability, they need to have a certain degree of safety in place. Group cohesion, according to Yalom & Leszcz, 2005 (2005), is about the overall quality of group members' interaction. In other words, it is based on the strength of the relationship established between the group members. Group cohesion is established through multiple channels, including connection of group members' experiences, building group norms to ensure safety, developing a group spirit, and acceptance of each other's past life experiences, transgressions or failings.

When a group has developed enough cohesion, then it provides a safe environment where conflict can be resolved in safe ways. When the group does not have cohesion then it often operates at a very shallow level without any real therapeutic depth; in other words, the work does not really take place.

Imparting information

Many men accessing programs for family violence lack certain foundational information about how to relate well within relationships. Groups do have an important role in imparting information when this is not available from within the group itself. The program design is one of elicitation that starts from the premise that much of the knowledge will exist within the group itself. However, sometimes this information is absent, so it is then incumbent upon the facilitator/s to provide information that can enhance family/family safety. Within a motivational framework, before providing information, evoking what participants already know, minimises resistance. Seeking permission therefore to provide information becomes the second step within the process. This opens the possibility for information to be explored, rather than rejected outright. The third part of the process is to then have the men consider how this information might support them in their endeavour of keeping family/family members safe.

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Existential factors

Groups, when they work well, also fulfil an existential need within us to understand ourselves, others, and the world around us. Increasing moments of wonder within relationships, as an outcome of the program, will ultimately enhance family/family well-being. When relationships have experienced family violence, moments of quietness and thoughtfulness towards others are eroded. The existential question is, ultimately, 'what is the meaning of life?' and connecting of the things that are important.

Stages in Group Process

Group conditions change over time as a result of the interplay between the need to attach and the need to separate. This is perhaps even more apparent in an open group format such as the Changeabout Program. Observing and understanding the change in conditions is an important skill of group work practice. By examining the patterns of interaction and behaviour, it is possible to determine what needs prevail in the group at any given time and what, if any, intervention is required. Most writers describe a series of stages in the developmental life of the group. The model of group process favoured is that developed by Sarri and Galinsky (in Heap, 1977). They indicate that there are seven stages of the group process. However, they do recognise that not all groups reach all stages, depending upon the nature of the group and the length of the group process. Outlined below is an overview of these stages.

Stage of origin
This refers to the pre-formation stage of the group and includes issues of resistance to working in a group, seeing the relevance of the purpose of the group, and the setting of the group. The functions of the facilitator include: assisting members to develop group readiness, establish the profile of the group in the minds of the potential members, and to deal with planning, building co-working relationships, and so forth.

Formative stage
In this stage, group members are often energetic in a more diffuse manner. Members seek similarities in background, personal values and attitudes in expectations of the group. Tentative relationships begin to emerge, giving rise to the structure of the group, but this is in the context of a high level of anxiety in group members as they test out issues of safety, trust and boundaries.

The functions of the facilitator include: assisting members to settle into the group by developing clear ground-rules, culture/kawa (protocols)/norms for the group, energising the group into activity to reduce levels of anxiety, and assisting members to begin to build relationships with each other.

First working stage
This is really the first working stage in the group where interpersonal ties increase, which is visible in greater cohesiveness of the group. Also, sub-groups may start to emerge as a result in the move to commonality, and there is an increase in clarity around the purpose of the group at this stage.

The functions of the facilitator include: assisting members to begin to work on the task of the group, engender a sense of success in completing smaller tasks, to ensure that cliques are managed appropriately, and that the ground-rules are being adhered to.

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Stage of revision
At this stage, the group will start to develop behaviours that are generally called 'storming'. Conflict begins to emerge in the group as differences in values become more evident. This is also often concurrent with challenges to the facilitator's leadership; in other words the honeymoon is over.

The functions of the facilitator include: the need for the culture of the group to be reworked and modified, further clarification of the purpose and commitment to the group's aims, assist group members to normalise conflict and find processes to resolve conflicts. Further tasks include: assisting group members to reflect upon progress in meeting the group task, and establishing goals for the next stage of the group, and to re-establish a commitment to the group's purpose and aims.

Second working stage
This stage cannot work well unless the issues at the revision stage are resolved.

