Solution-Focused Treatment of Domestic Violence Offenders

Accountability for Change

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Foreword

In numerous presentations, workshops, and supervision and consultation sessions I conduct every year, I meet many practitioners who are rightly curious and yet skeptical whenever I talk about the work of Lee, Sebold, and Uken. Many practitioners wonder how a person with a history of serious problems such as domestic violence could be treated with an intervention model that is often described as being minimal. They question how such huge problems can be treated in a nonconfrontational, nonblaming, and respectful approach as the solution-focused model. Do these offenders with personality disorders and lifelong flaws and habits of resorting to violence not need to be reeducated and made aware of what harm they are inflicting to their loved ones?

Holding someone accountable for solutions is a much more compelling way to conceptualize what we do with our clients. It also challenges the traditional view of the helping relationship not only because solution-focused therapy is an infinitely more respectful way to work with a client with very serious problems but also because it is liberating and optimistic to believe that clients are in control of their future, regardless of what kind of past they have had. By insisting that clients behave differently and holding them accountable for doing so, the authors demand that clients change, but these demands are spoken in gentle tones, as the reader will find described in this book. When they insist that a client comes up with a goal in order to stay in the group and fulfill requirements of the mandate, the client must change. Rather than micromanaging how and what to do to make this change, the therapists guide the journey of this change process, but not the destination.

I have had many conversations with John Sebold and Adriana Uken over the years, and it is awe-inspiring to listen to them describe their clients with such a sense of respect, admiration for their creativity, and tender feelings for their small successes. From the first phone contact to the termination, the authors describe, in detailed, step-by-step guidelines, ways to engage often angry clients—from first meeting to the last session of

completing the assignments. Their guidelines express their philosophy and belief about their clients and how they approach their work with them.

This ability to think "outside the box" generated their treatment model, which shows great promise for treating these serious problems from a nonpathology stance. I recommend this book as a pioneering work of a dedicated scholar and two innovative and creative practitioners.

Insoo Kim Berg
Milwaukee, Wisconsin
January 2002

Preface

We have previously used a psychoeducational and confrontational approach in our work with domestic violence offenders that attempted to hold participants responsible for their problems of violence. We, like many other therapists, deeply felt the frustration of not being able to facilitate positive changes in this group of participants, who are commonly labeled "involuntary," "defensive," "uncooperative," and "difficult." Inspired by the work of Insoo Kim Berg, Steve de Shazer, and their associates at the Brief Family Therapy Center in Milwaukee, we started to experiment with a treatment approach that holds people accountable for solutions rather than responsible for problems. We have been surprised by the many positive changes in our group participants.

This book is written for helping professionals working with domestic violence offenders, for psychologists, social workers, therapists, and graduate students who have an interest in solution-focused therapy or a strength perspective, as well as for professionals working with court-mandated participants. We provide a pragmatic, step-by-step guide from intake assessment to termination about how to capitalize on participants' strengths and goal accomplishment to assist their efforts to do something different and beneficial in their lives.

Chapter 1 discusses the current scene of treatment for domestic violence offenders and highlights the debate between "responsibility for problems" versus "accountability for solutions." We also describe the principles and assumptions of solution-focused group treatment with domestic violence offenders. Chapter 2 focuses on assessment of and initial contact with group participants. We discuss in detail a solution-focused perspective of assessment that is substantially different from traditional assessment of domestic violence offenders in that participants are viewed as assessors, and the emphasis of assessment is on strengths and exceptions as opposed to the history of the problems and the severity of violence. We explain the step-by-step process starting with the initial phone contact and showing how accountability for change is introduced in the assessment interview.

In chapter 3, we discuss eight group rules that are imperative in establishing helpful group norms that encourage beneficial behaviors and eliminate potentially unhelpful and distracting conversations and behaviors in participants. In addition, we discuss useful assignments and helpful ideas regarding working as a team.

