The Efficacy of Treatment for Domestic Abuse

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Abstract

This integrative paper is an intern’s perspective on the efficacy of treatment for domestic abuse using only group therapy compared to using group therapy in addition to one-on-one therapy. The one-on-one therapy consisted of Adlerian techniques including Early Recollections, Purpose of Behavior, Mistaken Beliefs, Genogram and Family Constellation work, Encouragement, Life Style Assessment, the Life Tasks, Birth Order, and the “I am” .., “I should be”… questioning.

Group therapy was consistent for each person attending the domestic violence program. Similarly, each person engaging in one-on-one therapy sessions used the same Adlerian techniques. The approximate ratio of only group therapy participants versus one-on-one and group therapy was 10:3. The hypothesis of this paper is that the participants who incorporated Adlerian one-on-one therapy with the Domestic Abuse Group scored lower on the Post Domestic Violence Inventory by a greater percentage than participants who attended only Domestic Abuse Group therapy. The Domestic Abuse Inventory (DVI) measures truthfulness, alcohol, control, drugs, violence, and stress coping and is the basis for comparison. Scores ranging from low risk (0-39%) to problem area (70% or higher) are the means for the comparison. The higher the participants scored on the pre and post DVI, the more likely the participants would display problem behaviors or domestic violence in each area. When pre and post scores were compared at the conclusion of the program, scores showing the greatest movement were indicated by higher percentages. The movement may be an increase or decrease in risk as indicated in the tables.
Master’s Integrative Paper: The Efficacy of Treatment for Domestic Abuse

Section I - Introduction

The Masters student chose to complete an internship for both peer and therapy hours. The peer hours for the internship were completed at Lord of Life Church running Celebrate Recovery, a Christian twelve-step recovery program. After fulfilling the peer hour’s requirement, the intern fulfilled all remaining therapy hours at the Resource Center for Fathers and Families (RCFF) facilitating group therapy, individual therapy, and family therapy for male domestic abuse perpetrators. The group program was open-ended and ranged from six to sixteen participants at any given time.

This integrative paper will describe the treatment process used by the internship site including the program base, length, components, and exercises. This paper will also describe the Adlerian techniques used by the intern when working one-on-one with the participants. These Adlerian techniques were not used in the group setting. In addition to these two theoretical approaches, the intern will also describe the Christian bases of therapy used in the one-on-one sessions with participants. The base of therapy used by the intern was Christian thought first, Adlerian second, and finally person centered therapy. The intern also offers suggestions on how to improve the RCFF program.

Internship Length

This study was based on therapy hours at the Resource Center for Fathers and Families (RCFF) from October of 2005 to March of 2008. RCFF has three locations. This study was completed at the Blaine, MN site. The study was based on approximately 1550 hours of therapy. Time was divided between group work,
individual, couples, and family counseling. In the early months, the majority of hours logged were in group therapy. All hours logged in 2006 were split between group therapy and individual, couples, and family counseling. In 2007 and 2008, the hours logged were strictly individual, couples, and family counseling.

The following observations were based on the first 3 weeks of internship while the supervisor facilitated group allowing the intern an opportunity to learn the core components of the RCFF program while also grasping the dynamics of group therapy in this particular setting. John Austin, Director and Supervisor, acted as co-facilitator for an additional eight weeks. After three months, John allowed the intern to work as the sole facilitator. The remaining hours spent at the internship site, the intern acted as the lead and the supervisor assigned a new intern to observe the group and gain training. Thus, the next intern was prepared to assume the lead role upon completion of the first intern’s hours.

Internship Location

The main office for RCFF is located in Blaine, MN. There are satellite office sites in New Hope, Burnsville, Hopkins, Minneapolis, and Elbow Lake, MN. Each site has a unique diversity and atmosphere for the group, which reflects the geographic area, values, and mind-set. The intern participated in trainings offered and facilitated through the Minneapolis location but all therapy hours were completed in the Blaine location. The office was housed at the Anoka County Human Resources Building at 1201-89th Avenue NE, Suite 205, Blaine, MN 55434.
**Internship Supervision**

John Austin, LGSW, provided supervision from October 2005 to March 2008. It is noteworthy that Mr. Austin has worked in the field of domestic abuse and addiction for over 21 years. After completing school, he went through extended training at the Wilder Foundation facilitating domestic abuse groups for men, women, and children. He also facilitated theft groups. Mr. Austin studied Earnie Larson, John Bradshaw, and Albert Ellis. He often referenced this material in his group work. Mr. Austin helped start the first dual treatment program in the State of MN for chemical dependency and domestic abuse at the Forest Lake Center. He owned his own practice doing primarily group therapy. Mr. Austin provided individual therapy at the Walk-in Counseling Center in Minneapolis for approximately five years. He also completed a practicum at the Veteran’s Administration Post Traumatic Stress Disorder Clinic. Mr. Austin wrote much of the material that the Resource Center uses today.

Mr. Austin’s passion is working with men dealing with domestic abuse and shame issues. He trained in systemic work and learned about Adlerian psychology through the foundational materials and techniques shared over the last year and a half by the intern. He was very open to allowing the use of Adlerian techniques during group as deemed appropriate. He was supportive and encouraging in the intern’s suggestion that participants have an opportunity to participate in one-on-one, couples, or family therapy if any were interested. He was open to the intern’s idea of comparison of progress or change for participants using only group therapy versus participants who also participated in individual, couples, or family therapy.
**Internship Participants**

Participants in group therapy consisted of all male domestic abuse perpetrators. Of the participants, 97% were court-ordered to participate in an anger management program. The remaining 3% included self-referred participants seeking help for domestic abuse and anger issues. These participants were very motivated and desired changes hoping to avoid possible future charges for domestic abuse. In their perception, without learning new ways of behaving and thinking, they were vulnerable to charges for domestic violence.

The participants ranged in age from 19 to 63 years of age. Group members were predominantly white. Less than 1% of the participants in the Blaine location were other than Caucasian. Minneapolis and other urban locations supported a more diverse population including African American, Hispanic, Hmong, Latino, Native American, and Vietnamese. Caucasians are often in the minority in the urban groups.

At the Blaine site, the participants’ included married, divorced, separated, and men not in a relationship. Approximately 20% of the participants were divorced and 45% were separated from their significant other during the time spent in the RCFF program. The remaining 35% were in no relationship with a significant other. Any participants in a group via court order were not allowed to participate in couples counseling with their significant other. These participants had to meet probation/parole requirements before attending therapy with the victims; therefore, no couples/family therapy was conducted during the time of group with these participants. Once these participants completed group, 43% chose to engage in couples/family therapy.
Program Base

John Austin wrote the core components in this program, based in part upon materials distributed by the National Fathers Foundation. When writing the components, Mr. Austin’s aim was to incorporate work by Albert Ellis’s Rational Emotive Behavior Therapy as well as work from Earnie Larson and John Bradshaw in relation to the shame process and shame related issues. He also based components of the program on the Hazelden model, incorporating a holistic, and team approach. Team members always include the participant, the group facilitator, probation, parole, family court officers, guardian ad litem, and family members.

The program utilized an open-ended format allowing new members to join the group at any point. One reason for open enrollment is to allow experienced members an opportunity to pass on wisdom to newer members. The purpose of the program is to stop abusive behavior and retrain men to use the tools they need to manage anger. A secondary goal is to train the men to engage in the conflicts and challenges of daily life constructively, and non-violently.