This is a more focussed stage of working in the group in that group roles become clearer and more defined, resulting in a high level of cohesion, identification and stability of the group structure. Group members take on greater responsibility for monitoring and challenging anti-group behaviour.

The functions of the facilitator include: increase the pace and focus of the group, assist group members to realise their renewed goals, and work towards goal completion.

Stage of maturation
This refers to the mature stage in the life of the group, with clarity in the roles and responsibilities of the group. Group members own the group and see it as their group and are protective of purpose as well as members. A team feeling has emerged. Group members begin a process of differentiation at this point (a move to more individual issues). The functions of the facilitator include: allowing group members to be more responsible for the life of the group, working with the individual issues that members bring to the group, dealing with group members who move into termination too early, and keeping the group moving so that it does not stall.

Stage of closure
The literature refers to this as the stage of termination but I prefer the idea of closure or transition. This occurs when the goals of the group have been attained and there is no reason for the on-going existence of the group, or when the group has been established for a defined number of sessions and these are now completed. The functions of the facilitator include: assisting members to finish relationships with other group members in a meaningful manner. In closed groups members can practice terminating relationships in healthy pro-social ways and assist members plan for post-group change work and maintaining changes made.

Since the development of this model, there is another stage that is increasingly being identified as critical for the maintenance of changes in behaviour and that could be called

Stage of Maintenance
Prochaska (1999) argues that there is often a need in the post action (working stages) of change for group members to access on-going support from counsellors, sponsors,

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self-help groups and family/family, if they are to succeed in maintaining a position of change, by locating themselves in an accountability framework – that is, they are considering the impact of their behaviour on others – and then group members are able to continue to resist the tendency to isolate themselves and return to previous patterns of behaviour.

By having knowledge of the stages in the life of groups, the group facilitator is then able to predict the group behaviours that are likely to emerge, and plan accordingly.

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Chapter 7: The 'how' of facilitating the FV program

This section provides an overview of how to facilitate the program drawing upon a number of contemporary facilitation approaches. A number of key ideas that inform the program are covered with the following questions answered:

1. What are the cornerstones of program facilitation for this program?
2. What does the facilitator style in the room look like?
3. How are learning styles embedded within the program structure?

The cornerstones of program facilitation

There are four key cornerstones around how to facilitate the program. These are:

- the sessions are purposeful and directional
- making the invisible visible
- privileging the voice of those who have been victimised
- position-taking in relation to safety

Purposeful and directional practice refers to the idea that everything within the program should directly contribute to family/family safety. The session designs themselves are directional, in that they are each based around a particular theme that emerges from the literature as being important to intervening to stop family violence. The theme is then applied to the man's individual situation so that he can make a link to the content being explored. Skill development, and rehearsal in managing particular issues follows, which will minimise the risk of things going wrong when these skills are applied back within their own relationship, or in future relationships. The role of the facilitators is to understand the purpose that sits behind each piece of work within the program, so that they can effectively know where to nuance the material.

Making the invisible visible refers to the 'here and now' work within the program. A typical enquiry within the session will revolve around behaviours that are being observed, and how this may or may not be different within the man's own relationships. Many behaviours that we engage in are invisible to us but visible to others.

One of the criticisms of existing programs is that they do not provide enough emphasis on privileging the voice of those who have been victimised. Victim informed assessment is one way to have these voices heard in the form of hopes and goals for program participation incorporated into planning. In addition, frameworks developed throughout the program are designed to maintain a constant enquiry about the impact of various behaviours upon the spiritual/wairua, physical/tinana, emotional/whatumanawa and cognitive/hinengaro aspects of others, particularly the man's partner, children and community. This also allows the ability to develop different perspectives that is the basis of empathy with others.

Responsibility around how we act in relationships is based upon the notion of position-taking. Within the program, the focus is very much upon taking positions of responsibility around the well-being of others and maintaining behaviours that enhance safety.

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Socratic style of working

Socratic questioning, or naive enquiry, is a therapeutic style of delivering programs that gently undermines cognitive distortions commonly presented by the men. Socrates was one of the greatest educators, who taught by asking questions, and thus drew out (as 'ex duco', meaning to 'lead out', which is the root of 'education') answers from his pupils. The method is the framing of the questions asked; the style is the tone of genuine enquiry. The Socratic Method is used because it communicates respect, it diffuses resistance and denial, and it encourages people to think for themselves. Additionally, it teaches the men to challenge their own thinking, thereby teaching implicitly the skill of disputing. For the successful delivery and maintenance of integrity, facilitators are required to use the Socratic technique throughout this program.