Chapters 4, 5, and 6 are devoted to a detailed discussion of the different stages of the treatment process. We utilize goals to provide an immediate and relevant context for participants to discover strengths in themselves and viable solutions for their problems. Chapter 4 focuses on the process of goal setting. We discuss clinical challenges in assisting participants in developing useful goals and suggest techniques for helping participants when they struggle with setting goals. Chapter 5 moves beyond the goal-setting stage to describe the process of utilizing goals in the change process. When participants report positive changes as a result of their goal work, we discuss techniques that can amplify, reinforce, and expand those changes. We also provide detailed pragmatic suggestions to assist participants who report no change. Chapter 6 focuses on useful therapeutic techniques that help consolidate changes in the final sessions.

Our group treatment model is different from most traditional group models in that the group process is secondary to an individual's search for solutions, which is essentially an individual exercise. Nonetheless, the group process constitutes a major and positive force for change. In chapter 7, we discuss the ways we differentially utilize the group process in each stage of our work with domestic violence offenders.

In chapter 8, we share useful principles and therapeutic tools to engage participants in accomplishing positive changes in their lives. We discuss the art of not knowing, the importance of creating choice, the role of playfulness in change, and useful therapeutic dialogues and questions in the process. Chapter 9 is devoted to a discussion regarding common but challenging situations that we have encountered in providing group treatment for domestic violence offenders. Chapter 10 describes the outcome study of our program. We involved program participants and their spouses or partners in sharing with us changes in participants' relational behaviors and self-esteem, as well as their experiences and views of our treatment programs. We also used official arrest records to examine recidivism rates for participants. Chapter 11 offers some of our final thoughts about our program. We discuss potential modifications, useful application of this program to other participant populations, and the domestic violence system of care.

This book is an effort of collaboration, and the naming of authors is based on alphabetical order. It is also collaboration between professionals in the field and a researcher from the university. John Sebold and Adriana Uken, director and senior therapist, respectively, at Plumas County Mental Health Services, are the facilitators who developed and have run the solution-focused groups for domestic violence offenders since 1991. Mo

Yee Lee, an associate professor at Ohio State University, is a researcher and a solution-oriented therapist and is responsible for evaluating the treatment program.

Our thanks must go, first, to Insoo Kim Berg for starting us on the journey to write about what we do and for her persistent encouragement, chiding, and friendship. Also, we would not have been able to hold these groups without the support of the Plumas County District Attorney, James Reichle; the Plumas County Judges, Ira Kauffman and Garrett Olney; and the Chief Probation Officer, Tom Frady. They have allowed us to proceed with our groups in the face of opposition and the threat of outside influences who would have offered traditional treatment programs for domestic violence. Without their help and referrals of participants, our work would not have been possible. In addition, we are very grateful to the Plumas County Sheriff's Office, the District Attorney's office, the Victim Witness Program, and the Probation Department for providing yearly recidivism rates, even when the lists grew longer and longer. Our thanks also go to the Lois and Samuel Silberman Fund, the New York Community Trust, that partly supports our research through the Social Work Faculty Awards Program.

We deeply appreciate Insoo Kim Berg at the Brief Family Therapy Center, Tony Tripodi and Gilbert G. Greene at the Ohio State University, for reviewing our manuscript, Albert R. Roberts at Rutgers University for his insightful feedback and incessant encouragement, and to Marcia Keeman, whose New York newspaper editor perspective reminded us that writing is about the story and the reader. Finally, we are thankful to Oxford University Press, which helped us make this book a reality.

Adriana Uken is grateful for the support of her daughter, Lindsey Buis-Kelley, and her best friend, Daniel Blake English, for their continued encouragement and belief in this project.

John Sebold is appreciative of Karen Jaggard for her deep pool of steady, enduring, loving support and of Josh Jaggard Sebold for his insightful thoughts regarding writing and his Calvin and Hobbes perspective: "It's A wonderful life."

Mo Yee Lee is thankful for her mother, Sho Yean Chan, who has given her the greatest gift of life; Kwok Kwan Tam for sharing his passion; and her two children, Tze Hei and Hok Hei, for showing her how to laugh and be curious and playful.

We are thankful to find in each other friendship and are grateful that we can share, challenge, compliment, and look at the sky with wonder.

Finally, we are deeply indebted to the individuals who have participated in our domestic violence groups for the past 12 years, who have inspired and surprised us with their trust, willingness to work, and courage to change. They have renewed our faith in the meaning of our work, and given us hope in the power of change even with mandated clients. They have been our greatest teachers.

