



CBT Guide for Intimate Partner Violence

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Welcome to the Cognitive Behavioral Therapy (CBT) Guide for Intimate Partner Violence

The Guide provides an additional resource for the WA State response to Intimate Partner Violence (IPV). It is a session by session curriculum to support the work of Domestic Violence Intervention Providers (DVIP). It is designed to be consistent with the Revised WAC <https://app.leg.wa.gov/WAC/default.aspx?cite=388-60B-0115&pdf=true>. It covers all the required content areas. It is also consistent with the Revised WAC reference to Cognitive Behavioral Therapy (CBT) and the focus on cognitive and behavioral changes.

There is currently no well-established effective program specifically for individuals who engage in IPV. Work is ongoing to develop and test such interventions. In the absence of a specific proven program, this Guide provides a generic CBT-based treatment manual with clinical supports. It has not been tested in a research study. No claims are made that it is effective in reducing IPV. However, it is based on a well-established theory and the clinical skill oriented content is supported by research. As well it is based in part on a generic CBT and DBT based treatment manual for sex offender treatment in WA. Like DVIPs, Sex Offender Treatment Providers (SOTPs) also operate within WACs.

CBT is based on a theory that thoughts, feelings and behaviors mutually influence each other. CBT based treatments target: unhelpful thoughts; difficulty managing intense negative feelings; ineffective or problem behaviors. CBT based treatments are effective for many clinical conditions and behavioral problems. CBT is the underlying theory for many effective therapies for common clinical conditions such as anxiety, depression, PTSD, and disruptive behaviors. Effective treatments for individuals who break the law or abuse their children are also typically CBT based. There are a number of branded CBTs that target law breaking behavior.

We want to be fully transparent that we come at this Guide from the perspective of evidence-based practice. EBP means preferring treatments that have been shown to be effective in research studies. We are aware that evidence-based is a relatively newer idea in the delivery of psychosocial treatments. While evidence-based medicine is embraced as the standard for health conditions, that has not always been the tradition for behavioral health conditions and practice. There continue to be controversies and disagreements. As well we are very far from arriving at proven treatments that work for every behavioral health problem.

As stated, the reason we have chosen the CBT framework for the Guide is that CBT is the underlying theory for many evidence-based interventions, including those for individuals who engage in antisocial or aggressive behavior. We are experts in CBT for emotional and behavioral problems and have been teaching CBT based clinical skills across the State of Washington for many years.

CBT is an active, change oriented approach to therapy.

How is CBT delivered? CBT is delivered in a collaborative and transparent way with clients, it is structured and focused, it has a specific target, it involves teaching skills and coaching clients to do them in real life, and it often uses measurement to see if the treatment is working.

What are the common elements of CBT? CBTs typically contain (1) psychoeducation (clinically relevant information); (2) coping or emotion regulation skills training; and (3) correcting untrue or unhelpful thoughts. The behavioral component (4) depends on the clinical target. For individuals who break the

law or abuse children, the behavioral components often include relationship, communication, problem solving, and assertiveness skills.

We also know that real world settings are often complicated and messy; the application of standardized protocols or Guides has to be flexible. We adopt a “flexibility within fidelity” approach that allows for adjustments and adaptations as long they do not stray from the core underlying principles and practices for bringing about behavior change within a CBT framework.

The format of the Guide is designed to not be prescriptive about exactly how to cover the Key Learning points. We recognize that facilitators have their own styles of covering material. What is important is to cover them. We encourage providers to bring their own techniques, strategies, handouts and clinical exercises as long as they are consistent with the overall CBT model and maintain the focus on teaching clients to learn and use new skills. That means modelling skills, having participants practice them in session, giving them skill practice for homework, and following up to reward successes and troubleshoot failures.

We are very grateful to Jennifer Wheeler, PhD and Christmas Covell, PhD for allowing us to use their manual for sex offender treatment as a basis for this Guide. Drs. Wheeler and Covell are both Certified Sex Offender Treatment Providers (SOTPs) in WA. Like the DVIPs, SOTPs are certified and must abide by WACs. <https://apps.leg.wa.gov/wac/default.aspx?cite=246-930>.

Their manual is based on CBT and Dialectical Behavior Therapy which is a form of CBT designed to help individuals better regulate emotions and effectively relate to others. We removed the content that was specific to the sexual aspects of sex offending.

Other resources were reviewed in the preparation of this Guide. The reference list provides some of the specific citations. Some existing manuals are not available for direct review because brand name programs are often proprietary and require training by the developers before they can be accessed. Whenever possible scientific articles on these models were reviewed. One of the manuals is in the public domain and can be downloaded at https://store.samhsa.gov/sites/default/files/d7/priv/anger_management_manual_508_compliant.pdf.

We hope this Guide will be helpful and welcome additional input from those who try to use it in practice.

***Lucy Berliner, MSW &
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Harborview Abuse & Trauma Center***

Introduction

Dear Washington State domestic violence treatment providers and all those who support rehabilitative and restorative approaches to domestic violence, I am writing to encourage your work and celebrate the completion of the new Cognitive Behavioral Therapy Guide for Intimate Partner Violence. Stopping violence in the home is key to stopping violence in the community. There is an epidemic of domestic violence in Washington and there may be no more important justice reform or response than improving providing quality treatment for offenders. An open source manual for treatment grounded in science and evidence is a first of its kind milestone and an important advancement in domestic violence response in our state.

From the community to health to legal systems there is a critical need for high quality treatment and behavior change for domestic violence offenders. When effective, domestic violence intervention programs are essential to Washington State's response to domestic violence: they can help reduce recidivism, stop generational cycles of abuse, support victim safety, and help provide offenders a path back to society and family.

As treatment providers working directly with intimate partner violence offenders, you know the challenges in providing interventions for many who are at a low point in their life and at high risk of violence, lethality, suicide, substance abuse, and mental health, compounded by issues of coercion and control. For too long the treatment of offenders was not a priority in DV response, and much time, effort, and energy was spent debating whether treatment works instead of asking how can support and increase effective treatment? This effort to create a free open source cognitive behavioral manual for domestic violence treatment is a new beginning for treatment with a curriculum approach that is grounded in science and evidence.

This first of its kind effort is due to the hard work of Harborview Abuse & Trauma Center, Washington State Department of Social and Health Services, as well as many experts and treatment providers. This effort compliments years of hard work by many to improve the standards and requirements for domestic violence treatment from those the DSHS DV Advisory Committee which undertook rewriting the new Washington Administrative Codes for DV treatment to the statewide efforts of the Gender and Justice Commission HB 1163 and HB 1517 committees on domestic violence treatment. DV treatment providers, victim advocates, judges, probation officers, and other stakeholders have been involved in each of these committees and their efforts.

As a legislator I know there is much left to do to improve Washington State's response to domestic violence, but this effort and all that led to it is worth celebrating. Thank you for all of your hard work, and dedication to making Washington a leader in the treatment of domestic violence offenders. My gratitude to you all.

Sincerely,

***Representative Roger Goodman
Chair, House Public Safety Committee
Washington State Legislature***

This curriculum [CBT Guide for IPV](#) is one more step towards thoughtful and meaningful change in domestic violence intervention treatment for the State of Washington. On June 29, 2018 a new standard for domestic violence intervention treatment (DVIT) was adopted by the State of Washington, after input from an advisory committee, contracted national experts, and stakeholders throughout Washington State. A differentiated treatment model and evidence-based treatment became the new standard. This curriculum is part of a much bigger vision to bring about high quality, evidence-based, and effective domestic violence intervention treatment for those who have perpetrated intimate partner violence.

The state-certified DVIT programs in Washington undergo domestic violence treatment training, victim advocacy training, have experience in both DVIT and victim services, and earn annual continuing education relevant to the work. Certified DVIT programs use credentialed counselors to conduct comprehensive behavioral assessments as well as facilitate the treatment. They use a risk, needs, responsivity model (Andrews & Bonta, 2015) to treatment plan and individualize treatment. Now, state-certified programs have a common core curriculum that is evidence-based and effective in facilitating cognitive and behavioral changes for their participants.

Amie Roberts, LMHC, CPM

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Domestic Violence Unit

In 1979, Washington recognized domestic violence as a serious crime against society, and mandated legal responses to provide victims maximum protection. Since then, dozens of strong DV laws were enacted and made a difference: Washington saw significant drops in DV homicide and recognition as a leader in DV policy, public/community health support, and accountability systems. What persisted, however, was offender recidivism and debates about the effectiveness of offender rehabilitation. For many, treatment for DV offenders was just a proxy for punishment, to hold offenders accountable, for others it was an easy one size fits all rehabilitation. Forgotten was the challenge in providing interventions for DV offenders who presented serious risks and needs: high risk of violent recidivism, suicide, substance abuse, and mental health compounded by issues of coercion and control. There were no easy answers to DV.

In 2018, the Washington State Legislature, DSHS, the Gender and Justice Commission, and many stakeholders came together to try a new path. If Washington had a serious legal response to DV offenders, then treatment and rehabilitation of offenders had to be serious, equitable, and supported. To do so meant restoring confidence in treatment through new and improved standards of practice and quality.