Cognitive Dissonance

Facilitators who induce cognitive dissonance when delivering program material are more likely to induce change in group members. According to Cognitive Dissonance Theory (Festinger, 1957, quoted in Shields, 2006), people want their beliefs to be consistent with one another and want their behaviour to be consistent with their beliefs. When people become aware of inconsistency among their beliefs, or between their attitudes and their behaviour, they experience 'cognitive dissonance', an unpleasant state of arousal that motivates them to re-establish consistency. Thus, if a person behaves in a way that runs counter to his or her attitude, cognitive dissonance is created in that person who then attempts to reduce the dissonance by changing either their attitude or their behaviour. The work in the program on values and beliefs targets this issue of living according to our values, and trying to resolve this dissonance.

Attitude change is motivated not simply by the need for consistency, but by the need to maintain the integrity of our entire self-system, a view of ourselves as good, competent, adhering to a particular set of values, capable of free choice, and capable of controlling important outcomes. When we behave in ways that violate our views of our self, we are motivated to do something to restore the integrity of our self-system (Steele & Liu, 1983, quoted in Shields, 2006).

Increasing the men's awareness of their values, leads them to making more conscious choices about the extent to which they will strive to live in consonance with those values. Focusing on values as 'preferences for experiences' can help them improve their understanding of the functions of their current behaviour, as well as help them formulate a clearer sense of what they are seeking to fulfil through behaviour (Sanchez, 2000 – cited in Miller & Rollnick, 2013).

In general, for people to progress they need:

1. A growing awareness that the advantages (the "pros") of changing, outweigh the disadvantages (the "cons") – the Transtheoretical Model or TTM (Prochaska & DiClemente (2005) call this decisional balance)

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2. Confidence that they can make and maintain changes in situations that tempt them to return to their old, unhealthy behaviour – the TTM calls this self-efficacy
3. Strategies that can help them make and maintain change – the TTM calls these processes of change. The ten processes include:
    1. Consciousness-Raising – increasing awareness via information, education, and personal feedback about the healthy behaviour
    2. Dramatic Relief – feeling fear, anxiety, or worry because of the unhealthy behaviour, or feeling inspiration and hope when they hear about how people are able to change to healthy behaviours
    3. Self-Re-evaluation – realising that the healthy behaviour is an important part of who they are and want to be
    4. Environmental Re-evaluation – realising how their unhealthy behaviour affects others and how they could have more positive effects by changing
    5. Social Liberation – realising that society is more supportive of the healthy behaviour
    6. Self-Liberation – believing in one's ability to change and making commitments and recommitments to act on that belief
    7. Helping Relationships – finding people who are supportive of their change
    8. Counter-Conditioning – substituting healthy ways of acting and thinking for unhealthy ways
    9. Reinforcement Management – increasing the rewards that come from positive behaviour and reducing those that come from negative behaviour
    10. Stimulus Control – using reminders and cues that encourage healthy behaviour as substitutes for those that encourage the unhealthy behaviour.

Universal Definitions

Clarifying definitions can reduce the ambiguities and biases in men's interpretation and description of life events and can help them shift their perspectives to a broader, more balanced world view. For instance, deriving a useful definition of the words 'Aggressive', 'Passive' or 'Assertive', where typically aggression is equated only with violence, or assertion with politeness. Universal definitions are an essential prerequisite to practising social skills training or exploring cycles of behaviour.

Establishing universal definitions was a key technique of the elenchus as used by Socrates, and often to powerful effect:

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> "The basic structure of a typical elenchus is simple. Socrates asks a question, either a request to be told what some virtue is (for instance 'What is bravery?'), or some other question about a virtue. The interlocutor affirms some proposition p in answer to Socrates' initial question; under Socrates questioning, he agrees that he also believes q and r; and he discovers, under further questioning, that not-p can be derived from q and r; hence he finds that his beliefs commit him to p and not-p. Finding himself in this situation, he is 'at a loss' about what to believe. It is not just the interlocutor who is at a loss. Socrates himself insists that he does not know the answers to the questions that he asks his interlocutors; and so he concludes that they are 'all alike at a loss'." (Irwin, 1995, p17).