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Introduction
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In the world of music every note is selected with regard to many variables such as rhythm, tone, and volume, and each note must harmonize with the surrounding notes. In jazz the composers are often the players themselves, creating new musical ideas in response to each other. To accomplish this the musicians must have an extensive knowledge of notes and how they relate to each other. They must be able to closely listen to and accurately respond to the notes of the other musicians with whom they are playing. They must also be able to play with, suggest, and expand new themes and ideas that are consistent with the themes established by other players. Our work is much the same except we use words instead of notes. Each word has value, purpose, and a role in creating the meanings that surround it. Thinking of words in this manner is both fascinating and challenging. It suggests that people who use conversation to facilitate change should be as serious about words as musicians are about notes.

For many years we thought of ourselves as therapists doing therapy, treating clients, patients, victims, and offenders. We sometimes labeled the people that we worked with as "antisocial," "borderline," "depressive," "aggressive," or "schizophrenic," as if these names provided an accurate and comprehensive description of the individual. The words we used to describe ourselves and the people we worked with implied that we did something to others as a result of our expert knowledge about them, their problems, and their deficits. These words often proved to be grossly simplistic and inaccurate. Even more problematically, they seemed to limit how we thought of people, in general creating a narrow point of view that resulted in seeing people as less capable. Consequently, we expected less of them.

As we began to change our way of thinking and behaving, many labels simply seemed to have little relation to the reality we were experiencing in our work. In the process of change, the strengths of domestic violence offenders seemed much more relevant than their deficits. The potential for change seemed to have no limits. We no longer see ourselves as experts

who treat clients and patients who can be described by labels or defined by a category.

We have chosen to use words that create the fewest assumptions, particularly the fewest negative assumptions, about the people with whom we work. Throughout this book, we prefer the word "participants" to denote our group members because it accurately describes the role these persons are taking in relation to our work with them. They are participating with us to create new ideas, plans, and goals. We have chosen to refer to ourselves primarily as facilitators. We perceive our major tasks and functions in the group as facilitating useful goal development and accomplishment process in participants that contributes to positive changes in them.

This book presents a pragmatic, step-by-step, "how-to" description of what the facilitator can do in treatment to create positive changes in domestic violence offenders. It provides a guide from intake to termination, capitalizing on participants' strengths and goal accomplishment to encourage and assist their efforts to exclude violence from intimate relationships. Before we discuss the "nuts and bolts" of a solution-focused approach with domestic violence offenders, we would like to put our program in the broader context of treatment for domestic violence (see Appendix 1 for a detailed description of theories of domestic violence). In addition, we would like to share our assumptions and beliefs regarding the nature of change in human beings. We think this is important because solution-focused therapy is not just a set of therapeutic or interviewing techniques but also a way of thinking.

The following are excerpts of assignments written by several group participants. Toward the end of the program, we usually ask participants to write a page about what they have learned from the group. We learn a lot about our work with domestic violence offenders by listening to their voices.

Participant 1

"Why I think this program has some positive outcomes is because it is not demeaning you or shaming you. It makes you think about your life and where you want to be with yourself. What I got from the program is that everyone of us for one reason or another has something that we can change or improve in ourselves to become a better person. I feel better about myself, and my family has even noticed the difference in me. I have had more time to spend with my family on a happy note instead of a sour one. I really like going to the class not only to get away for my own time but to see all my fellow classmates and hear the good things they had to share. Sometimes, you run into an unfortunate situation. You pay the consequences and learn a lot. I knew that I am a good person, but with this

class, I now know that other people think that I am a good person too! Best of luck to my classmates and hope they stay on track as I know I will."

Participant 2

"When I first started this class I was very doubtful that it would do any good for me. Now that I have finished my class I have realized, in some unexplainable way, I'm a lot calmer. I don't blow up at the littlest thing. I'm able to think before I react to the conflict without thinking it through, which caused a lot of problems. Now I think first, then react to the situation, and usually work things out a lot easier.

I've always had a problem being able to talk to my dad about what was bothering me. Now I'm able to talk to him, tell him my feeling and thoughts. Since I can sit down and talk to him and my stepmom, we have been able to start to become a family that can sit down and discuss everything. It's made all of us including my wife, kids, and father a lot closer together."