Treatment and rehabilitation needed to be grounded in science, evidence, and long-term evaluation. A key is the collaborative work of the Harborview Abuse & Trauma Center to create a first of its kind open source cognitive behavioral manual for intimate partner violence. Working together with DSHS to blend evidence-based practice and practitioner knowledge in DV treatment holds promise to change offender behavior and help stop generational cycles of abuse and violent recidivism.

David D. Martin, J.D.

Chair, Domestic Violence Unit

Senior Deputy Prosecuting Attorney, King County Prosecuting Attorney

Group CBT for IPV: Session Guide

Session 1: Orientation to CBT for IPV

Session Format	Facilitator/Key Learning Points	Group Activities/Homework
<p><u>Session agenda</u></p> <p>Introduction to class</p> <p>Review group expectations and rules</p> <p>Assign <u>HW</u>:</p>	<p>Purpose of the group is to help individuals who have engaged in coercive, aggressive or violent behavior learn and practice skills to stop doing those behaviors and to learn how to have healthy, meaningful relationships.</p> <p>Acknowledge most will be participating due to external requirement (criminal, dependency, family court). Validate that some do not believe this treatment applies to them. Acknowledge the stress due to potential consequences of not successfully completing the program.</p> <p>Convey that the goals of the group are for participants to be successful in learning new skills and using them in everyday life. Specifically, to be nonviolent and non-coercive in intimate relationships.</p> <p>All participants will have already created a formal treatment plan with goals. The personal goals within the group will be small measurable goals.</p> <p>Group members will be required to attend at least a certain number of sessions, based on assigned risk level. Some sessions will be repeated.</p> <p>Additional sessions may be added that apply to Level 3 and criminogenic needs.</p>	<p>Ask participants to introduce themselves, provide a brief statement about themselves and their goals for involvement in the class.</p> <p>[If new member joining, group members are encouraged to convey the Key Learning Points previously covered]</p> <p>Review Group Ground Rules.</p> <p>Review and discuss: <u>CBT for IPV Session Topics</u> <u>Taking Steps to Make Change SMART Goals</u></p> <p><u>HW</u>: Make a list of small personal goals in your own voice using <u>SMART Goals</u> handout.</p> <p><u>New Member HW</u>:</p> <p>Establish personal goals Create a personal FIT Circle Current members describe/teach: Coping skill(s) Triangles Functional analysis of behavior</p>

Session 2: Orientation to Treatment Principles

Session Format	Facilitator/Key Learning Points	Group Activities/Homework
<p><u>Session agenda</u></p> <p>Brief mindfulness exercise</p> <p>Check-in for IPV related events since last session [brief, only IPV linked events]</p> <p>Recap previous session</p> <p><u>HW:</u> compliance?</p> <p>Session topic</p> <p>Summary & feedback</p> <p>Assign <u>HW:</u></p>	<p>Treatment approaches tested and found to achieve the goals of the treatment better than an alternative (e.g., reduces recidivism, improves functioning, lowers depression, etc.).</p> <p>Gold standard is studies where people are randomly assigned (flip of a coin) to two different groups that get different treatment approaches. It is then possible to learn whether it is the program being tested that accounts for any differences.</p> <p>Hard to do gold standard treatment studies for criminal behavior for many reasons. Legal system; many other considerations besides just whether a treatment program is effective. There are laws, community safety considerations, victim preferences, accountability, etc.</p> <p>Few studies of gold standard treatment with those under court jurisdiction. Fewer studies of sub- populations of offenders (IPV, sex offenders).</p> <p>There is good evidence that programs based on Cognitive Behavioral Theory (CBT) have the best results. This program is based on CBT.</p> <p><u>Therapeutic relationship</u></p> <p>Research shows therapy is most effective when there is a trusting, collaborative relationship between therapists and clients; when therapists meet their clients where they are to start; and therapists are perceived to genuinely care about client success.</p> <p>When treatment is coerced it can be harder to have a therapeutic relationship.</p>	<p>Facilitator elicits recap from group members.</p> <p><u>HW?</u> What did you learn?</p> <p>Personal Goal progress. Elicit examples of progress.</p> <p>Facilitator guides discussion about treatment effectiveness and research. Special attention to the coerced nature and whether possible to have therapeutic relationship. What would make a therapeutic alliance possible within a coerced/non-voluntary treatment program? Elicit beliefs/expectations about whether treatment can help.</p> <p>Participants review <u>CBT Cheat Sheet</u></p> <p><u>Recap:</u> Empirically validated, CBT, therapeutic relationship.</p> <p><u>HW:</u> What would help you to get the most of this treatment? Use <u>Is Treatment Working</u> handout</p>

Session 3: Orientation to the Principles of Offender Treatment

Session Format	Facilitator/Key Learning Points	Group Activities/Homework
<p><u>Session agenda</u></p> <p>Brief mindfulness exercise</p> <p>Check-in for IPV related events since last session [brief, only IPV linked events]</p> <p>Recap previous session</p> <p><u>HW:</u> compliance?</p> <p>Session topic</p> <p>Summary & feedback</p> <p>Assign <u>HW:</u></p>	<p>Treatment for individuals who have done criminal, aggressive, violent behavior differs in some ways from voluntary treatments. Few people who have engaged in criminal behavior or IPV attend voluntarily.</p> <p><u>Risk principle:</u> Research has shown that many IPV participants will re-offend; some participants are at higher risk to reoffend. One part of your IPV assessment is a risk assessment. The risk assessment results give a sense of how likely it is that the behavior will be repeated.</p> <p><u>Static risk factors:</u> Things associated with risk to re-offend that cannot change, like age, sex, number of prior convictions, or number of victims.</p> <p><u>Dynamic risk factors:</u> Things associated with risk to re-offend that can be changed, like personality traits, lifestyle habits, and relationships with other people.</p> <p><u>Need principle:</u> Dynamic risk factors associated with increased risk to re-offend can be changed. These factors are targeted in treatment for IPV behavior. This is known as the “need” principle.</p> <p><u>Responsivity principle:</u> This principle refers to the idea that each participant has specific dynamic risk factors. Treatment plans should be tailored to the specific dynamic risk needs of the client. This is known as the “responsivity” principle.</p> <p>In offender treatment, taking responsibility for one’s own behavior is very important. Persistence of beliefs externalizing all responsibility (“if only she ..., then I ...”) is a dynamic risk factor because it is a belief that tends to support IPV. It can change.</p>	<p>Facilitator elicits recap from group members.</p> <p><u>HW?</u> What did you learn?</p> <p>Personal Goal progress? Elicit examples of progress.</p> <p>Facilitator covers Risk, Need, Responsivity principles.</p> <p>Facilitated group discussion:</p> <p>Shout out about what makes IPV different from general antisocial or aggressive behavior? Many IPV participants commit other crimes as well, true for the group? What do IPV participants have in common with other participants? What is different? How should that come into treatment? IPV participants have high rates of recidivism, why might that be? What could treatment do to lower the risk?</p> <p>Recap topic on risk, needs, responsivity.</p> <p><u>HW:</u></p> <p>Review their own Risk Assessment Report; summarize personal static and dynamic risk factors using the <u>Risk Assessment Worksheet</u>.</p>

Session 4: Defining IPV

Session Format	Facilitator/Key Learning Points	Group Activities/Homework
<p><u>Session agenda</u></p> <p>Brief mindfulness exercise</p> <p>Recap previous session</p> <p>Check-in for IPV related events since last session [brief, only IPV linked events]</p> <p><u>HW:</u> compliance?</p> <p>Session topic and activity</p> <p>Summary & feedback</p> <p>Assign <u>HW:</u></p>	<p>IPV includes legal infractions and crimes.</p> <p>IPV also includes other behaviors that are -- or are experienced by the Intimate Partner (IP) as -- coercive or threatening.</p> <p>Even if the perpetrating actor does not consider the behavior offending, it may be to the other person who is typically smaller/less strong.</p> <p>Many IPV situations involve arguments and conflicts that do not start out abusive but become abusive. When the situation becomes violent, the smaller/weaker person is more at risk to be afraid or be injured.</p> <p>Sometimes no specific words, gestures or behaviors are needed for the IP to experience fear or threat.</p> <p>During brainstorm for types of abuse (psychological abuse/coercive control; threatened/actual violence; sexual coercion), if not mentioned specifically prompt for other types of abuse as defined in the WAC (spiritual, cultural, economic, stalking, electronic/social media). Surface as broad an array as possible of ways that IPV can occur.</p>	<p>Facilitator elicits recap from group members.</p> <p><u>HW?</u> What did you learn?</p> <p>Personal Goal progress? Elicit examples of progress.</p> <p>Facilitator: On white board/flip board make three columns, one for each form of IPV. Group shout out/brainstorm:</p> <p>[Many labels are applied in IPV situations (e.g., battering, victim/perpetrator, coercive control, gaslighting, psychopathic, etc. Elicit terms from group members. Promote behaviorally specific definitions].</p> <p>Explore why/why not behaviors are a form of IPV. Encourage generation of as many specific behaviors as possible.</p> <p><u>3 categories of IPV</u></p> <ul style="list-style-type: none"> • Psychological abuse/coercive control • Threatened/actual violence • Sexual coercion <p><u>HW:</u></p> <p>Use <u>My IPV Behaviors</u> to create personal list of IPV behaviors engaged in. Honestly reflect if the list is accurate. Rate how much the victim would agree.</p>