Highlighting inconsistencies may be used to refute a definition by revealing conflicts with other attitudes held by the men. The facilitator may ask, "What consequences follow if this statement is true?" If the logical extensions of the definition contradict anything else the offender strongly believes, he should be willing to modify the definition. If a definition has any absurd consequences, it becomes apparent to the man that the definition needs to be replaced (Overholser, 1999). The process of defining can perform several functions, including:

- Clarifying category membership, i.e. what is a good relationship? What makes a good parent?
- Identifying potential causes, i.e., identifying problems with authority figures; understanding the role of personal behaviour in conflict with others; recognising how cognitions intervene between activating events and consequences; the identification and implications of irrational beliefs and their replacement with rational alternatives
- Building new knowledge, i.e. developing an understanding of the concept of rules; understanding the relationship between rights and responsibilities; promoting the use of good social skills over lying and manipulation
- Broadening perspectives, i.e. establishing the benefits of long-term over short-term hedonism; understanding the benefits of empathy with others; establishing the value of having long-term objectives
- Limiting overgeneralisations, i.e. views of what defines masculinity; challenging stereotypical views of others (e.g. women, police officers)
- Guiding behavioural change, i.e. defining the role of fatherhood; challenging the beliefs about the benefits of anger and aggression; developing relapse prevention plans

Question Orientation

As facilitators become familiar with their program manuals and the kinds of responses the men are likely to make to the topics covered or the exercises delivered, they become very familiar with the range of responses that will typically emerge. There is, however, always room to improve on the kinds of questions, challenges and exploration that can go on with respect to any particular material. Before formulating a question, the facilitator must decide on the following:

A) To what aspect of the answer he/she is going to respond - to the experience (Activating event) the speaker presents, to his or her thoughts (Belief) about the experience, to his or her feelings (Consequences) about the experience, or to any combination of the three;
B) Whether to apply Inductive Reasoning or Universal Definitions;
C) Whether to use a Memory, Translation, Interpretation, Application, Analysis, Synthesis or Evaluation question;

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D) Whether to induce the offender to confront a dilemma, state a tentative position, examine the reasoning, develop discrepancy or reflect on an individual position;
E) Whether to use a closed question, an open question, a reflection or a summary;
F) Whether the speaker is using Problem process (e.g., should, must, blaming, denial, etc.)

Having a question orientation is a responsivity skill that comes with practise, but it can, to a certain extent, be guided by the following formula:

1. Identify the problem
2. Work out your goal
3. What kind of thinking do they need to get to this goal?
4. What questions could produce that kind of thinking?

Each session or exercise should take this standard formula as its baseline. Before each session, facilitators need to prepare a range of basic questions to use during the session. This formula, applied for instance to a session on information gathering, could be included in the manual with the following guidance notes:

1. Identify the problem

Men often take action in solving problems by collecting little or no information on the source and cause of the problem, or by seeking information that could assist in finding a solution. Often, when they do seek information, they fail to distinguish between facts, opinions and guesses.

2. Work out your goal

The goal is to identify the dangers and pitfalls of viewing and solving problems with little or no good information, and to review the subject, look at the skills involved and use examples, exercises and analogies to sell the idea of information-gathering to them.

3. What kind of thinking do they need to get to this goal?

Get the men to acknowledge that they often fail to gather information, identify the kinds of situations they are likely to fail at it, find examples of when they have done it and failed to do it, and acknowledge the importance of learning the skill of information-gathering and the practical benefits for them doing it in the future.

4. What questions could produce that kind of thinking?

- What are the dangers of trying to solve problems without the right information?
- What kinds of situations make it difficult to gather information?
- What different kinds of information are there?
- Is any kind of information going to help?
- What is the difference between a fact and an opinion?
- Should we ignore opinions?
- When have you done this in the past?
- What was the outcome for you on that occasion?
- What might have been different if you'd had that information?
- When we don't bother getting more information, what are we saying to ourselves about the solution we have chosen?
- When will you need to do that in the future?

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- Who would you ask?
- What would you ask them?
- When would you ask them?
- What might you need to do first?
- Do you always do that well?
- So are you saying that you never have the time to gather information?