Participant 3

"When I first started this 8-week domestic violence program, I thought the group would be centered around why we were sent to the class. To my surprise, the class had nothing to do with why we were here. What do goals have to do with domestic violence?

"I've learned in this class that once you have worked on personal goals, and have the discipline to keep trying to better yourself, things seem to fall into place much easier.

"I think I've learned to look ahead at everyday life—to plan my days and try to stick to a schedule. Using my time more wisely, instead of being so unstructured, has been more productive for me. Therefore I feel better about myself, which leads to me being a happier person.

"I truly believe that I would very rarely lose my temper as long as I feel good about myself.

"Everybody makes their own destiny. By staying positive and productive and by treating people the way I would like to be treated is helpful. Having a few simple goals has helped me to stay focused and more productive, which makes me happy for myself. This all leads to controlling my emotions and making me a more patient person. By learning to have more patience, it makes me a mellower person. I can deal with problems big or small a lot more rationally. Therefore, I haven't lost my temper, which means no violence.

"If I can stick to my goals and can continue to have a positive attitude about myself, I'm sure I will not have a problem with domestic violence again."

The "Conventional" Approaches of Treatment Programs

Diverse responses have been instigated by society in an attempt to end domestic violence in intimate relationships, a problem that has plagued our society and deeply hurt our families and children. The early efforts of the battered women's movement in the 1970s to protect the victims and their children have been expanded to include legal sanction of domestic violence, as well as provision of treatment for offenders (Roberts & Kurst-Swanger, 2002; Schechter, 1982). Treatment programs for domestic violence offenders began as voluntary men's responses to the battered women's movement in an attempt to confront men's violence against women as a result of patriarchal beliefs. The first batterer program, EMERGE, was established in 1977 at the request of women working in Boston area shelters (Schechter, 1982). Currently, these treatment programs are incorporated as an integral part of the coordinated system response to domestic violence in which the courts routinely send domestic violence offenders to receive group treatment while on probation as an alternative option of serving sentences. Despite the proliferation of treatment programs across the nation, these programs are by no means monolithic in their theoretical and practice orientations. Most treatment programs are influenced by three major perspectives: the feminist perspective, the individual perspective, and the family systems perspective.

The Feminist Perspective

The feminist perspective focuses on sociocultural factors and a gender analysis of power. It maintains that male dominance and misogyny as based on patriarchal beliefs and social structure constitute the root of violence against women. The goals of pro-feminist treatment programs are to raise offenders' consciousness about sex role conditioning and to resocialize men to work toward equality for women and to take responsibility for their own abusive behavior (Mederos, 1999; Pence & Paymar, 1993). In other words, the goal of treatment is not only cessation of violence but also reeducation of offenders.

The Individual Perspective

Treatment programs that operate from an individual perspective identify the root cause of violence as grounded in the individual pathology and history of the offenders. Proponents of this perspective usually take a mental health perspective in treatment; offenders have mental health, substance abuse, and/or personality issues that must be addressed in order to stop violent behavior (e.g., Adams, 1988; Dutton, 1995; Hastings & Hamberger, 1988; Holtzworth-Munroe & Stuart, 1994; Kantor & Straus, 1987). In addition, clinical assessment is important to identify offenders' deep-rooted or unconscious motives for aggression. The goals of treatment include

changing intrapsychic or behavioral patterns of offenders by identifying and resolving psychological trauma that leads to battering behavior, as well as teaching offenders effective ways to control and manage anger.

The Family Systems Perspective

The family systems approach views domestic violence from an interactional and relationship perspective. Violent behaviors are usually part of a pattern of escalating retributive strategies used by a couple to resolve differences (Lloyd, 1999; Margolin, 1979). The goal of treatment is to improve communication and conflict resolution skills between members of a couple so as to create healthy relationships. A family systems approach to treatment, however, receives tremendous criticism because it blatantly ignores or minimizes the gendered nature of violence and may put a victim in danger because of not addressing the power differential between the victim and the offender. While treating members of a couple together has rarely been used in programs for domestic violence offenders, many programs do focus on communication skills as part of the treatment curriculum. In addition, some proponents of a family systems approach to treatment have developed assessment frameworks and criteria for initiating couple work (e.g., Bograd & Mederos, 1999; Lipchik & Kubicki, 1996).