Session 5: Orientation to Feelings and Basic Coping Skills

Session Format	Facilitator/Key Learning Points	Group Activities/Homework
<p><u>Session agenda</u></p> <p>Brief mindfulness exercise</p> <p>Check-in for IPV related events since last session [brief, only IPV linked events]</p> <p>Recap previous session</p> <p><u>HW:</u> compliance?</p> <p>Session topic</p> <p>Summary & feedback</p> <p>Assign <u>HW:</u></p>	<p>Feelings are normal. There are good reasons why humans have feelings. Even negative or difficult feelings. For example, fear puts bodies and minds on high alert to be prepared for danger.</p> <p>Sometimes feelings are negative, not matched to the situation and/or too strong. This can cause serious distress in the person and can lead to behaviors that are unhelpful or harmful to others.</p> <p>Example: feeling fear when there is no actual danger is very uncomfortable and can lead to un-needed fight or flight behaviors.</p> <p>Example: Being very angry based on a misunderstanding or misinterpretation can lead to aggression.</p> <p>Example: Shame and disgust are especially difficult emotions. Many who have done harm to others have shame. The feelings can be highly distressing because the past cannot be undone or changed. If unaddressed, shame can lead to a variety of self-defeating behaviors. Facing up and accepting are helpful strategies.</p> <p>Separate regions of the brain are devoted to the skills of noticing feelings, describing feelings, regulating emotions, and understanding the impact of feelings on others. In this program, you will learn to strengthen those areas of your brains.</p> <p>Learning to recognize and rate the intensity of feeling states, especially negative ones makes it possible to use skills to regulate them. Especially when the feelings do not fit the facts or are too strong.</p>	<p>Facilitator elicits recap from group members.</p> <p><u>HW?</u> What did you learn?</p> <p>Personal Goal progress? Elicit examples of progress.</p> <p>Group shout out for feelings that are negative and can lead to trouble (prompt for key feelings if not mentioned).</p> <p>Facilitator presents the idea of emotion intensity rating/thermometer.</p> <p>Use <u>Distress Thermometer</u></p> <p>Group shout out for coping skills already in use. For example, calming strategies and staying in the moment are proven to help. Generate a list.</p> <p>Model and practice a simple breathing exercise.</p> <p><u>Use Handouts:</u></p> <ul style="list-style-type: none"> • <u>Mini-mindfulness</u> • <u>Body Scan Mindfulness</u> • <u>Five Sense Work Sheet</u> • <u>Understanding Stress</u> • <u>Gottman 6 Steps</u> <p><u>HW:</u></p> <p>Identify a specific coping skill to use and practice it in an upsetting situation.</p>

Session 6: Dynamic Risk Factors

Session Format	Facilitator/Key Learning Points	Group Activities/Homework
<p><u>Session agenda</u></p> <p>Brief mindfulness exercise</p> <p>Check-in for IPV related events since last session [brief, only IPV linked events]</p> <p>Recap previous session</p> <p><u>HW:</u> compliance?</p> <p>Session topic</p> <p>Summary & feedback</p> <p>Assign <u>HW:</u></p>	<p><u>Dynamic risk factors</u></p> <p>Dynamic risk factors are things about a person’s personality, lifestyle, and relationships that are associated with risk to re-offend.</p> <p>Can include thoughts, feelings, or behaviors. All are amenable to change. For example, taking responsibility for one’s own actions is an important change in thoughts for many who have engaged in IPV.</p> <p>Some dynamic risk factors are considered “stable” dynamic risks - that means these factors existed for months or years before the IPV happened.</p> <p>Other dynamic risk factors are considered “acute” dynamic risks - that means these factors existed for weeks, days, hours, minutes, or even seconds before the offense happened.</p> <p>Dynamic risk factors are in the control of the participant. It can be hard to make the changes, but it is possible.</p>	<p>Facilitator elicits recap from group members.</p> <p><u>HW?</u> What did you learn?</p> <p>Personal Goal progress? Elicit examples of progress.</p> <p>Facilitator Post 2 Columns; group brainstorm and guided discussion:</p> <p>Stable Dynamic Risk Factors (If not mentioned-alcohol/drug dependence, not employed, emotion regulation difficulties, few/no prosocial friends, few/no prosocial activities, conflictual romantic partner)</p> <p>Acute Dynamic Risk Factors (If not mentioned –alcohol/drug intoxication, fight with boss, argument with romantic partner, intense negative emotional state)</p> <p>Recap: Dynamic risk factors, stable and acute.</p> <p><u>HW:</u></p> <p>Complete <u>My Acute and Stable Dynamic risk Factors</u></p>

Session 7: Personal FIT Circle

Session Format	Facilitator/Key Learning Points	Group Activities/Homework
<p><u>Session agenda</u></p> <p>Brief mindfulness exercise</p> <p>Check-in for IPV related events since last session. [brief, only IPV linked events]</p> <p>Recap previous session</p> <p><u>HW:</u> compliance?</p> <p>Session topic</p> <p>Summary & feedback</p> <p>Assign <u>HW:</u></p>	<p>FIT Circle is a visual graphic of the factors that influence acts of IPV.</p> <p>There are historical factors (Static risk factors - unchangeable) and dynamic factors (Stable and Acute - changeable).</p> <p>Each person has an individualized set of static and dynamic risk factors.</p> <p>Identifying the static risk factors helps with understanding how the past relates to the present.</p> <p>Identifying dynamic risk factors points to areas for learning and change.</p>	<p>Facilitator elicits recap from group members.</p> <p><u>HW?</u> What did you learn?</p> <p>Personal Goal progress? Elicit examples of progress.</p> <p>Each group member has at least 2 blank FIT Circle Forms. Each member fills in the circles one for static and one for dynamic.</p> <p>Use blank FIT Form to create personal <u>Historical/Static FIT Circle</u></p> <p>Use blank <u>FIT Circle</u> to create <u>Stable/dynamic FIT Circle</u></p> <p>Recap: FIT Circles as a way of understanding and identifying targets for change.</p> <p><u>HW:</u></p> <p>Reflect on FIT Circles and adjust/change. Identify the top personal dynamic risk factors to be targeted.</p>

Session 8: Cognitive Behavioral Therapy

Session Format	Facilitator/Key Learning Points	Group Activities/Homework
<p><u>Session agenda</u></p> <p>Brief mindfulness exercise</p> <p>Check-in for IPV related events since last session [brief, only IPV linked events]</p> <p>Recap previous session</p> <p><u>HW:</u> compliance?</p> <p>Session topic</p> <p>Summary & feedback</p> <p>Assign <u>HW:</u></p>	<p>CBT is a type of treatment. It helps people make positive changes in their lives by teaching new ways to think and behave.</p> <p>CBT is based on the idea that thoughts, feelings, and behaviors are inter-related with one another. Changing one can lead to change in the others.</p> <p><u>Thoughts count.</u></p> <p>Thoughts drive feelings although people often are not aware that there are thoughts behind feelings. Negative thoughts will lead to negative feelings which can lead to negative behaviors.</p> <p>CBT triangle is a way to see how a situation can lead to feelings and behaviors, and the thoughts behind them.</p> <p>Everyone has CBT triangles in their head. They are not unique to people with problems.</p> <p>Typically, a person notices the strong negative feelings but does not know that there is always a thought connected to them.</p> <p>Thoughts are under the control of the person. Negative thoughts can become habits; be automatic. They can get stuck. That creates a vicious cycle.</p> <p>Thoughts generally come from somewhere and may have some validity. But when they are untrue or unhelpful and are stuck they lead to negative mood states and unhelpful behaviors.</p>	<p>Facilitator elicits recap from group members.</p> <p><u>HW?</u> What did you learn?</p> <p>Personal Goal progress? Elicit examples of progress.</p> <p>Group shout out for thought and feeling connection for the following thoughts:</p> <p>I can't do anything right I am a loser This whole situation is unfair People are out to get me Something really bad is going to happen</p> <p>Watch in session https://www.youtube.com/watch?v=9c_Bv_FBE-c</p> <p>Model doing a CBT Triangle (triangle, specific situation, T-F-B). Pick a recent situation where angry or upset. Place it in the middle of the triangle. Identify the feelings and rate intensity, thoughts behind the feeling and the behaviors you did.</p> <p>Elicit alternative more helpful thoughts to see how when thoughts change, feelings and behaviors change. Pair up and each participant pick a situation from the previous week and do the CBT triangle.</p> <p>Group members create new and old triangle for recent upsetting event.</p> <p><u>HW:</u></p> <p>Do <u>CBT triangles</u> for two stressful situations in the past week with alternative more helpful thoughts identified.</p>