The method is an interactive and educational program. The group used instruction, videos, role modeling, and coaching sessions to present the content of the curriculum. There was a strong emphasis on applying “new learning”, and making it practical in clients’ daily lives. Participants practiced new learning each month. In addition, homework assignments and anger logs were used to help the group facilitator measure the degree to which men are seriously working the program and managing their anger.
The program content included a definition of abuse, and the belief that abuse is a learned behavior often passed from one generation to the next. The cycle of abuse and anger were described and discussed. The cycle includes the build up, the point of no return, the explosion, and the calming stage. Each participant designed and wrote a detailed time-out and safety plan. Members had to present their most violent incident to the group. Members learned to identify cues building up to a violent incident and record those cues. A core requirement of the program was participation by each group member during every meeting. Each month members had to complete a progress report, which was sent to referring agencies. Other topics covered included loss and grief, drug and alcohol abuse, anger patterns, conflict resolution, de-escalating conflicts, identifying abusive behavior, family of origin issues, communication skills, hot buttons, problem solving, learning forgiveness, developing empathy, road rage, taking responsibility, and stress management.

Goals

This program has four main goals for each participant. The first goal is to increase the awareness of personal anger patterns for each member and to realize how anger affects their daily life and the life of those around each participant (Note: Appendix A & B, Anger, & Anger Exercise). The second goal is to increase personal responsibility of each member, i.e. members learned to own and manage anger in a constructive, non-violent manner. Each time a participant speaks, they must refrain from blaming or name-calling (Note: Appendix K & R, Goal Sheet & Swear Words). The third goal is for members to develop specific behavioral skills that allow them to engage constructively in the conflicts and challenges of their personal life (Note: Appendix C, M,
& P, Anger Exercise, How Do You Feel, & Philosophy of Abuse/Violence). The last goal is to learn to identify abusive behavior and learn new, healthier alternative, non-violent behaviors. In addition to the four main goals, there are eight additional components used to assist in achieving these goals. The remaining components are described in the following segment of this thesis.

**Cues and Clues**

An educational component of the RCFF program was teaching participants to recognize the process of anger and abusive behavior. To assist the participants in this process, each member was required to write a list of his emotional and physical cues and clues that preceded an angry outburst or explosive event. Through these exercises, each night of group, members gained more insight and begin to realize that resentment built up long before any violent event occurred. Often the resentment and anger built over many years. Cues over time may change. The closer a participant moves to the point of explosion the clearer the cues became. Cues included negative self-talk, swearing, sweating, clenching fists or jaw, heaving breathing, pacing, muscles tensing, shallow breathing, revengeful thoughts, hyper focusing on a person or event, inability to listen, ringing in the ears, or racing pulse (Note: Appendix F, Cues & Clues).

Participants must also include the trigger words or phrases that set them off. For example, “you are so dumb”“, lazy”, “I hate you”, “divorce”, “we need to talk”, or “we have a problem”. Each member is different and must list the words and phrases appropriate and unique to them. As members progressed in the program, they were encouraged to add to their list of cues continuously building their self-awareness.

According to John Gottman PhD, a world-renowned marriage therapist for his work on
relationships, determined when an individual becomes hyper aroused his heart rate increases to 100+ beats per minute filling the body system with adrenalin, which then triggers the “fight” and “flight” mode of thinking and acting. Such physiological arousal engages the sympathetic branch of the autonomic nervous system which severely impairs the reasoning and perceptive ability (Gottman, 1999, p. 74).

It is hoped that as time went on, participants recognized cues and clues on a smaller, less intense scale. If a participant is able to recognize cues and clues at an earlier stage, it is more likely he can and will change his thinking and behavior preventing an explosive episode. Participants also must list situations and/or times of the day, that trigger cues, e.g. such as the minute they walk in the door from work, just before climbing into bed, sitting down to pay bills, leaving to go to a particular location, or time to cook a meal. Cues may occur in specific rooms in a house, business, or friends home. Participants are encouraged to identify these times, then set healthy boundaries and rules specific to his need, and cue. The participants were also taught ways to communicate their needs and insights to partners, family members, or co-workers.

Safety Plan

In order to better prepare participants to act in healthy ways during an escalated event or crisis, they must design a plan to ensure their own and others safety. This plan called a safety plan describes specific cues to watch for, what to do when the cues are identified and when negative self-talk escalates. Participants were trained to decide what preventative behaviors were related to their cues, to taking a time out, going for a walk, stating the need to stop the discussion for a time, or boundary setting actions.
Participants must also identify at least three key family and friends they will call for support. The plan must include locations they can go to and stay if necessary. Participants were asked/encouraged not to drive during times of escalation; alternative ways of getting to the safe location must be written into the plan. Each participant named at least one location where they were able to stay for many days (Note: Appendix Q, Safety Plan).

In order to strengthen the support within the group, members were encouraged to draw from and offer support to one another. They were encouraged to exchange phone numbers with one another. For this reason, a section of the safety plan included other participant’s phone numbers and addresses. The participants built a rapport with other participants in order to have accountability partners along the path of change. The participants were also given crisis numbers for suicide lines, the men’s abuse line, and local crisis counseling centers (Note: Appendix A, B, E, and J, Anger, Anger & Self Talk, Cool Downs/Time Out, & Feelings Sheet).

*Family Tree*

Violence and abusive behaviors are learned. Therefore, discovering family patterns of learned behavior and family atmosphere was a crucial piece of education in this program. Each participant was required to complete a family genogram and present the findings in group. Forms were used to create the genogram including three generations of family members on both sides of the family (Appendix D, Basic Genogram Components). The participant presented the information while the group facilitator wrote the information on the board. The facilitator asked for specific attributes of each family member including descriptions of mental illness, stuffing of emotions,
violence, drug or alcohol use, temper, moodiness, distancing, pleasing, or aggression. Other attributes can be listed, this is not an exhaustive list (Note: Appendix J, Feelings Sheet).

The reason for doing an extensive genogram was to provide a snapshot of the family patterns and learned behaviors from the family of origin. The participants began to see which tools the family provided or did not provide while learning to cope with life and life’s issues while growing up. The family rules of engagement became evident. The method for conflict resolution, treatment of others, boundaries, and respect for self and others was also shown and discussed.

From an Adlerian view, the convictions and mistaken convictions about self, others, and the world were uncovered. Patterns were identified and movement on the useless or useful side of life was revealed.

Because many members in the group came from dysfunctional families, there was not a great deal of insight until the family genogram was drawn on the white board and attributes for each member were listed. When a participant chose to work one-on-one with an intern, the genogram was described in far greater detail identifying what the participant saw and wanted to change. Rules and convictions were then challenged encouraging participants to decide on core values and beliefs. Participants also identified the source of their beliefs. Once the source was identified, the intern challenged the participant to verify the source of that belief or change the source. This often meant giving permission for the participant to set their own rules in order to fit their belief internally. They learned to do a self-check to determine if what they were
thinking, feeling, and doing were all in alignment. In other words, the participants were learning to live authentically.

The group offered feedback after the presentation sharing any identified patterns, questions unanswered, or behaviors learned from one generation to the next. When a participant presented a less than thorough family tree, the group members “called out” the presenting participant. They probed, and sought additional input until more information was provided. The group members held one another accountable knowing each individual had to take a turn presenting information, and answer questions. The group members were also insightful about calling a bluff or challenging a presenter when the presenter was not sharing what appeared to be important information about the family unit.