Currently, because of the predominance of individual and sociocultural factors in understanding the etiology of domestic violence, most treatment programs for domestic violence offenders are based on a cognitive-behavioral approach that mainly targets the individual factors (e.g., Rosenbaum & O'Leary, 1986; Saunders & Azar, 1989) and a feminist perspective that focuses on the sociocultural roots of domestic violence (e.g., Martin, 1976; Walker, 1984; Warrior, 1976; Pence & Paymar, 1993). Since the focus of understanding has been on individual and/or sociocultural pathologies, group approaches are also based on the assumption that domestic violence offenders have deficits in knowledge or skills that are necessary for avoiding battering (Geffner & Mantooth, 1999; Saunders & Azar, 1989). Building on such assumptions is a treatment orientation which holds that the behaviors of domestic violence offenders can and need to be changed through a reeducational process. Consequently, the core components of these treatment programs generally include direct education about violence, anger management, conflict containment, communication training, and stress management (Geffner & Mantooth, 1999; Russell, 1995) and raising awareness of patriarchal power and control (Pence & Paymar, 1993). The resulting psychoeducational programs usually focus on confronting participants so they will recognize and admit their violent behaviors, take full responsibility for their problems (Lindsey, McBride, & Platt, 1993; Pence & Paymar, 1993; Russell, 1995), learn new ways to manage their anger, and communicate effectively with their spouses (Geffner & Mantooth, 1999; Sonkin, 1995; Wexler, 1999).

The significant contributions of feminist-cognitive-behavioral group treatment approaches in the advancement of treatment for domestic violence offenders can never be overestimated. On the other hand, questions have been raised regarding the effectiveness of such programs from both a clinical and an outcome perspective. A major therapeutic hurdle when working with this population is the issue of motivation. Most domestic violence offenders are involuntary, court-mandated clients who are not self-motivated to receive treatment. Many practitioners who work with court-mandated domestic violence offenders are only too familiar with defensiveness, commonly manifested in constant evasiveness, silence, phony agreement, and vociferous counterarguments when participants are confronted with their problems of violence (Murphy & Baxter, 1997). Many participants stop attending the program altogether. According to a survey of program directors, nearly half of the treatment programs faced dropout rates of over 50% of the men accepted at intake (Gondolf, 1990). Cadsky, Hanson, Crawford, and Lalonde (1996) reported a 75% noncompletion rate of participants who were recommended for treatment at male batterer treatment programs in Canada.

In addition, some professionals have begun to raise doubts about how a focus on deficits, blame, and confrontation can be conducive to stopping violence or initiating positive changes in offenders (Edleson, 1996; Uken & Sebold, 1996). Because blaming is one of the main strategies used by offenders to intimidate victims and to justify their own abusive acts, using confrontation and assigning blame in treatment may re-create a similar and nonhelpful dynamic in abusive relationships. The effectiveness of a deficit perspective or a blaming stance in treatment is dubious if one looks at the characteristics of domestic violence offenders. The most consistent risk markers for violent males have been identified as having experienced and/or witnessed parental violence, frequent alcohol use, low assertiveness, and low self-esteem (Hotaling & Sugarman, 1986; Jenkins, 1990; Saunders, 1995). As a result, a high percentage of domestic violence offenders are likely to be insecure individuals at the margins of society who victimize others to boost their own low self-esteem. Studies on personality further indicate that many domestic violence offenders fit the profile of narcissistic or borderline personality disorder (Dutton, 1995; Hamberger & Hastings, 1990). It is well documented that persons who are narcissistic or borderline have a very fragile sense of self and do not, in general, respond well to confrontation and criticism (Kernis & Sun, 1994); such individuals may perceive and experience instruction and skill training as criticism and rejection. An important question to be raised is, "Will treatment approaches focusing on deficits, blame, and confrontation be helpful in changing the behaviors of offenders who have themselves witnessed and/or experienced violence and have a fragile sense of self?" (Lee, Greene, & Rheinscheld, 1999; Uken & Sebold, 1996).

Findings of empirical studies of the effectiveness of current treatment