Session 9: CBT Behavior and Its Functions

Session Format	Facilitator/Key Learning Points	Group Activities/Homework
<p><u>Session agenda</u></p> <p>Recap previous session</p> <p>Check-in for IPV related events since last session [brief, only IPV linked events]</p> <p><u>HW:</u> compliance?</p> <p>Session topic</p> <p>Summary & feedback</p> <p>Assign <u>HW:</u></p>	<p><u>Behavior has a function.</u></p> <p>A very important principle in CBT is that all behavior happens for a reason. The reasons for behaviors often make sense. Gets us something wanted (attention, control, power, money) or gets us out of something unpleasant or negative (getting in trouble, having to do a difficult task, feeling bad).</p> <p>Common functions (or motivations) of IPV behavior:</p> <p><u>Getting something wanted</u> -- being powerful and in control, being right, compliance from another, making someone afraid or hurting their feelings.</p> <p>Another common example in IPV is using psychological/emotional abuse or physical violence to relieve frustration. The temporary relief can be intrinsically rewarding; it can be thought of as a form of “getting something wanted”.</p> <p><u>Getting out of something unwanted</u> -- activity don’t want to do, feeling rejected, taking responsibility for own actions, being down on self.</p> <p>Sometimes people get into habits of doing behaviors that cause problems for themselves or others even when the function or reason is understandable (e.g., getting own way).</p> <p>Sometimes even the function of the behavior is a problem. In IPV seeking to frighten, intimidate, humiliate are always harmful functions.</p> <p>Negative or harmful behaviors keep happening because they are being rewarded in some way. They are</p>	<p>Facilitator elicits recap from group members.</p> <p><u>HW?</u> What did you learn?</p> <p>Personal Goal progress? Elicit examples of progress.</p> <p>Guided discussion on function of behaviors.</p> <p>Why are you all here? [if not volunteered, elicit what getting or what getting out of]</p> <p>What would happen if didn’t come?</p> <p>Rewards v punishment (good boss/bad boss exercise).</p> <p>Model doing a Functional Analysis for a challenging IPV behavior (raising voice, ordering IP to do something, saying mean things). Have members pair off and do FBA for IPV behavior.</p> <p>Use <u>FBA worksheet</u></p> <p><u>HW:</u></p> <p>Do 2 FBAs for problem behaviors from the past week.</p>

	<p>“working” for the person even though they cause trouble for the person or others.</p> <p>People are more likely to do something if it is reinforced or rewarded. The principle of reinforcement is that if the behavior achieves the goal, it has been reinforced and is more likely to happen again. It is “working” for the person.</p> <p>A very common everyday example is a child throwing a tantrum to get something they want (dessert before dinner). If the parent gives in they have rewarded the temper tantrum as a way of getting dessert before dinner.</p> <p>A common IPV example is when raising a voice or acting in an intimidating way gets the partner to acquiesce. That behavior has been rewarded.</p> <p>Once the negative way of getting desired outcomes is reinforced it is more likely to happen in the future.</p> <p>An important part of the reinforcement principle is that rewards work better than punishment. It is more effective to reward a desired behavior than punish a negative behavior.</p> <p>Applied to therapy, this means that a person is more likely to change if they are rewarded for their “new” behavior than if they are punished for their “old” behavior.</p> <p>The reward has to be rewarding to the individual.</p> <p>Rewards can be tangible (getting a paycheck), social (getting acknowledged/praised), or intrinsic (knowing you did a good thing).</p>	
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Session 10: DBT

Session Format	Facilitator/Key Learning Points	Group Activities/Homework
<p><u>Session agenda</u></p> <p>Brief mindfulness exercise</p> <p>Check-in for IPV related events since last session [brief, only IPV linked events]</p> <p>Recap previous session</p> <p><u>HW:</u> compliance?</p> <p>Session topic</p> <p>Summary & feedback</p> <p>Assign <u>HW:</u></p>	<p>DBT stands for Dialectical Behavior Therapy. DBT is a type of CBT that is especially useful for helping people learn to handle intense negative emotions and problems making and keeping relationships.</p> <p>“Dialectical” refers to the idea that reality is made up of seemingly opposing forces or tensions. A dialectical perspective means that a person’s problems (or problem behavior) can be understood by considering the context in which the problem (or behavior) occurred.</p> <p>A tendency to view the world in extremes (black-or-white/all-or-nothing/right-wrong/good-bad) is associated with many psychological and behavioral problems.</p> <p>An important tension in psychotherapy is the tension between acceptance and change. A goal of therapy is to help clients learn skills for accepting and balancing multiple "competing" aspects of any situation. Sometimes it is more effective to accept a situation the way that it is, and other times it more effective to try to change the situation.</p> <p>Acceptance is never acceptable for violent or aggressive behavior. However, the fact that violent behavior is often rewarded and reinforced is something that has to be recognized in order to understand how those behaviors developed and are maintained. Acknowledging that violence is "rewarded", is not saying that violence is "good." It is possible to be critical of a behavior, while also acknowledging how/why it gets reinforced/maintained. That is an example of a dialectic.</p>	<p>Facilitator elicits recap from group members.</p> <p><u>HW?</u> What did you learn?</p> <p>Personal Goal progress? Elicit examples of progress.</p> <p>Guided discussion of examples of situations – general and IPV where acceptance or change are options (do not allow acceptance of continued violence).</p> <p>Use Handouts:</p> <p><u>What is DBT, Dialectical Thinking and Acting</u></p> <p><u>HW:</u></p> <p>Identify and describe from your own IPV experience a situation where the acceptance/change dialectic was present.</p>

	DBT was developed for clients who suffer from chronic problems regulating mood, controlling impulsive/harmful behavior, controlling their thoughts, and maintaining stable and satisfying relationships.	
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Session 11: ABC and Chain Analysis

Session Format	Facilitator/Key Learning Points	Group Activities/Homework
<p><u>Session agenda</u></p> <p>Brief mindfulness exercise</p> <p>Check-in for IPV related events since last session [brief, only IPV linked events]</p> <p>Recap previous session</p> <p><u>HW:</u> compliance?</p> <p>Session topic</p> <p>Summary & feedback</p> <p>Assign <u>HW:</u></p>	<p>ABC and Chain Analysis are derived from CBT and DBT. They are ways to understand behaviors and identify why the behavior persists and where it can be interrupted to prevent harmful outcomes.</p> <p>Antecedents-Behaviors-Consequences (ABC). ABC analysis illustrates what comes before and sets in motion a negative behavior and its consequence.</p> <p>Chain analysis is a way to understand at the micro level what led up to a situation and what could have been done differently. It comes from DBT.</p> <p>Components of a Chain Analysis</p> <ol style="list-style-type: none"> 1. Identify the problem Behavior 2. Identify the Trigger 3. Identify Vulnerability Factors 4. Identify the Chain of Events 5. Identify the Consequences of the Problem Behavior 6. Identify DBT Skills that could have been used during the Chain of Events 7. Identify Consequence of using DBT Skills 	<p>Facilitator elicits recap from group members.</p> <p><u>HW?</u> What did you learn?</p> <p>Personal Goal progress? Elicit examples of progress.</p> <p>Model completing an ABC sheet and a Chain Analysis. [Facilitators should have several examples to use if participants have difficulty coming up with them]</p> <p>Have participants pick a recent situation where they did a behavior that they know they should not have. Start with the ABC sheet and then go to the Chain Analysis Handout to identify the steps leading up and what could have been done different.</p> <p>Group members pair off and help the partner do an ABC or Chain Analysis.</p> <p>Use Handouts:</p> <ul style="list-style-type: none"> • <u>ABC sheets</u>, • <u>Chain Analysis</u> and <u>Behavior Chain Analysis</u> <p><u>HW:</u></p> <p><u>Chain Analysis</u> for 2 different situations where behavior was regretted or caused trouble.</p>