From an Adlerian perspective, participants’ identified parenting styles from early childhood. This was where understanding took place concerning family atmosphere and emotional tone in the house. At a very young age, participants learned how to cope with family issues and learned both stated and unstated values. Realizing there were unstated rules likely caused confusion, doubt, fear, or anxiety. This disequilibrium forced participants to begin making life choices, which developed a sense of power and control within (Carlson & Maniacci, 2006, p.50).

Listing attributes describing family members, visually writing these attributes on the board, and seeing diagrams of families; insight is gained regarding family values, and problem solving. Because individuals are creative beings, unique perceptions are drawn from the events of childhood. From these perceptions, individuals form beliefs and convictions as well as mistaken beliefs or mistaken convictions. Accurate or
inaccurate, useful or useless, these beliefs and convictions became the rules by which one lives effectively or ineffectively.

Identifying these beliefs and convictions, and questioning the accuracy of them, is part of the process and purpose of a genogram. It becomes a particularly powerful tool in one-on-one therapy because challenging behaviors and beliefs learned in the family begin the process of taking responsibility for one's actions and intentionally deciding to continue such behaviors or change behaviors and strive in more positive, useful ways.

Most Violent Incident (MVI)

In helping participants take ownership for their violent behaviors and the effect of that behavior on others; they had to describe a detailed account of their most violent incident, generally the incident that forced them into an anger management program. The account had to include a full description of the situation, who was involved, who witnessed the event and the effects of the event. The presentation covered who, what, where, when, how, and “why” of the most violent incident or the incident that brought the participant to the anger management program (Note: appendix N, Most Violent Incident).

When participants presented their incident, they had to break the incident into stages. The buildup stage described physical cues, self-talk, feelings, and abusive behaviors (Note: Appendix L, House of Abuse). Next, the participant described the explosion; this stage included any abusive or violent behaviors, physical cues, self-talk, and feelings. It also described what the intent was of the abusive behavior. Finally, they described the calming stage; when it began, the physical cues, self-talk, actions,
and feelings. A cognitive recognition of changes from one stage to another was stressed so that participants learned to interrupt the cycle of abuse before the blow out stage (Note: appendix G, Cycle of Abuse). Participants also described how they minimized or denied their actions or who they blamed and why. It was crucial, at this time, that participants took full responsibility for all actions prior to the time of the event, building up to the event and since the event (Note: Appendix P, Philosophy of Abuse).

From an Adlerian perspective, participants learned to take responsibility for each action in life, which brought about specific and unique consequences. If consequences are undesirable, the participant has the power and responsibility to change actions to create a new picture and a new set of consequences. As an example, a participant may have learned that men should be strong and powerful, using violence if necessary to rule a household. The consequences of such living may include legal charges and time spent in jail. Since the participant is in charge of one's own actions, choosing to think in a new, healthier manner allows one to act in new ways and experience new consequences. These drives are what push individuals to live, or become their own inner global positioning instrument. If it needs to be tuned, the individual has the choice and responsibility to do so.

Next, participants told the group how the incident affected others emotionally, physically, financially, and spiritually. They provide details including affect on those directly involved; any witnesses, family members, employers, vendors, or the general public. They then described to the group any injury, emotional affects, trust levels, etc. to their partner. The responsibility and direct consequences of their actions was an integral part of this presentation. Participants described how they displayed abusive or
controlling behaviors towards this person in the past. They used examples from each room in the House of Abuse (Note: Appendix L, House of Abuse). They shared what happened to relationships with relatives, children, in-laws, parents, friends, and employers. Participants described any injuries, emotional, physical, and/or spiritual. They described how the relationships and levels of trust changed.

Adlerians use terms such as vertical striving versus horizontal striving. The belief or mistaken conviction that life is an unfair competition that must be “won” is common for participants. This mistaken conviction can include other thoughts and feelings such as “I am not in control”, “I am weak”, “I do not belong”, and “I hold no significance”. Each of these mistaken convictions becomes the drives or fictions that cause movement throughout life. Understanding the difference of life on a horizontal plane rather than a vertical plane allows for growth in areas of social interest, useful living, and striving for significance as long as it includes healthy ways of growing and meeting the tasks in life.

One of the anticipated outcomes of this exercise was to build compassion and empathy in the perpetrator. Naming specific injuries and acknowledging those injuries can be a very useful tool in the process. Most participants showed remorse and sorrow at this point in the exercise. Many participants broke down and had to stop until they gained composure. It was during this time that joining and realigning with community took place. Adler called this, “Gemeinschaftsgefühl” which means community feeling. It was important for each participant to realize and feel a part of the group or community and receive support and acceptance on every level especially in the midst of painful situations and times of vulnerability.
A worthwhile change to consider at this point in the program could be an Adlerian teaching session on social interest and private sense or logic versus common sense. Adler believed individuals were social beings striving for a sense of belonging. When early childhood, family, school, and community influences were positive, an individual moved into a position of contributing positively to the entire community. However, if the influences were negative, the individual may develop private logic and lack of social interest and strive for benefitting only oneself. Individuals begin developing perceptions of the world in which all others are potential threats or harmful to oneself. (Ansbacher & Ansbacher, 1956, p. 108).

During the presentation of the Most Violent Incident (MVI), revelation of private logic becomes clear. Individuals describe self-service and self-preservation rather than connectedness and a sense of security and belonging to community. The capacity for social interest is severely diminished and perceptions are skewed. There is a large gap between self and ideal self, creating a large arena for negative self-talk, behavior, and striving. The skewed or biased apperceptions motivate individuals to create a world that serves only self. Because of inward thoughts and feelings, there is no room for connecting socially or living on a horizontal plane. All movement is seen in an upward and competitive fashion or on the vertical plane.

Participants must identify alternative behaviors or actions that would have been better and why they would have been a better choice. They must also describe what would have been a likely outcome if those other options were utilized. These participants must share their safety plan and support resources that they now utilize. They must also list red flag behaviors. This includes such things as words, phrases,
times of day, or events. The last thing they must share with the group is how they feel today after reading the incident and hearing the damage caused by their violence.

In Adlerian terms, individuals are holistic. When the holism is broken down, individuals can become discouraged and life becomes a more useless style of living. Learning new behaviors, gaining new insight, and choosing new ways of living allow individuals to re-establish holism and live on the useful side of life.

Presentation of the MVI is one of the most shaming and emotional core components in the anger management program. The intern had a passion for working with this population especially in one-on-one counseling. During discussion of the MVI, the intern joined with the client on a number of levels. Topics of discussion included the tasks of life, goal directed behavior, challenging mistaken convictions, early recollections that formed minus feelings, and goal directed behavior.

Encouragement and complete acceptance were the two largest tools used by the intern in one-on-one therapy.Granting client’s permission to be vulnerable, to explore areas of “stuckness”, and to uncover defense mechanisms for safeguarding purposes allowed for holistic movement. The gateway to therapy always began with these newly discovered mistaken convictions and core drives in life (Reardon, 2008).

The intern incorporated Christian thought and belief into all one-on-one sessions. The participants knew this before beginning therapy. Each client displayed a desire, almost hunger for something that would allow the use of new ways of living, creating new rules, and understand creating harmony or holism when dealing with the tasks of life. The intern used the Bible and verses taken from the Bible as a foundation for establishing the therapeutic relationship. One tool expressed and discussed in every
The intern used Christ as a model, describing his love for believers as the ultimate example offering the same love and acceptance to the client. Doubt, challenge, and fear were some of the natural responses but eventually, acceptance of this gift turned into a safe place for growth and change.