Avoiding creating resistance

Gordon (1970) indicated a range of poor listening skills which he described as roadblocks to effective communication and change. These he described as:

- ordering, directing, or commanding
- warning, cautioning, or threatening
- giving advice, making suggestions, or providing solutions
- persuading with logic, arguing, or lecturing
- telling people what they should do; moralising
- disagreeing, judging, criticising, or blaming
- agreeing, approving, or praising
- shaming, ridiculing, or labelling
- interpreting, or analysing
- reassuring, sympathising, or consoling
- questioning, or probing
- withdrawing, distracting, humouring, or changing the subject.

The thinking behind why these are potential blocks is that they distract the person from staying on track with self-exploration. In addition, many of these run the risk of developing what is known in motivational interviewing terms as the 'righting reflex.' The righting reflex occurs when the facilitator takes a position around a particular issue that allows the group member to take an opposite position. This happens classically in situations where people are feeling judged, criticised, or blamed.

Motivational underpinnings

The program materials are also based around a motivational interviewing framework that has a four-step process. The four steps are: engaging, focussing, evoking, and planning.

Engaging is the process whereby all parties establish a helpful connection, or working alliance. A positive working alliance has a profound impact upon program retention and ratings by clients around the quality of the relationship (Miller & Rollnick, 2013).

Focusing refers to engaging with a particular agenda and gaining general agreement that this would be helpful and contribute to the goals established by the person coming to the program. Focusing is often about finding relevance for the person involved. The facilitator's role is to be always seeking relevance in terms of the material covered with the program.

The third area is about evoking from the group participant, their ideas about what has worked in similar situations or what they might think would work in the situation. This is

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the opposite of the expert – didactic approach that assesses what the person is doing wrong and then educates them about fixing it. Within motivational interviewing, having the person argue for the benefits of change has been shown to be more effective in longer term change. Evoking examples of change talk (desire, ability, reason, need, commitment, activation, and taking steps) is what delineates motivational interviewing from other approaches.

The final step is around planning for action. Within each of the sessions, after skills rehearsal, men are asked about how they will implement their learning within their existing relationships, or future relationships. In other words, the skills developed within the group need to move out of the group room and become incorporated into the man's life. There is a clear expectation that men will engage in takeaway tasks. To this end, walletsize takeaway cards have been developed as reminders of what needs to be practiced prior to the next session.

Working with the group rather than individual work with an audience

There is no universal style or method of working in a group. Within a strengths/solution-based approach (Lehman & Sunders, 2009), the facilitator takes on the role of guide rather than expert. The facilitator's expertise is related to understanding group process, and assisting group members to identify the exceptions to their presenting problems, and building upon these. Facilitation is the design and management of structures and processes that help a group do its work and minimise the common problems people have working together.

Facilitation is a process that focuses on:

- What needs to be accomplished?
- Who needs to be involved?
- Design, flow and sequence of tasks
- Patterns of interaction
- Levels of participation and use of resources
- Group energy and capability
- The physical and psychological environment.

One of the major challenges of group work is to maintain energy and focus while undertaking the task at hand. Many groups are easily side-tracked, particularly when group members have little experience of maintaining their own focus, and view the group program as not relevant to their situation. One of the most common traps that new facilitators can fall into is to focus on individuals within the group rather than relying upon the group itself to provide the energy and information required. This ultimately leads to group facilitators undertaking individual work with an audience. The downside of this particular approach to working in groups, is that while the person who is the focus of attention may well be engaged in the work, other group members are not. They can become bored, distracted and disruptive in the group. We can minimise this by working with four levels of group interaction.

Level 1. Interaction with an individual

Level 2. Interaction in a sub-group

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Level 3. Interaction with the whole group through discussion, report back, and so forth

Level 4. Interaction with a person outside the group

The rationale behind using the four levels of interaction in groups can be reduced to a very simple mathematical formula. As an example, you have a group of 10 participants. If you work individually with these participants, the amount of time that you have to spend with each is reduced to six minutes per hour. What this means is that for 54 minutes of that hour the other members of the group are not actively engaged in work for themselves. In a two-and-a-half hour group session, this effectively means that each individual member has potentially 15 minutes of time. Many of us would not think this was worth the investment of time and energy. Group members will agree.