Session 12: DBT Skills for Difficult Emotions

Session Format	Facilitator/Key Learning Points	Group Activities/Homework
<p><u>Session agenda</u></p> <p>Brief mindfulness exercise</p> <p>Check-in for IPV related events since last session [brief, only IPV linked events]</p> <p>Recap previous session</p> <p><u>HW:</u> compliance?</p> <p>Session topic</p> <p>Summary & feedback</p> <p>Assign <u>HW:</u></p>	<p>Recap key points from Session 5 on feelings.</p> <p><u>Remind.</u> Emotions are normal and useful. When they “don’t fit the facts” and/or become too strong, they can lead to negative behaviors.</p> <p><u>Remind.</u> Learning to be aware of emotional states and rate the level of intensity is the first step to managing the emotions more effectively.</p> <p><u>Remind.</u> Helping with emotional states can involve changing the emotions (relaxation, brisk exercise) or tolerating difficult emotions (mindfulness, being in the moment, distraction).</p> <p>There are many skills for managing difficult emotions: Mindfulness (being in the present moment) Deep Breathing (calming the body) Distress Tolerance: <i>Radical Acceptance</i> (choose to accept without trying to change) <i>Distraction</i> (taking the mind off negative thoughts) <i>Self-Soothing</i> (focusing on the body senses- sight, sound, smell, touch, taste)</p> <p>The skills only work when they are used routinely and become habits. That is why they must be practiced over and over and in difficult situations.</p> <p>Selecting a skill that fits for the individual or has worked in the past may be most effective.</p>	<p>Facilitator elicits recap from group members.</p> <p><u>HW?</u> What did you learn?</p> <p>Personal Goal progress? Elicit examples of progress.</p> <p>Facilitator reviews the various skills and facilitates discussion among group members.</p> <p>Practice: Have participants work in small groups to work through a case example, not their own.</p> <p>Use Handouts:</p> <ul style="list-style-type: none"> • What Emotions Do for You • When Emotions Fit Facts • Five Senses Work Sheet • Deep-breathing worksheet • Mindfulness-meditation • DBT-distress-tolerance-skills • DBT-emotion-regulation-skills <p><u>HW:</u></p> <p>Pick one or 2 skills and practice with distressing experience.</p>

Session 13: Skills for Managing Anger

Session Format	Facilitator/Key Learning Points	Group Activities/Homework
<p><u>Session agenda</u></p> <p>Brief mindfulness exercise</p> <p>Check-in for IPV related events since last session [brief, only IPV linked events].</p> <p>Recap previous session</p> <p><u>HW:</u> compliance?</p> <p>Session topic</p> <p>Summary & feedback</p> <p>Assign <u>HW:</u></p>	<p>Anger is normal like other emotions. Anger in response to actual injustice or unfair treatment helps galvanize a person to set the wrong right.</p> <p>When anger does not fit the facts or is too strong, it can lead to threatening or violent behavior.</p> <p>When people are angry, their thoughts often involve perceiving the motivations of others as hostile or unfair.</p> <p>Anger can seem to have payoffs (getting one's way, controlling others, release of tension). Negative consequences far outweigh in terms of costs to others and the angry person.</p> <p>Anger is the most common emotional state in precipitating IPV. Learning to recognize and manage anger is key to reducing risk for IPV</p> <p>People who do not have skills for noticing and talking about their emotions, may understand/interpret other feelings as anger - even if it is not the primary emotion. They may actually be feeling afraid, jealous, anxious, threatened, frustrated, hurt, disappointed - but they experience all the emotional states as "anger."</p>	<p>Facilitator elicits recap from group members.</p> <p><u>HW?</u> What did you learn?</p> <p>Personal Goal progress? Elicit examples of progress.</p> <p>Facilitator illustrates an anger CBT triangle (e.g., road rage due to perceiving hostile intent in the other driver).</p> <p>Group exercise: Triangles for anger inducing situations.</p> <p>Thoughts (helpful alternatives) Feeling level (too intense) Behavior (alternative to verbal or physical aggression)</p> <p>Practice: Have participants work in small groups to work through an anger case example, not their own.</p> <p>Use Handouts:</p> <ul style="list-style-type: none"> • <u>Anger Management Skills</u> • <u>When-anger-is-a-problem</u> • <u>Triggers Emotional Distress</u> • <u>Coping-skills-anger</u> <p><u>HW:</u></p> <p>Use <u>ABC sheets</u> for anger situations that week.</p>

Session 14: Healthy Habits for Lowering Stress

Session Format	Facilitator/Key Learning Points	Group Activities/Homework
<p><u>Session agenda</u></p> <p>Brief mindfulness exercise</p> <p>Check-in for IPV related events since last session [brief, only IPV linked events]</p> <p>Recap previous session</p> <p><u>HW</u>: compliance?</p> <p>Session topic</p> <p>Summary & feedback</p> <p>Assign <u>HW</u>:</p>	<p>The mind and body are linked. Taking care of the body lowers stress; reduces negative, reactive emotions that can lead to problem behaviors (including IPV); promotes positive mood; and increases well-being.</p> <p><u>Sleep</u>. Sleep is essential to well-being. Sleep problems can increase susceptibility to emotional dysregulation, and therefore to angry, reactive behaviors. The key to sleeping well is called Sleep Hygiene.</p> <p><u>Exercise</u>. Exercise of any kind improves mood, stabilizes mood dysregulation and promotes body health. Walking is the easiest to do, but anything helps.</p> <p><u>Activation/Pleasurable activities</u>. When engaging in an activity that is pleasurable, mood goes up.</p> <p><u>Social support</u>. Having people that can be turned to and counted on lowers stress. It is key to insure that support persons are really capable of giving the needed support before relying on them for support.</p> <p><u>Addressing Common Psychiatric Disorders</u> (depression, substance use). It is important to know if one has one of these or other psychiatric disorders because there are effective treatments. Addressing the clinical disorder can lower risk for DV and improve overall functioning.</p> <p>There are self-help apps for screening and treatment.</p>	<p>Facilitator elicits recap from group members.</p> <p><u>HW</u>? What did you learn?</p> <p>Personal Goal progress? Elicit examples of progress</p> <p>Guided discussion of healthy habits including screening for mental health, reviewing <u>Sleep Hygiene</u> handout, generating of possible physical exercise, and brainstorming possible pleasurable activities. Encourage participants to pick a target and takes steps. Discussion specifically anticipates and trouble shoots difficulty implementing sleep, exercise or pleasurable activities.</p> <p>Use handouts:</p> <p><u>Sleep Hygiene Basic Guidelines</u> <u>Pleasurable Activities</u> <u>Social support</u></p> <p>Review handouts on depression and substance abuse. PHQ9, AUDIT, ASSIST. Self-help apps.</p> <p><u>HW</u>:</p> <p>Make a <u>Healthy Habits Plan</u>, May include sleep hygiene, exercise options, pleasurable activities. The plan identifies potential barriers with solutions. Then do each x 1-2</p> <p>Go on-line to complete screening:</p> <p>Mental Health America Screening Tools https://screening.mhanational.org/screening-tools</p>

		<p>Mental Health America Screening Tools https://screening.mhanational.org/screening-tools</p> <p>Mindwise Innovations https://www.helpyourselfhelpothers.org/</p>
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Session 15: Helpful Thinking

Session Format	Facilitator/Key Learning Points	Group Activities/Homework
<p><u>Session agenda</u></p> <p>Brief mindfulness exercise</p> <p>Check-in for IPV related events since last session, [brief, only IPV linked events]</p> <p>Recap previous session</p> <p><u>HW:</u> compliance?</p> <p>Session topic</p> <p>Summary & feedback</p> <p>Assign <u>HW:</u></p>	<p>Negative, untrue or unhelpful thoughts drive emotional states and behaviors (CBT triangle).</p> <p>There are common thinking traps that many people fall into as listed in the <u>Thinking Traps</u> handout.</p> <p>Distorted or unhelpful cognitions are common in individuals who engage in IPV or other antisocial and harmful behaviors.</p> <p>People sometimes use cognitive strategies or “defense mechanisms” to keep from being uncomfortable about things they have done. They may project blame on others, deny, dissociate, compartmentalize, displace, and rationalize.</p> <p>Unhelpful thoughts can become automatic and stuck. This means they are second nature. Individuals often do not realize that they are operating within a negative and unhelpful cognitive framework.</p> <p>To change unhelpful thoughts, it is necessary to identify them, generate more true or helpful thoughts and actively practice noticing the unhelpful thoughts and replacing them with the new more helpful thoughts.</p> <p>One way to counteract problematic thoughts and thinking errors is to try to argue against them using progressive logical questioning.</p>	<p>Facilitator elicits recap from group members.</p> <p><u>HW?</u> What did you learn?</p> <p>Personal Goal progress? Elicit examples of progress.</p> <p>Facilitate Group Discussion of common <u>Thinking Traps</u> using handout and eliciting examples of each.</p> <p>Brainstorm of unhelpful thoughts.</p> <p>General Unhelpful.</p> <p>If not mentioned prompt for: negative view of self, others are untrustworthy, world is dangerous, nothing can ever change.</p> <p>Guided group discussion opened by: “Many people have “defense mechanisms” that they use when trying to avoid being uncomfortable about having done something wrong or unacceptable. What are some ways you have tried to avoid feeling uncomfortable about what you have done? “</p> <p>Watch in session https://www.youtube.com/watch?v=VI3DgbZc7_o</p> <p>Use handouts:</p> <p><u>Thinking Traps</u> <u>Challenging-negative-thoughts</u> <u>Countering-negative-thoughts-thought-log</u> <u>Stuck Point Help Sheet</u> <u>Logical Questioning</u> <u>IPV specific unhelpful</u></p> <p>If not mentioned prompt for: Justifying, blaming IP, minimizing seriousness, blaming</p>