**Cycle of Abuse**

Every participant was given a definition sheet describing abuse and abusive behaviors (Appendix G & L, Cycle of Abuse & House of Abuse). It is common for participants when reviewing the list of abusive behaviors, to attempt to justify the behaviors as non-abusive behaviors that everyone engages in daily. A large component in this program is education. A new way of thinking, acting, and seeing life from a healthy and respectful view are covered in some way each night of group.

When using the House of Abuse, the clients identified abusive behaviors in each room of the House of Abuse. They were also given an empty House of Abuse and had to fill each room with positive behaviors for each room. This exercise allowed the clients to learn the difference between healthy and unhealthy behaviors.

Adlerians would discuss the cycle in terms of mistaken convictions behind thoughts, feelings, and wants. Further, they would discuss how all beings are socially connected; therefore, healthy individuals strive to live on the useful side of life acting in accordance with common sense, achieving a sense of belonging and connectedness (Powers & Griffith, 1987, p.168)

Living on the horizontal plane equates to individuals acting in a manner that is best for the greater good. When individuals drive or move guided by mistaken
convictions, thoughts, feelings, and wants, they are isolated and act out in self-serving ways. These mistaken convictions lead to living life from a stance of “out of control”. Therefore, individuals struggle with a sense of disconnection and feeling a lack of significance in the world.

Often the participants were asked to check in at the beginning of group, giving a number on a scale of one to ten rating himself using the build up stage of the cycle of abuse. Zero would be no resentment or build up at this time. Eight or above is the point of no return; an explosion is inevitable. Adlerians see this elevated rating as out of control thinking and acting, resulting in a feeling of lack of significance or discouragement. Participants are educated on the cycle including resentments and the build up stage, the point of no return, the explosion, and the calming phase. Participants learn about the cycle from a physical, mental, and emotional view.

Using handouts and having participants engage in worksheets and exercises help define what the cycle of abuse is and what takes place during each stage (Note: Appendix A-C, E-G, J-N, and P-R because each contribute to this work). When men act out the stages or are able to watch others act out the stages, the cycle becomes clearer. Watching videos and completing worksheets about the cycle in each stage is also very useful for the men. Presenting material in a variety of ways is very necessary. Some participants are cognitive, others visual, and still others are behavioral. Offering materials in each format allows the greatest level of comprehension to the largest number of participants.
Duration of Program

The RCFF program is 25 weeks long. Participants were allowed to miss no more than four nights in the series of 25 weeks. Specific reasons such as; incarceration, work, illness, family emergency, conflict with other court ordered programs, or lack of transportation are considered valid excuses for missing group. Missing group for other reasons such as forgetting, did not feel like attending, or deciding to do something else are considered “no-show” nights. If a participant has more than four absences, he is required to go back to week one and start the program over from the beginning. At the end of 25 weeks, participants are often required to do additional time for aftercare. The aftercare weeks vary but on average include 8 additional sessions. Once participants have completed 25 weeks and any aftercare sessions successfully, they were awarded a certificate of completion. This is crucial for many participants since it is a condition of probation or parole (Note: Appendix O, Personal Progress Report).

If the facilitator believes a participant is not amiable to change, the participant was removed from group, often resulting in jail time. During the intern’s time at the Resource Center, two participants were sent back to jail due to inamiable attitudes. In addition, one participant was required to find a new program because he was not working this program. The participant had enough time per his court order to attend a different anger management program; therefore, he was able to avoid jail.

Assessment

Participants attending the program at RCFF are administered a Domestic Violence Inventory (DVI) before beginning the program and again after completing the program. Members were assessed weekly through tracking of core program
requirements and monthly progress reports. These progress reports were shared with probation, parole, counselors, family court, or any other identified agency. Members signed releases before any information was shared.

The Domestic Violence Inventory (Appendix I, DVI) test is designed for adult (male and female) domestic violence offender assessment, and is a state-of-the-art domestic violence perpetrator test. The DVI is a valid, reliable, and accurate test, which correlates at the .001 significance level with other tests. DVI scale reliability coefficient alphas are .85 and higher for all scales. The professionally accepted reliability coefficient standard is .80. DVI scale scores have impressively demonstrated accuracy and this test meets and exceeds professionally accepted criteria for test reliability, validity, and accuracy (http://www.online-testing.com/dvi.htm retrieved 9/17/07). This website provides additional information about the DVI including reliability and validity.

The DVI is used in courts, probation departments, community corrections, clinics, treatment programs, etc. The DVI has been standardized on over 75,000 domestic violence offenders. This test is appropriate for both misdemeanor and felony cases. The DVI evaluates violence (lethality) potential, assesses control issues, quantifies substance (alcohol and other drugs) abuse, and measures stress handling abilities.

One of the strengths for this instrument is that each scale is measured separately but also includes information about how it relates to other scales. A weakness is that the test is self reported. For detailed information about this assessment tool, see websites, http://www.domestic-violence-tests.com/index_DVI_TEST_PAGE.htm and http://www.riskandneeds.com/ to review the strengths and weaknesses of this inventory.
The DVI has 155 items, takes 30 minutes to complete, and has six measures (scales):

1. Truthfulness Scale
   
   This scale measures a response pattern identifying levels of defensiveness and guardedness. This scale will also identify whether or not this person is trying to portray self in any overly favorable light.

2. Alcohol Scale
   
   This scale will pick up indicators of abuse of wine, beer, or liquor. Alcohol use if indicated may be historical. This scale will consider public safety and the need to or not to restrict use.

3. Control Scale
   
   This scale identifies control problems or concerns within the field of domestic violence. The term “control” refers to a “self-control through control of others” continuum. Loss of self-control can be confusing and is often manifested in emotional, verbal, and physical abuse. In other words, loss of self-control can be intimidating, manipulative, and influential in controlling others. Loss of control may include swearing, hitting, or severe physical violence. In other words, an incapacitation to cope with life and the tasks life requires of individuals.

4. Drug Scale
   
   This scale measures the response pattern for drug use and abuse, and addiction. Drugs refer to marijuana, LSD, cocaine, amphetamines, barbiturates, heroin, and methamphetamines. This list of drugs is not comprehensive.
5. Violence (Lethality Scale)

This scale measures the response pattern for domestic violence. Domestic violence includes physical, emotional, and verbal abuse within the residential or family unit. When scores are low, typically the person is a low risk for violent behavior resulting in danger to self or others. Again, violence becomes incapacity to cope with life and the tasks life requires of individuals.

6. Stress Coping Abilities Scale

This scale measures a person’s response pattern to stress, tension, anxiety, and pressure. This scale will identify the need for stress-related treatment or counseling. The Stress Coping Abilities Scale correlates significantly with clinical scales on the MMPI. Thus, an elevated Stress Coping Scale score (90th percentile or higher) indicates mental health problems.

The Domestic Violence Inventory (DVI) is especially useful when evaluating substance abusers, violent defendants, and felony offenders. The DVI is a popular court and probation assessment instrument or test (http://www.online-testing.com/dvi.htm)

If a participant is displaying mental illness or chemical abuse symptoms, they were referred to an outside agency for a Milan assessment. This is not an assessment provided by RCFF. Please see section V for a summary, which includes program strengths and things to consider.