	Individual	**Pairs**	**Sub-groups (4)**
Time working	6 minutes	30 minutes	15 minutes
Time listening	54 minutes	30 minutes	45 minutes

If we are working in pairs for one hour of a group, each individual has 30 minutes interaction time, a vast improvement. I am not suggesting that this is an either/or situation, but merely to illustrate that by using robust and creative group interaction, the ability to maintain energy and focus within the group is greatly enhanced. This is important because one of the clear indications when groups are not working well is that its members do not feel involved or engaged.

You will notice from the above process chart that the levels of change, and the three stages of change, are integrated to develop a dynamic and energetic experience. You will also notice that the facilitator is a guide and manager of the process. What is interesting from this approach is that the group are effectively sharing their strategies with each other, and are thereby empowered to search for solutions from within their own experience. An assumption is made that problem behaviour does not exist all of the time and that there will be times when participants have been able to make connections and experience empathic behaviour towards others. By taking this approach, participants are starting at a point of competence rather than incompetence.

Widening the issue to include all group members

The facilitation task is to evoke from participants responses to open questions, and then bridging conversation with the group to ensure all participants are engaged. Check-ins during sessions can replicate individual work with an audience and be very passive for those who are listening in. The following process allows men to connect with the issue raised by one man and engage others in solution development and problem-solving.

Step 1: Select one person to present their issue. Ask the participant to outline the issue in less than five sentences?

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Step 2: Identify the underlying issue. Use the following prompt questions:
What do you see as the underlying issue?
What do others see as the underlying issues?

Note an inclusive theme engages as many group members as possible, i.e., it aims for participating rather than distancing, and warms them up for the work.

Step 3: Pairs: What concerns or situations do you have (or have you had) with similar issues to those raised by .... ?

Step 4: Group: Brief reporting round.

Step 4: Think about a time when you did something different, managed the situation in an okay way, and did not muck it up and kept others safe.

Threes: What did you do that was different from what you would normally do? What did you have to think about the situation or person to act differently?

You are looking to elicit ideas such as: respecting the mana of the other person; recognising my behaviour was out of line; I realised that if I did what I wanted to do, then I would be back in trouble, and so forth.

Follow whatever direction you feel is suitable for dealing with the issue. It might involve a brainstorm on newsprint, role-play, problem-solving, resolving outstanding relationship issues, etc. The focus is upon using skills and processes developed and practised in the program to find workable solutions to the group member's issue while at the same time, allowing other group members to consider and resolve their issues.

Step 5: Return to the person who presented the original issue.
Which of the ideas you have heard most suits your situation?
What makes it most appropriate?

Pairs: How can these ideas be helpful for your own similar issue?

Group: Reporting/comment

Shaping Group Conversations

Shaping group conversations is critically important for maintaining group energy and cohesion. As Wagner and Ingersoll (2013) state, it is helpful to consider depth, breadth, and momentum.

> "Depth refers to the level of meaning, ranging from a surface level, with a superficial focus on daily events, factual matters, and general interests, down to deeper conversations about more personal matters, values, identity issues, and underlying perspectives or emotions.
>
> Breadth refers to how narrowly the conversation focuses on a single event, specific issue, or idea, versus how much it broadens into more general themes.
>
> Momentum refers to the pace of forward movement in the conversation – the degree to which new ideas emerge in the conversation or how the conversation proceeds towards some conclusion, or commitment to action. In contrast, a

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slower momentum occurs when conversation proceeds at a more leisurely pace, merely exploring an issue or idea, with no particular movement towards a conclusion." (pp. 122-123)

Responsivity - Catering to multiple learning styles

Significant movement in education over recent years has seen a move away from teacher-centric (psycho-education), towards learner-centric approaches (McMaster & Dark, 2011). Teaching that is learner-centred aims to confront learners with an authentic task that is used to induce relevant learning experiences and involves the creation of an environment in which participants' questions and comments are invited, facilitators recognise and respond to participant reactions to material, and emphasis is placed on increasing participant engagement. In practice, this involves providing opportunities for participants to discuss and analyse ill-structured problems, teaching skills in gathering and evaluating data, engaging in discussion about controversial issues, and assisting participants in examining their assumptions about knowledge and how it is gained. Instructors are encouraged to show respect for participants' assumptions, regardless of developmental level, and to provide feedback and support on both a cognitive and emotional level.