		<p>external forces, sense of entitlement, need to be right</p> <p>Model Logical questioning.</p> <p>Exercise in pairs to practice logical questioning.</p> <p><u>HW:</u></p> <p>Use <u>My IPV Beliefs and Attitudes</u> to create personal list of IPV supportive attitudes, beliefs and cognitions and rate how true/untrue they are. Logically argue for a different point of view.</p>
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Session 16: IPV Unhelpful and Helpful Thinking

Session Format	Facilitator/Key Learning Points	Group Activities/Homework
<p><u>Session agenda</u></p> <p>Recap previous session</p> <p>Check-in for IPV related events since last session [brief, only IPV linked events]</p> <p><u>HW:</u> compliance?</p> <p>Session topic</p> <p>Summary & feedback</p> <p>Assign <u>HW:</u></p>	<p>Review of key points about IPV supportive thoughts:</p> <ul style="list-style-type: none"> • Justify abusive and coercive behaviors • Blame the partner for starting or participating in the interactions that lead to IPV • Externalize the causes onto outside forces (the past, systems, others, etc.) • Minimize the harmfulness and impact on others • Consider self the victim who is treated unfairly <p>Identifying common IPV supportive thoughts is an opportunity to point out the dialectic. Two things can be true at the same time. For example, your partner may behave in a way that is unreasonable, irrational, or even threatening - AND - it is also true that the partner's behavior was NOT the "cause" or "reason" for your aggressive behavior.</p> <p>There are some cultural, religious or family beliefs or traditions that could be IPV supportive. For example, beliefs about strict gender roles, use of corporal punishment with children, not sharing family business with outsiders.</p> <p>Emphasize that individuals can exercise control over their own thoughts and actions regardless of what has gone before or how unfair a situation might seem.</p> <p>No matter what, an individual is responsible for their own behavior. The person can choose or choose not to engage in abusive behavior.</p>	<p>Facilitator elicits recap from group members.</p> <p><u>HW?</u> What did you learn?</p> <p>Personal Goal progress? Elicit examples of progress.</p> <p>Guided discussion of potential alternative and more helpful cognitions for typical IPV supportive cognitions. Especially those that embrace the dialectic (2 things true at same time).</p> <p>Brainstorm activity:</p> <p>Cultural, religious or family beliefs that could be IPV supportive. Generate positive alternatives. Better alternatives that are still culturally congruent?</p> <p>Participants review their <u>My IPV Beliefs and Attitudes</u> and discuss alternative more helpful thoughts.</p>

Session 17: IPV Impact on Victims

Session Format	Facilitator/Key Learning Points	Group Activities/Homework
<p><u>Session agenda</u></p> <p>Brief mindfulness exercise</p> <p>Check-in for IPV related events since last session. [brief, only IPV linked events]</p> <p>Recap previous session</p> <p><u>HW:</u> compliance?</p> <p>Session topic</p> <p>Summary & feedback</p> <p>Assign <u>HW:</u></p>	<p>IPV affects victims in many ways.</p> <p>During the IPV victims are typically scared. Fear during a violent episode may extend to situations where no violence or abuse is threatened or happens. Especially when there has been violence in the past.</p> <p>In some cases, the feelings and thoughts during the event can lead to posttraumatic stress disorder (PTSD). Perceived life threat is one of the strongest predictors for PTSD.</p> <p>PTSD is a psychiatric disorder based on the emotional memories for the IPV event.</p> <p>Other common effects are anxiety, depression, aggression, substance abuse, self-harm, suicidality, risky or self-defeating behaviors. Victims can develop unhelpful thoughts about themselves, others and the world.</p> <p>Exposure to DV is a risk factor for later problems. Increased risks for psychiatric and health problems. May affect many areas of life functioning including housing, work, parenting, family and social relationships, and legal, financial.</p>	<p>Facilitator elicits recap from group members.</p> <p><u>HW?</u> What did you learn?</p> <p>Personal Goal progress? Elicit examples of progress.</p> <p>Group shout for negative impacts on their IP.</p> <p>Website: https://www.thehotline.org/is-this-abuse/abuse-defined/</p> <p>Use handouts:</p> <p><u>Fact Sheet Impact DV</u> <u>DV Facts and Statistics</u></p> <p><u>HW:</u></p> <p>Write down all the specific impacts on your IP during the IPV and as a result of the IPV for the victim who witnessed, were present or know about it.</p>

Session 18: Victim Empathy

Session Format	Facilitator/Key Learning Points	Group Activities/Homework
<p><u>Session agenda</u></p> <p>Recap previous session</p> <p>Check-in for IPV related events since last session [brief, only IPV linked events]</p> <p><u>HW:</u> compliance?</p> <p>Session topic</p> <p>Summary & feedback</p> <p>Assign <u>HW:</u></p>	<p>Empathy = putting yourself in the other’s shoes in order to see the situation from their perspective.</p> <p>Seeing the situation from the other’s point of view does not require agreeing that the perspective is more accurate. But it does lower black/white thinking that one person is right, the other wrong.</p> <p>A very important example of different points of view is that female victims tend to be much more scared during an episode of IPV than the perpetrator. Fear is often the precipitant for calling the police.</p> <p>Size or strength differences can also apply in same sex relationships.</p> <p>Victims may engage in behaviors that are difficult to understand, but they have a function from their perspective. For example, if the victim perceives danger risk as high, the reaction will be fear based.</p> <p>Validate that IPV situations can be very confusing for both parties in the moment. Brains are in a heightened state of activation. It is harder to process verbal information, when the focus is on (non-verbal) evidence of threat in the environment.</p> <p>Understanding the function or purpose driving the victim’s behavior makes the behavior more understandable.</p>	<p>Facilitator elicits recap from group members.</p> <p><u>HW?</u> What did you learn?</p> <p>Personal Goal progress? Elicit examples of progress.</p> <p>Guided discussion:</p> <p>Participants describe personal situations where they were abused or victimized (especially in childhood) and describe the impact from the victim perspective. Then describe what the participant might have said to themselves.</p> <p>Role Play in pairs. Select a situation that lead to IPV and do a triangle for your and for the victim. Do an FBA for the purpose served of your own and the victim’s behavior.</p> <p><u>HW:</u></p> <p>Practice demonstrating empathy/engaging by specific acts of kindness at least three times during the week. Report back on the following:</p> <p>What was the situation? What did you do How did that make you feel? The other person?</p>

Session 19: Clarification Letter- Victim and Children

Session Format	Facilitator/Key Learning Points	Group Activities/Homework
<p><u>Session agenda</u></p> <p>Brief mindfulness exercise</p> <p>Check-in for IPV related events since last session [brief, only IPV linked events]</p> <p>Recap previous session</p> <p><u>HW:</u> compliance?</p> <p>Session topic</p> <p>Summary & feedback</p> <p>Assign <u>HW:</u></p>	<p>Restorative Justice is a way of thinking about and responding to crime and violence. Making amends to those harmed by IPV is one of the core principles restorative justices.</p> <p>It is not always possible to make amends in person for a variety of reasons. Not all victims are interested in participating in the process. There may be legal barriers.</p> <p>It is always possible to act in ways that do not further the harm caused by IPV. For example, paying child support, respecting boundaries.</p> <p>A Clarification Letter is a formal way of making amends to the victim, any involved children and others.</p> <p>Clarification letters should not be sent.</p> <p>Clarification letters include:</p> <ul style="list-style-type: none"> • Takes full responsibility for the IPV • Acknowledges harm • Commits to change 	<p>Facilitator elicits recap from group members.</p> <p><u>HW?</u> What did you learn?</p> <p>Personal Goal progress. Elicit examples of progress.</p> <p>Use Guided discussion of <u>Do's and Don'ts for a Clarification letter.</u></p> <p><u>HW:</u></p> <p>Make Draft of Clarification Letter.</p>

Session 20: Healthy Relationships-General

Session Format	Facilitator/Key Learning Points	Group Activities/Homework
<p><u>Session agenda</u></p> <p>Brief mindfulness exercise</p> <p>Check-in for IPV related events since last session [brief, only IPV linked events]</p> <p>Recap previous session</p> <p><u>HW:</u> compliance?</p> <p>Session topic</p> <p>Summary & feedback</p> <p>Assign <u>HW:</u></p>	<p>Healthy interpersonal relationships have certain general qualities.</p> <p>Respect, mutuality, genuine interest in the other person are core characteristics.</p> <p>Different types of relationships will have different levels of closeness, intimacy, boundaries.</p> <p>Keeping relationships going requires effort on both sides. Sometimes the relationship is not in balance. One person may want more and another less. That is normal.</p> <p>Negotiating the right balance takes communication.</p>	<p>Facilitator elicits recap from group members.</p> <p><u>HW?</u> What did you learn?</p> <p>Personal Goal progress. Elicit examples of progress.</p> <p>Guided discussion on the qualities and characteristics of healthy relationships. Describe for different types of relationships: family, friends, work.</p> <p>Use/review handouts:</p> <p>Resources available @ Therapist Aid LLC https://www.therapistaid.com/</p> <ul style="list-style-type: none"> • My-strengths-and-qualities • Strengths-explorations • Positive-experiences • Social-support • Self-care-assessment • Relationship-conflict-resolution • Relationship-growth-activity <p><u>HW:</u></p> <p>Write a few paragraphs about your previous romantic relationships and describe those you believe were healthy and why, and those you believe were unhealthy and why. Identify any patterns you notice for the healthy and unhealthy.</p>