Section II – Christian One-on-One therapy

The intern chose, as one tool, to use Christian principal as the basis for one-on-one counseling. One objective was to provide the participants with an understanding of
their beliefs. Another was to question what those beliefs were based on. In addition, the intern strove to educate the clients about intrinsic value and worth. Finally, the intern offered the clients grace and forgiveness from someone outside their family of origin and from something larger and more powerful than society.

The Christian tools were often used in conjunction with the family genogram, positive affirmations taken from the book of Proverbs, and building of trust over time. Each participant agreed to counseling with the intern knowing that Christianity was a component in therapy. All participants were familiar with Christian thought and had been raised with some level of biblical principal even if they no longer practiced these beliefs.

Most, if not all clients struggled with some level of shame both of self and of behaviors against others. The intern asked participants in one-on-one counseling to identify their understanding of right and wrong. Explain how he defined right and wrong. Each client learned to identify and describe the measuring tool for right and wrong used to guide him through life. The intern challenged clients to ask if the measuring tool for right and wrong was accurate. Was this tool learned in the family of origin? Was it based on life events, consequences, pleasure? How did they come to know what was right and what was wrong and is the belief accurate by their standards? Finally, does this measuring tool work for them today?

When participants were able to define right and wrong standards for life, if what they “knew” to be right and wrong did not seem accurate, discussion led to who set the rules and that the power to change the rules lies inside oneself. The intern questioned if there was a power outside of self that helps us to know right and wrong. Do we use that power? Again, is it accurate?
The intern used biblical beliefs as a measuring tool for right and wrong. The intern shared the Ten Commandments asking if the commandments seemed like a just measuring tool. The intern would then share the following verse, “I am the Lord your God” (Deut. 5:6a). The intern discussed the importance of knowing God chose us before we chose Him. He told us, I am yours! That means he committed to us before we ever knew him. Therefore, before he asks us to do anything listed in the commandments; he chose us and committed to us. He gave us his power, strength, and wisdom before asking us to follow any rules. The intern would engage the client in a discussion of Father, Son, and Holy Spirit and what each role of the triune is in our life. Essentially, the intern asked if the client was willing to try using the Ten Commandments for a week as a rulebook for life.

All the clients who participated in one-on-one counseling were seeking counseling because in some way life was presenting problems for which they did not have resources or had tried resources that did not work on these challenges. From internal discord or legal repercussions, either the clients were faced with challenges and needed to find ways of dealing with these challenges, or continue facing unacceptable consequences. Often the intern used discussion of the triune as a resource.

Adlerian therapy includes a holistic approach. One side of therapy the intern chose to focus on was the spiritual side. The spiritual side of life has a huge resource often untapped by individuals due to things such as shame, ignorance, or rejection. Therefore, the intern chose to offer some resources for shame, education to alleviate ignorance, and acceptance instead of rejection in the name of Christ.
The intern would also share this verse, “You see, at just the right time, when we were still powerless, Christ died for the ungodly. Very rarely will anyone die for a righteous man, though for a good man someone might possibly dare to die. But God demonstrates his own love for us in this: while we were still sinners, Christ died for us” (Romans 5:6-8). This was used as a segue for change, forgiveness, and grace. It also led to discussion about mistakes, imperfections, and reality. The intern believed that Adlerian Therapy was a natural therapy to meld with Christianity because in many ways, Adlerian techniques stem from, or is closely related to, Christian concepts and behaviors.

The word often used when working with these clients was grace. The definition according to the NIV (New International Version) Bible states the following, “grace-an undeserved favor or gift; the undeserved forgiveness, kindness and mercy that God gives us” (NIV Concordia, p.966). Shame is so deeply embedded into the self-concept of abuse victims that it can become a silent identifier (Seamands, 1990,). The intern believed that without grace from somewhere or someone, one could not heal from it. Therefore, the use of Christianity and the ultimate power of Christ was the perfect healing tool.

The intern engaged each one-on-one participant in a theological discussion about grace, kindness, forgiveness, and the role of each member of the triune- Father, Son, and Holy Ghost. The intern asked if knowing there is a power outside us, along with love and forgiveness, provided a sort of safety net for living.

The intern modeled the basic Christian concepts in each session of one-on-one counseling. The intern told each client he would be given unconditional acceptance and
love regardless of what he had done in the past. The intern was there to help, not judge, not condemn. The intern experienced numerous tests from clients to disprove this offer. These tests included things such as challenges by the client about heinous acts committed asking if they could still be forgiven, Bible verses of condemnation, or not showing up for appointments and asking if they were still able to work with the intern.

These Christian beliefs fit well with Adlerian techniques of encouragement and equality. The intern formed an equal relationship on the horizontal plane with each client. The intern gave encouragement using the Bible as a concrete foundation for each client. The basic concepts of the Bible include love and encouragement. The intern modeled these attributes regardless of testing by the clients.

Another Christian tool used by the intern was prayer. The intern asked permission of each one-on-one client to pray for or with the client depending on the client’s desires. A challenge put to some of the clients struggling was both Adlerian and Christian. The intern asked the client to act “as if” God was real and was listening to the client’s prayers for one week. At the end of a week, the intern asked the client if for the next week, they would act “as if” God did not exist and did not hear prayers. No participants of one-on-one counseling were willing to do this. Each client wanted to try to act “as if” God did exist for another week. Therefore, this assignment was extended for another week.

The intern shared with the clients in one-on-one counseling that responsibility for change and management was in the clients’ hands. As the therapist, the intern’s role was not to solve problems or fix what was broken but rather to walk along side (like the
paraclete) the client educating and encouraging the client to manage the problems of life in more effective ways.

Finally, the intern shared the importance of realizing we live in a broken world and that none of us has what it takes to be perfect. Therefore, it was vital to establish the goal of counseling. The intern shared her concept of one goal; make life more manageable and happy by natural design but not to mistake hope and optimism for a "cure-all". Life will also present issues and struggles. The intern wanted to train the clients to manage more effectively, these issues and struggles using new tools. The intern also wanted to train the clients to recognize authenticity, optimism, hope, nurturing, and affirmations. Learning to take in positives, love, and forgiveness can be a very daunting task for someone battling shame (Seamands, 1990).

Section III - Adlerian One-on-One therapy Participants

Participants were provided opportunities to work through their domestic violence issues in group one night a week for 25 weeks or to work on domestic violence issues in group and engage in one-on-one therapy using Adlerian techniques. When participants chose to engage in one-on-one therapy, the same Adlerian and Christian techniques were used with each participant. The Christian component was described in section II. Section III will provide details on the Adlerian techniques used. From this point forward, the participants referred to by the intern include two groups. For clarity, group A equals all participants in the only 25-week group therapy program. Group B equals all participants in the 25-week program who also engaged in one-on-one therapy.
Purpose and Goals of One-on-One Therapy

Every individual has a unique purpose for each action. Every individual is striving towards a goal. Collaboratively, participants in group A and B strive to identify the number one priority in life and the purpose behind unhealthy behavior. Realizing the drive behind the striving allows participants in group A and B to catch themselves behaving in unhealthy ways. Through talk, role-play, and modeling, they begin to see new ways of behaving. This is evidenced by the group discussion and sharing of new life events such as taking a time out when angry, identifying negative self-talk, reframing negative thinking, and calling on friends for support rather than engaging in arguments and violence with others.