There are obvious parallels between what is termed learner-centred learning and the cognitive-behavioural method in which there is an explicit focus on understanding and re-framing knowledge about the self, the world and other people, and identifying alternative attributions for the behaviour of others. The cognitive-behavioural approach to offender rehabilitation locates the causes of violent behaviour within the individual. Antisocial (violent behaviour) behaviour is typically explained in terms of various socio-cognitive deficits that significantly impair not only the capacity to reason, but also how the individual sees and understands the self, other people, and the world more generally. In other words, program participants are seen as lacking the social problem-solving skills that are necessary to identify and deal with problems of everyday living. The focus of intervention is on changing maladaptive cognitions, experienced as automatic thoughts, which are commonly referred to as cognitive distortions. However, recent years have seen growing interest in methods that are more strengths-based. Padesky and Mooney (2012), for example, have outlined a four-step, strengths-based, cognitive-behavioural therapy approach as follows:

- Therapists help clients identify existing strengths that are used to construct a personal model of resilience.
- Client-generated imagery and metaphors are particularly potent to help the client remember, and creatively employ, new positive qualities.
- Behavioural experiments are designed in which the goal is to stay resilient, rather than to achieve problem resolution.
- Therapists are encouraged to use constructive therapy methods and interview practices, including increased use of smiling and silence.

Responsivity has been a major discussion point within correctional literature for many years (Andrews & Dowden, 2006), in addition to the shift in thinking about how people take in and process information. How we each learn is different. The VARK learning-styles questionnaire (Flemming, 2006) is a widely used tool, with over 180,000 people

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having used VARK online from mid-March to mid-September, 2006. The current ideas that inform the tool include:

- modal preferences influence individuals' behaviours, including learning
- modal preferences are not fixed, but they are stable in the medium term
- both participants and facilitators can reliably identify and provide examples of their use of modality preferences in learning
- preferences can be matched with strategies for learning. There are learning strategies that are better aligned to some modes than others. Identifying within the group the individual's particular learning styles, can provide the facilitator with a unique insight into how to deliver material to certain individuals
- information that is accessed using strategies that are aligned with a group member's modality preferences is more likely to be understood and be motivating
- the use of learning strategies that are aligned with a modality preference, is also likely to lead to persistence in learning tasks, a deeper approach to learning, and active and effective metacognition
- knowledge of, and acting on, one's modal preferences, is an important condition for improving one's learning.

The four areas include:

Visual, or seeing learners, who are holistic, so like the whole picture. They often remember information that is either provided or recalled using some of the following ideas:

- Underlining, highlighters, different colours
- Pictures, posters, videos
- Textbooks with diagrams and pictures
- Different arrangements on the page, blank space
- Redrawing pages from memory
- Replacing words with symbols, abbreviations, or initials
- Practising turning visuals back into words.

Auditory, or hearing learners, prefer spoken explanations and talking through issues. They often remember information through some, or all, of the ideas listed below:

- Attending classes
- Discussing the topics with other group members
- Explaining new ideas to other people
- Remembering the interesting examples, stories, jokes
- Describing the overheads, videos, pictures to somebody who was not there
- Leaving spaces in their notes for later additions
- Asking others to listen to their understanding of a topic
- Reading their notes out loud
- Spending time quietly recalling the ideas they have heard.

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Reading and Writing learners enjoy an emphasis on words and lists. They appreciate hand-outs and other written information. To remember information, reader/writer learners make use of:

- Lists, headings
- Dictionaries, indexes, definitions
- Handouts, textbooks, library
- Class notes
- Writing out notes again and again, write essays
- Reading notes silently again and again
- Rewriting ideas and principles in their own words
- Turning diagrams, charts into words

Lastly, Kinesthetic learners have a strong preference for the practical. Once relevance is established they learn best by:

- Use of all their senses - sight, touch, hearing, smell, taste
- Real-life examples of principles
- Trying things out
- Samples, photographs, exhibits
- Talking about the topic and their notes with another "K" person
- Using pictures, photographs to illustrate ideas

The program design is based around multiple learning styles, with most pieces of work incorporating at least three. It is widely recognised that while many group members will have learning style preferences, information is often gained through more than one learning style modality.

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