Session 21: Healthy Romantic Relationship Skills

Session Format	Facilitator/Key Learning Points	Group Activities/Homework
<p><u>Session agenda</u></p> <p>Brief mindfulness exercise</p> <p>Check-in for IPV related events since last session [brief, only IPV linked events]</p> <p>Recap previous session</p> <p><u>HW:</u> compliance?</p> <p>Session topic</p> <p>Summary & feedback</p> <p>Assign <u>HW:</u></p>	<p>Healthy romantic relationships have certain characteristics. These characteristics are linked to happiness, well-being and relationships that last.</p> <p>Violence is not part of healthy relationships. It is incompatible with healthy relationships.</p> <p>Characteristics of successful relationships (beside not being violent/abusive):</p> <ol style="list-style-type: none"> 1. Show interest 2. Having a bad day is not an excuse to disengage 3. Fight kindly 4. Trust your IP's intentions 5. Share joy genuinely <p>Gottman's Tips and the Four Horsemen are an example of the negative characteristics and their positive opposite.</p> <p>Research has shown that the negative romantic relationship characteristics are connected to increased risk of high conflict and IPV.</p>	<p>Facilitator elicits recap from group members.</p> <p><u>HW?</u> What did you learn?</p> <p>Personal Goal progress. Elicit examples of progress.</p> <p>Guided group activity and discussion.</p> <p>Participants complete the Gottman survey. Discuss learning.</p> <p>Use handouts:</p> <ul style="list-style-type: none"> • Gottman Relationship Check In • Gottman Relationship Tips • Gottman Four Horsemen • Fair-fighting-rules • Relation-growth-activity <p>Gottman Love Quizzes https://www.gottman.com/blog/category/column/relationship-quizzes/</p> <p>Identify any relationships that had the characteristics of healthy relationship and describe what made those relationships work.</p> <p><u>HW:</u></p> <p>Take the Love Quizzes.</p>

Session 22: Healthy Sexual Relationships

Session Format	Facilitator/Key Learning Points	Group Activities/Homework
<p><u>Session agenda</u></p> <p>Recap previous session</p> <p>Check-in for IPV related events since last session [brief, only IPV linked events]</p> <p><u>HW:</u> compliance?</p> <p>Session topic</p> <p>Summary & feedback</p> <p>Assign <u>HW:</u></p>	<p>Consent is the key element of a healthy sexual relationship.</p> <p>Consent cannot be assumed. It must be specifically checked out and confirmed with the partner.</p> <p>If a person is unable to consent, sex with that person is rape (afraid, coerced, asleep, very intoxicated or under the influence of drugs, passed out, etc.).</p> <p>Pressuring or wearing someone down to get them to go along with sex is an unhealthy sexual habit. Sexual encounters should be mutually desired in that moment.</p> <p>Sexual relationships are enhanced when the partners know what each other finds pleasurable and rewarding and make that the foundation of the sexual relationship.</p> <p>Talking about sex before having sex is the best way to insure that there is consent and to avoid any misunderstandings, and to know what the person will find pleasurable.</p>	<p>Facilitator elicits recap from group members.</p> <p><u>HW?</u> What did you learn?</p> <p>Personal Goal progress. Elicit examples of progress.</p> <p>Watch the Consent is Like a Cup of Tea video and discuss.</p> <p>https://www.youtube.com/watch?v=oQbei5JGiT8</p> <p>List the unhelpful thoughts about having sex that are illustrated in the video.</p> <p><u>HW:</u></p> <p>Write down the thoughts you have had about sex and sexual relationships that may contribute to non-consensual sex or to sexual problems in relationships.</p>

Session 23: DV, Children and Positive Parenting

Session Format	Facilitator/Key Learning Points	Group Activities/Homework
<p><u>Session agenda</u></p> <p>Recap previous session</p> <p>Check-in for IPV related events since last session [brief, only IPV linked events]</p> <p><u>HW</u>: compliance?</p> <p>Session topic</p> <p>Summary & feedback</p> <p>Assign <u>HW</u>:</p>	<p>Witnessing or hearing IPV is harmful for children.</p> <p>There are immediate/acute effects when the IPV is happening or the child is living in the unsafe environment. This is true even when the violence is not happening in the moment or is intermittent.</p> <p>Fear that violence may happen causes distress and interferes with normal development.</p> <p>There can be longer term and enduring effects even after the violence is no longer happening or the child no longer lives with the violent person.</p> <p>Children learn from witnessing or living with violence. They learn that violence is acceptable or works.</p> <p>Protective Factors:</p> <ul style="list-style-type: none"> • Stop the violence • Make sure the child gets help for IPV impact • Use positive parenting skills • Do not use corporal punishment or coercive (threatening) parenting. • Build up warmth and closeness <p>Positive parenting components:</p> <ul style="list-style-type: none"> • Spend unstructured time • Notice positive behaviors • Set reasonable expectations, follow through • Manage misbehavior with contracts that spell out rewards for compliance <p>Children can recover and live good lives if the violence stops, they know it is not their fault, they get help for any specific</p>	<p>Facilitator elicits recap from group members.</p> <p><u>HW</u>? What did you learn?</p> <p>Personal Goal progress. Elicit examples of progress.</p> <p>Group brainstorm shout out for impacts of witnessing IPV or living in home with IPV:</p> <p>Review DV Children NCTSN handout</p> <p>https://www.nctsn.org/what-is-child-trauma/trauma-types/intimate-partner-violence/effects</p> <p>Discuss about steps that those who are parents can take to build up protective factors. Discuss positive parenting approaches.</p> <p>CDC Essentials for Childhood</p> <p>https://www.cdc.gov/violenceprevention/pdf/essentials-for-childhood-framework508.pdf</p> <p>Review handouts:</p> <ul style="list-style-type: none"> • <u>Guidelines for Effective Discipline</u> • <u>Praise and Recognition</u> • <u>Giving Effective Instructions</u> • <u>Types of Rewards</u> • <u>Types of Discipline</u> • <u>Removing Privileges</u> <p><u>HW</u>:</p> <p>Write down all the ways any children were impacted by the IPV both in the moment and after.</p>

	emotional and behavioral problems, they receive positive parenting, they have prosocial friends, and they participate in normal development activism.	Go to CDC website. Review Protective Factors and Positive Parenting
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Session 24: Assertive and Communication Skills

Session Format	Facilitator/Key Learning Points	Group Activities/Homework
<p><u>Session agenda</u></p> <p>Recap previous session</p> <p>Check-in for IPV related events since last session [brief, only IPV linked events]</p> <p><u>HW:</u> compliance?</p> <p>Session topic</p> <p>Summary & feedback</p> <p>Assign <u>HW:</u></p>	<p>Communication problems and misunderstandings are often present in IPV situations.</p> <p>Learning to use effective communication skills that include being assertive, will lower risk for high conflict situations that lead to violence, increase comfort in social situations and make it easier to have positive interpersonal and social interactions.</p> <p>Key points in being assertive:</p> <ul style="list-style-type: none"> • Respectfully ask for what you want/need; don't assume others know what you want • Communicate honestly, clearly and respectfully. Message is clear and easy to understand • Understand that asking for what you want does not entitle you to get what you want • Be responsible for your own actions. • Be non-judgmental and non-threatening <p>Key points to aggressive behavior:</p> <ul style="list-style-type: none"> • Must have last word • Talking over others • Blaming • Talking down to others • Use of threatening or intimidating body language <p>Key points to passive behavior:</p> <ul style="list-style-type: none"> • Silent • Lack of eye contact • Sulking • Submissive • Fearful • Appeasing 	<p>Facilitator elicits recap from group members.</p> <p><u>HW?</u> What did you learn?</p> <p>Personal Goal progress? Elicit examples of progress.</p> <p>Guided discussion:</p> <p>Group discussion on behaviors for assertive, aggressive or passive communication.</p> <p>Use handouts:</p> <ul style="list-style-type: none"> • <u>I-Statement</u> • <u>Passive-aggressive-and-assertive-communication</u> • <u>Reflection-communication</u> • <u>Assertive-communication</u> • <u>How to Communicate</u> • <u>DBT Interpersonal Effectiveness Skills</u> <p>Use the Effective Communication Skills Communication Patterns Work Sheet to ask participants to identify which of the effective communication skills they have used and have the group generate additional behaviors that could be added under each skill category.</p> <p><u>HW:</u></p> <p>Pick a strategy and practice it. Evaluate how well it worked.</p>

	<p>Key points to Healthy Communication:</p> <ul style="list-style-type: none">• How you say something• Why you say something• When you say it• What you don't say <p>Your use of body language – facial expressions, gestures, posture.</p>	
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Session 25: Practicing Assertive and Communication Skills