The program used the following pattern continuously. People have thoughts and feelings. Thoughts and feelings form beliefs. Beliefs cause us to act in specific ways. Actions or behaviors bring about consequences. Consequences cause us to feel and think specific things. The pattern is cyclical and ongoing. Intervention at any stage is possible allowing for new thoughts and feelings, beliefs, actions, or consequences.

Adler believed

the object of therapy was to build a gradual awareness of how the self operates, either in developing and in maintaining the Life Style and problems in pursuing mistaken Life Style goals, or in developing and maintaining a neurotic orientation (Oberst & Stewart, (2003), p. 125).

Using dialog, joining, encouragement, early recollections, genograms, family atmosphere, and mistaken convictions, participants in group B identified life purpose and goals. Possessing this knowledge, group B participants had to intentionally choose behaviors whether they were old patterns and habits or new, healthier behaviors. In
addition, group B participants recognized choices and accepted responsibility for mistakes while accepting permission to act in new ways leaving them exposed and vulnerable.

The intern joined with group B participants encouraging acceptance and offering support without judgment. Intentionally changing perceptions of past situations and mistakes created a freedom to forgive self and achieve movement toward the same life goal using healthier behaviors. Shame was a prevalent perceived definer of individuals in both groups. Participants in group B learned to transform thoughts, feelings, and beliefs about self, which resulted in new actions and consequences.

For example, a participant from group B would choose an event and examine with the intern the perceptions, interpretations, and meanings. Group B participants actively challenged convictions about unique events uncovering mistaken convictions and unhealthy striving. The intern spit in their soup.

Group B participants identified life on a vertical plain. Comparing vertical living to horizontal living forced group B participants to intentionally choose a method of striving or movement. Would movement remain on the useless side of life or did they possess enough courage to move from a felt minus to a perceived plus? A discouraged, unhealthy lifestyle would remain in a felt minus position. With encouragement and support, the movement can change to a perceived plus position. The timing of this work is crucial. During this stage, the intern was very deliberate about joining with the client rather than separating. The client needed to feel encouraged enough to move from a felt minus to a perceived plus without condemnation or fear of conviction. It is during
these periods group B participants may have felt the most vulnerable and offered the most resistance as a defense mechanism.

The genogram is an especially useful tool for this work. This is a time when group B participants began to see that during their life, there was a natural tendency to master the challenges of life. The tools provided by family may not have been the proper tools. Joining with the intern, group B participants discovered, invented, and began to use new tools to master the tasks in life. They had to be intentional about which tools they wanted to use.

*Mistaken Beliefs*

Using the Rational Emotive Behavioral Therapy model allows participants from groups A and B an intimate view into their own life. Often it is a view they had never seen before. Breaking situations or events down into thoughts and feelings, beliefs, actions, and consequences allowed them to see mistaken or faulty thinking.

Participants in group B were trained to use thought stoppers or challenges, to listen to negative self-talk, and to question the messages they were given about self, life, events, and those people closest to them.

Again, the power of mistaken convictions became so clear for group B participants. Using the cognitive schema, they began to uncover answers to questions such as: “who am I?”, “who should I be?”, “are people around me safe?”, and “how do I perceive the world?” By answering these questions, group B participants clearly defined personal, ethical, and world views or convictions. These rules were the rules that became their standards for living.
Group B participants began to question discord between what they were thinking, what they were feeling, and how they were acting. Clients used one-on-one time to discuss the disequilibrium within, and how to find equilibrium by making changes in thoughts, beliefs, and behaviors. Having the freedom to set new rules and act in new ways allowed these clients to find the balance of feelings, thoughts, and actions. They began to act in ways that honored oneself whether it meant setting a personal boundary, taking a time out, leaving an unhealthy situation, or simply admitting to a mistake and asking for forgiveness and making amends to others.

If there were large gaps between self-concept and self-ideal, most likely, these individuals were living on the useless side of life. When the gap was smaller or began to close, they began living from a perceived plus stance. They were feeling a stronger sense of belonging and significance. This, in turn, allowed them to have a greater sense of community feeling and act for the greater good rather than remaining self-serving. (Dewey, 1978, p.42).

Birth Order

Each child born into a family has a unique set of attributes and perceptions. The birth order can be a major influence on the child’s personality. There are two ways to consider birth order, one is ordinal, or the order in which a child is born. The other is psychological or the position in which a child considers himself.

Families that are competitive or autocratic may show a far clearer definition of each birth order whereas a family that is more cooperative and democratic may show a lesser degree of definition for each position in the family. One of the factors to consider is the child’s self-ideal. This can create choices and attitude.
Discussing the family positions, and the likely characteristics of each position, with all participants, allowed for a better understanding of self, siblings, and the family unit as a whole. This knowledge also provided insight for participants when thinking about and interacting with their kids and partners. Much of this work was done in one-on-one appointments rather than in group.

Allowing the participant to learn about typical attributes of family members in a specific order of birth provided a new tool of interaction and understanding of why a significant other may act and react in specific ways. It provided a template for possible expected behaviors and attitudes from their partner and in time, their kids. Having a clearer expectation provided opportunity to prepare new ways of interaction from the participant. Role-play was a good way to demonstrate old behaviors and learn new ones to replace those old, useless patterns. Group B participants engaged in this activity.

Understanding that, in general, each position of the family holds a unique set of attributes for the birth positions perhaps provides a higher level of tolerance and communication that is more effective. For example, **only** children tend to enjoy being the center of adult attention. Often these children have difficulty sharing with peers. They may also prefer adult company and use adult language. In contrast, the **oldest** children tend to be authoritarian or strict. These children may feel power is a personal right. They can become helpful if encouraged. A **second-born** child has a natural peacemaker. There is always someone ahead of them. Because of this, they can be more competitive, wanting to overtake **older** children. These children may become rebellious and/or try to outdo everyone. As a result, this competition can deteriorate into
rivalry. Different yet are the middle children. These children tend to be even-tempered, and possess a “take it or leave it” attitude. They may have trouble finding a place or become a fighter of injustice. These children tend to feel squeezed out of their rightful place and may be lacking a sense of belonging and/or significance. Finally, the youngest children generally want to be bigger than the others are. These children may have huge plans that never work out. It is possible they will remain the "baby" for life. Because others tend to act on their behalf and help them out, often, this leads to a position of spoiling (Powers & Griffith, 1987, pp150-163).

Identifying the position of group B participants as well as positions for siblings, partners, or significant others, they start to glean how better to work with and understand those people closest to them. They also grow in appreciation for the differences seen in others rather than viewing differences as a competition or comparison. Horizontal living replaces vertical living. It is at this point of uncovering the mistaken convictions that group B participants truly begin the work of change and growth in healthy ways.

**Genogram/Family Constellation**

Participants from both groups A and B shared their genogram. Group B participants examined the family of origin in much greater detail. Collaboratively, family patterns, socialization of males and females, conflict resolution or lack thereof, and birth order, as well as the possible attributes of each order of birth were identified. It was also the time in which jointly, the intern and group B participants challenged key assumptions about life and self. As a result, these participants actively chose to continue engaging with others in the same manner or to act in new ways based upon
this information. Perceptions of self, others, and the world changed. The choice then, became “do I change?” Changing behaviors can be scary. The intern used weekly assignments to “act as if” as a means of practicing changed interactions with others in a safe manner.