Session Format	Facilitator/Key Learning Points	Group Activities/Homework
<p><u>Session agenda</u></p> <p>Brief mindfulness exercise</p> <p>Check-in for IPV related events since last session</p> <p>Recap previous session</p> <p><u>HW:</u> compliance?</p> <p>Session topic</p> <p>Summary & feedback</p> <p>Assign <u>HW:</u></p>	<p>Communication problems and misunderstandings are often present in IPV situations.</p> <p>Learning to use effective communication skills that include being assertive, will increase comfort in social situations and make it easier to have positive interpersonal and social interactions.</p> <p>Using skills in real life situations can be challenging. Especially when the skills are not the usual way of communicating.</p> <p>Practice is the only way to have the skills become second nature.</p>	<p>Facilitator elicits recap from group members.</p> <p><u>HW?</u> What did you learn?</p> <p>Personal Goal progress. Elicit examples of progress.</p> <p>Group members will describe a skill they tried and rate how well it worked. Problem challenges will be discussed with problem solving suggestion and role playing by group member.</p> <p><u>HW:</u></p> <p>Practice assertive communication.</p>

Session 26: Problem Solving

Session Format	Facilitator/Key Learning Points	Group Activities/Homework
<p><u>Session agenda</u></p> <p>Brief mindfulness exercise</p> <p>Check-in for IPV related events since last session</p> <p>Recap previous session</p> <p><u>HW</u>: compliance?</p> <p>Session topic</p> <p>Summary & feedback</p> <p>Assign <u>HW</u>:</p>	<p>Problem Solving is an all-purpose skill. It is directly relevant in IPV as a skill to help identify positive alternatives for managing situations, emotions and behaviors that can escalate to IPV.</p> <p>It has specific steps:</p> <ol style="list-style-type: none"> 1. Define the problem 2. Brainstorm possible solutions (without discussion at this step) 3. Weigh pros/cons of possible solutions 4. Select and implement a solution as an experiment 5. Evaluate the outcome (did it work? If not, why not?) 6. If not go back to step 3 and choose a different solution to try <p>Many times the first solution does not work. This does not mean there is no solution. The goal is to find one and make a genuine effort to try it out. Reverting to “old” ineffective solutions reinforce unhelpful thinking (nothing works) and ineffective behavior (problems are not solved).</p> <p>Some problems are within the individual’s ability to change. Other problems may be the result of external forces beyond an individual’s control.</p> <p>Even problems “caused” by outside forces can be addressed by how the individual handles them.</p> <p>Acceptance strategies are useful for problems that cannot be changed. The goal is to cope effectively with the external problem when it cannot be solved. Using coping skills lowers distress (calming, distraction, etc.).</p>	<p>Facilitator elicits recap from group members.</p> <p><u>HW</u>? What did you learn?</p> <p>Personal Goal progress. Elicit examples of progress.</p> <p>Facilitator models for the group the steps for <u>Problem Solving</u>.</p> <p>Defining the problem (be specific).</p> <p>Brainstorm possible solutions (no commenting or evaluating; elicit all possible solutions).</p> <p>Review the list of possible solutions. Eliminate those that are not realistic. Weigh pros and cons of possible solutions.</p> <p>Choose a solution to try out.</p> <p>Plan for obstacles and strategies.</p> <p>Use Problem Solving Work Sheet.</p> <p><u>HW</u>:</p> <p>Use the Problem-Solving Work Sheet for an identified problem. Bring back completed work sheet.</p>

Session 27: Creating a Prosocial Support System

Session Format	Facilitator/Key Learning Points	Group Activities/Homework
<p><u>Session agenda</u></p> <p>Recap previous session</p> <p>Check-in for IPV related events since last session [brief, only IPV linked events]</p> <p><u>HW:</u> compliance?</p> <p>Session topic</p> <p>Summary & feedback</p> <p>Assign <u>HW:</u></p>	<p>A support system is a network of people who can give practical and/or emotional support.</p> <p>A prosocial support system is composed of people who want to help a person achieve goals, manage difficult situations and avoid risky situations and negative behaviors.</p> <p>Different people can give different kinds of support. When seeking support it is most successful when the other person is able and willing to give the practical or emotional support.</p> <p>Family, friends, co-workers, group members, team members can be sources of social support. Professionals or support groups are sometimes sources of support.</p> <p>Being a part of someone else’s support group is a good way to get support back.</p> <p>Avoiding individuals or groups where it is acceptable or common to engage in behaviors that are risky or illegal lowers risks to do those behaviors. Peer groups with people who engage in violent behavior, break laws, or abuse drugs make it much harder to stay away from those behaviors.</p> <p>Creating a support system or making friends takes an effort. But it is the only way to create support or have friends.</p> <p>People who have let you down in the past may not be the best choice for support.</p>	<p>Facilitator elicits recap from group members.</p> <p><u>HW?</u> What did you learn?</p> <p>Personal Goal progress? Elicit examples of progress.</p> <p>Guided discussion with participants about their support systems. Participants reflect on times where seeking social support was helpful and when it was not. Use <u>My Healthy Support System</u> handout.</p> <p>Model and practice social support seeking or a friend making activity.</p> <p><u>Use handouts:</u></p> <p>Small Talk and Building Relationships</p> <p><u>HW:</u></p> <p>Seek support on a small problem. Evaluate how well it worked.</p>

Session 28: Documenting Cognitive and Behavioral Changes

Session Format	Facilitator/Key Learning Points	Group Activities/Homework
<p><u>Session agenda</u></p> <p>Brief mindfulness exercise</p> <p>Check-in for IPV related events since last session</p> <p>Recap previous session</p> <p><u>HW:</u> compliance?</p> <p>Session topic</p> <p>Summary & feedback</p> <p>Assign <u>HW:</u></p>	<p>Successful completion of DV treatment in WA requires that participants document cognitive and behavioral changes.</p> <p>The goal of DV treatment is to no longer engage in IPV.</p> <p>The cognitive and behavioral changes are presumed to reduce the likelihood of future abusive or violent relationships.</p> <p>The treatment has taught the basic principles and skills:</p> <ul style="list-style-type: none"> • Changing violence/IPV supportive attitudes and beliefs • Learning skills to recognize and manage difficult emotions • Learning behaviors to meet needs in prosocial ways <p>Keeping the new thoughts, feelings management and effective behaviors going requires commitment and effort. It will mean lifelong learning.</p>	<p>Facilitator elicits recap from group members.</p> <p><u>HW?</u> What did you learn?</p> <p>Personal Goal progress. Elicit examples of progress.</p> <p>Participants work on a draft of their documentation of cognitive and behavioral changes.</p> <p>Use handout:</p> <p><u>DV Treatment Documentation of Cognitive and Behavioral Change</u></p> <p><u>HW:</u></p> <p>Review and revise <u>Documentation of Cognitive and Behavioral Changes.</u></p>

Session 29: Relapse Prevention

Session Format	Facilitator/Key Learning Points	Group Activities/Homework
<p><u>Session agenda</u></p> <p>Recap previous session</p> <p>Check-in for IPV related events since last session [brief, only IPV linked events]</p> <p><u>HW:</u> compliance?</p> <p>Session topic</p> <p>Summary & feedback</p> <p>Assign <u>HW:</u></p>	<p>Practicing Relapse Prevention is a lifelong process.</p> <p>Once the new ways of thinking are in place and the skills and behaviors are in regular use, the risks for relapse should be lowered.</p> <p>Situations and circumstances will always arise that can throw the person back into old patterns of thinking and behaving.</p> <p>It is important for individuals to identify the potential triggers and “red flags” or signals that will alert them to the need to stop and think and/or seek help.</p> <p>Triggers are situations that set in motion strong feelings (especially anger, resentment); thoughts justifying negative behaviors or blaming others; and the smaller aggressive/coercive behaviors (e.g., checking in too much on activities of IP, trouble handling not getting own way, raising a voice or arguing too long).</p> <p>Individuals should identify the personalized potential triggers that could lead to relapse.</p> <p>The RP plan incorporates the cognitive and behavioral changes the participant has made.</p> <p>The RP plan spells out the specific strategies that will be used. This includes steps that can be taken to keep a potential IPV situation from developing and steps to take in the moment. They can be linked to the person’s stable and dynamic risk factors.</p> <p>A relapse response plan is a necessary preparation if certain situations, feelings, thoughts or behaviors start up again.</p>	<p>Facilitator elicits recap from group members.</p> <p><u>HW?</u> What did you learn?</p> <p>Personal Goal progress. Elicit examples of progress.</p> <p>Guided discussion with brainstorming about potential triggers and the importance of having an intervention or skill that can be used.</p> <p>Participants review the kinds of thoughts, feelings or behaviors that will be “red flags”. They identify where/when they could intervene and how to use the skills they have learned. Use specific examples of skills that can be used. Link to dynamic risk factors.</p> <p><u>HW:</u></p> <p>Create a personalized <u>My Relapse Prevention Plan</u>.</p>

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