Reviewing the tools provided within a family and questioning how these tools are currently serving the group B participants is one step of training and movement. These participants were encouraged to consider the family atmosphere from the family of origin, and decide what they thought and felt about those attributes. The intern granted permission to do something different from this point forward, which was very freeing to them. Group B participants, for the most part, had never experienced support and encouragement. Identifying the level of social interest and discouragement within the family of origin shifted the perception of “normal” and challenged group B participants to decide if and how they could build social interest and family values of choice.

Again, permission for these individuals was confusing, scary, and empowering at the same time. Realizing and using power to make new choices, sometimes failing, and still accepted created a safety harness in which to rest and grow. It can be very powerful to realize the self is valuable, and thus am able and expected to use the power for good. Further, when an individual does not use their power, someone else generally will try to take that power from them and replace it with discouragement. Group B participants really began to see this and experience motivation to change and use power in new, healthy ways.

The intern working with Group B found that education, skill, and change created chaos before it created grace and goodness. Once the individuals began to see the
need for change in self or others, there was a need for permission. There was a need to let go of control. Moreover, there was a need to practice newly acquired perception and skills. This resulted in the opportunity for change in self as well as others. Accepting encouragement and creating safety in which one can fail, change, and grow was not only important from intern to group B participant, but from these participants to those around them – family, work, or community.

Much discussion surrounds what was learned. Group B participants were encouraged to decide how they were impacted as children, what was positive and negative about that atmosphere, and finally, what is now desired or healthy. Once they were able to see patterns and identify positives and negatives, work developing new ways of thinking, feeling, and acting began. Group B participants used role-play and practiced with the intern before asserting the new behaviors in outside, potentially vulnerable environments.

Group B participants appeared to be not only very surprised at the generational patterns and habits, but also almost overwhelmed that change might be possible. Hope was generally lacking in the participants. Disbelief about the ability to change was present in each client. Another common factor was fear. Giving unconditional love and support and the freedom to be vulnerable enough to be honest and weak were crucial gifts that helped the individuals to change.

A major component used while discussing family values and atmosphere included belief in self and outside of self. Because the intern did work with a Christian perspective, the intern easily offered agape support and encouragement. This agape support and encouragement was comprised of unconditional acceptance free of
judgment or condemnation on every level. Group B participants zestfully accepted this agape support and encouragement.

The intern used the Bible as a reference when discussing family, love, forgiveness, and grace. Understanding the original source of love was useful since it removed the barrier of parents as the ultimate value setting power in life. Many clients in Group B were told they were not wanted, their birth was a mistake, and that they were defective. As a way to begin a dialog about worth, value, and purpose, the intern used Psalm 119:73. This verse offered possible new ways of thinking about self. This verse says, “Your hands made me and formed me; give me understanding to learn your commands” (NIV). The intern shared analogies of blue prints for machines and directions for games as being equal to our creator holding answers about our purpose and how to function in life. Many verses were used from the Bible relating to relationships, love, and fruits of the spirit, forgiveness, judging, and living.

The idea of forgiveness was foreign and desired. Having permission to admit mistakes and still be accepted and encouraged was life-giving for the participants. Homework assignments involving outside people were required. The participants were to practice forgiveness or asking for forgiveness with others.

Encouragement

From the interns experience, encouragement was the key factor in the lives of every participant from group B. Offering encouragement and positive reinforcement for the work the men put forth was crucial. For many participants, it was the only time they experienced encouragement. The transformation was visible over the 25 week period to see a participant move from an “I cannot do it” mindset to a “perhaps I can do this”
mindset. The cycle of transformation was posted on a white board. This is how the transformation took place. See the diagram below.

Participants learned that with every event in life, perceptions are formed. We have an experience. From that experience, we form thoughts and feelings. Our thoughts and feelings cause us to form values and beliefs. Our values and beliefs cause us to act in specific ways. Our actions bring about consequences. If we do not like the consequences, we must challenge our beliefs. Are they valid? Are they based on truth? Can they be proven? Challenge the thoughts and feelings. Act in new ways and have new consequences.

Perception includes thoughts, feelings, values, and beliefs. It is the meaning given to the event. The meaning can be accurate or skewed. This meaning drives behavior; a negative feeling may cause a negative behavior or may drive one to overcompensate and strive to achieve. When life is seen as a competition, when self-service is the goal, life exists on the vertical plane. When life is other centered, it grows along the horizontal plane. Thus the following formula plays out: E (event) – P (perception) - I/M (Interpretation/meaning/mistaken convictions) - C/MC (conviction/mistaken conviction), MF (minus feeling) – S to O (spirit to overcome) – PS (pattern of striving) – LS (lifestyle), MF (minus feeling) – VS/HS (vertical striving/horizontal striving) – violence versus horizontal striving.

In other words, an event takes place in life. From this event, people form a perception about this event. The perception or meaning can be accurate or inaccurate
depending on one’s convictions and mistaken convictions about life. The intern used herself as an example here. The intern goes to work. The boss tells the intern her group work being done is lacking and the intern needs to step it up. The intern had an event take place. The perception about his event may be fear of being let go. The intern may believe the boss is saying the interns work is not good enough and that the intern does not measure up to the standards necessary to work in that particular facility. The intern may then decide to quit before being fired if living at a felt minus point in life. If living at a perceived plus, the intern may decide to ask for help and bring new ideas and components into the group work to measure up and thus meet the standards necessary to remain at the facility.

Participants from group B changed their talk, their behavior, their posture, and their perceptions as they were encouraged and supported in the program as well as in the one-on-one sessions. These participants began to “catch” themselves using negative self-talk. They were alerted to cues identifying escalating behaviors such as cracking knuckles, tunnel thinking, nervous movement of hands or feet, pumping their legs or heavy breathing. Being alerted to these types of new behavior provided opportunities for change in behavior.

It is possible that many of these participants had never considered another possibility in life due to the lack of encouragement for anything different from what was in their family of origin. As they began to develop feelings of security and connectedness, they began to take more risks and act in vulnerable ways hoping for a new outcome. Over time, observation and self-report in group and individual sessions
showed these behaviors paid off and many participants began to live a more useful life and contribute to society in new, more meaningful and healthy ways.

Many of these participants from group B shared positive outcomes from recognition of negative behavior followed by new positive ways of thinking, talking, reframing of thoughts, and sharing of feelings, thoughts, and needs.

Participants from group B learned to minimize self-protection and maximize cooperation and harmony within self, the home, and society by utilizing new ways of thinking, talking, and reframing as mentioned in the above paragraphs. Some participants began to feel good about themselves and see the world through a new lens. A lens for viewing life in a socially interested way was not even visible before experiencing encouragement and support of others.

Life Style

Adlerian theory suggests that each person has a unique life style or style of living; a manner in which one deals with life. The intern observed that in the beginning, group A and B participants had similar ways to deal with life and the issues that life presented.

Facilitating participants to see patterns in life styles from one participant to another in this program helped them feel less dysfunctional and “crazy” or insignificant and worthless. Realizing that other people made similar choices provided a sense of belonging even if it meant belonging to a group that society considers “broken”.

When participants from group B began to understand how life style choices were made and why, it was the beginning of potential change and hope. Once these participants were able to identify the patterns in their life style, they were able to
consider making new, healthier choices while also accepting responsibility for the choices made in the past. The intern educated every group B participant regarding the acting, thinking, and perceiving from past circumstance, current circumstance, and what choices each individual wanted and/or needed in future circumstance. This resulted in a new set of tools and successes with which to build a new life. This new life included more often pursing life on a horizontal plain than on a vertical plain; a life lived as an imperfect person, taking risks and sometimes being vulnerable.

During one-on-one work, change and movement towards healthier, socially embedded living was emphasized. Participants from group B were required to identify and dissect biased apperceptions. One example of this included the exercise of defining what it meant to be a man. The participants had to complete the following: a man is, a man is, should do, should have, and should never. Part of this exercise included in-depth conversation about each answer and if the participant met all those requirements, if their father did, and if they believed these things to be accurate and true. Further, the participants had to intentionally choose new, healthier self-talk, ways of thinking, problem solving, and coping mechanisms for stresses of every day and unexpected events in life.

In essence, these participants began to see the lens in which they had been viewing life and then how to adjust the lens for a better view. It was especially useful for both the group B participants and the intern to see that the mistaken convictions held were easier to identify when life became less than favorable.

Identifying and changing a life style is possible. During one-on-one sessions, observation showed that group B participants grasped an understanding of a family
atmosphere holding specific rules, which may have created conflict internally resulting in rebellion against those rules. These participants identified things like always having to pretend to be happy, lying when answering the phone, pretending not to notice lewd or drunken behaviors by another family member, and never sharing how one truly feels. This conflict and ultimately the consequences of the conflict formed mistaken convictions such as “I must be tough to survive”, “I am bad”, “People hurt me” etc.

Working with the existing set of rules as perceived by group B participants, the intern questioned them and encouraged them to decide if the rules were good, accurate, and/or desired. During this time, the intern used Christian and cosmic life task issues to help these participants determine what their beliefs were base on and if they were accurate and valid.

The intern strongly encouraged group B participants to create rules that fit internally with self as well as cosmic beliefs but not necessarily because a family member or significant other “said so”. These participants took responsibility for past actions, cognitively and spiritually working through the issues and baggage. The intern encouraged them to create a new, socially connected, useful way of living. By actively writing new rules and offering respect to self and others, group B participants were able to change the path to, but not the existence of, their unique life goal.

The intern encouraged group B participants to decide if there was something or someone outside of self that created the world and all within it. If there was something, these individuals actively worked to identify what that something was and how it was being used or could be used in the future as a source of power, strength, wisdom, and guidance. As a result, they had permission to be less than perfect, to strive and to fail,
and to ask for help when needed. It connected them to the rest of the world in various
ways providing a sense of belonging and significance.

*Life Tasks*

Adlerian theory really supports three life tasks; however, the intern used the
additional two offered by Dreikurs when working with the participants in one-on-one
work. Drawing a wheel and dividing the wheel into the five parts; work/occupation,
society/friendship, sex/love, love of self, and spirituality, the intern would then ask the
participants to rate each section on a scale of 1-10. The scale of 1-10 was used to rate
their personal satisfaction in work/occupation, society/friendship, sex/love, love of self,
and spirituality in their life. One was the lowest possible score or lowest satisfaction
level and 10 was the highest possible score or satisfaction level. The goal of the
exercise was to get each area up to about an 8 for score, talking about how life can be balanced when each section is about an 8 on a rating scale. When the score was lower than 8, the participant had to describe what changes were required to bring the score up to an 8. The intern would then ask the participant to make commitments to various changes until the score was at 8 for each section of the life task wheel.

Participants showed interest and desire to change when the tasks of life where separated out rather than considering all of life's challenges without knowing where or how to begin making changes. The wheel allowed the participants to lay out steps that were manageable and methodical. It also allowed participants an opportunity to identify what areas of life were going well and list positives. The positives were a surprise to the participants doing one-on-one work. It was a misconception that all of life was bad and
all the choices made were wrong. The participants viewed life from a shame lens, which blocked out all positive aspects.

So much of what takes place throughout therapy is cumulative. Once “X” is achieved, then “Y” happens. With each session, group B participants built on understanding of self, others, and the world. This understanding provided the framework from which one lives. Identifying the framework, one then begins to create the picture within the frame. These individuals were learning how to change the picture using each new tool introduced. Having the power to change the frame and/or the picture throughout life provided a healthy sense of power and control for participants.

Asking group B participants to rate the tasks of life on a scale of 1-10 and then deciding what it would take to bring the score into the range of 8 allowed them a new way of grasping their life at any given moment. Realizing what to consider when life became unbalanced was far more comforting than simply realizing life was out of balance. Possessing tools to get it back into balance was encouraging.

**Early Recollections**

One-on-one work included the use of early recollections and sometimes the Willhite method (Willhite, 1991). Using these tools, participants began to understand how they had defined life and life events. Each participant expressed amazement at how well the recollections fit with beliefs and feelings of the present. All participants who chose to do one-on-one work were victims of abuse before they were perpetrators. Shame was a common theme and a silent definer in their lives. It appeared that having reasons for the manner in which one lived, or being able to make sense of the life lived, gave a new perspective and a glimmer of hope for the future. Being able to see how
the past fit with the present but did not dictate the future was freeing and powerful for them. Often it was the first time they felt change was possible.

The intern observed that dealing with mistaken convictions was core to movement and change. Until group B participants were able to identify mistaken convictions about life, self, and the others, it was impossible to determine if the convictions were accurate, good, or worthwhile. Questioning convictions, proving or disproving them and creating new convictions initiated the real therapeutic work.

A strong observation worth noting is the difference in group B participants over time versus the group A participants. Group B participants challenged actual beliefs, accepting responsibility for the choices in their life. Seeing far clearer what was harmful in self, family, and society created new choices established by beliefs that were more socially interested.

Group A participants made more surface level changes without the core understanding of choices and convictions in their lives. Because some of the change must take place at an intimate, sometimes private and vulnerable level, is it unlikely it can take place in a group setting. There are strengths to the group but to work out cosmic beliefs, personal rules, and ultimate values about living in a society as a social being is limited by time as well as uniqueness of each individual and their personal mistaken convictions.

Magic Question

When group B participants were asked to describe their life as if the issue identified as a “cause of strife” was removed, it was very difficult for them to answer. Some appeared to be fearful of thinking of life without the identified issue. Once these
participants were encouraged enough to describe how life would be if “X” was gone, the intern saw the light in their eyes and heard an excitement in their voice. The dream of a healthier life became alive within them. These participants knew deep inside what was right and desirable by not only society but by them as a person. Moreover, thinking and sharing with the intern about life without the problem was very exhilarating. The participants “acted as if” they could feel it inside, and the intern observed their positive internalization by change in posture, energy in voice, and positive language used. The moment was powerful when they discovered answers inside. The key to unlock the life one hopes for does exist in each of us. The group B participants were now able to see the keys and use them when desired.

Courage was often the missing ingredient for action. As time went on and these participants worked on various goals, built knowledge, and gained a deeper understanding, courage increased, which resulted in changes cognitively and behaviorally. Sometimes group B participants were unable to muster the necessary courage and fell back into old habits and thinking. Most of them; however, were very successful at changing the teleological trajectory of their life. They began to let go of control which also lessened the stress or need for perfection. Use of the serenity prayer was encouraged. Offering permission to be less than perfect, vulnerable, and sometimes in need of assistance allowed these participants to think and behave in new ways. In essence, the important conclusion resulted in an empowered, socially interested individual in society.

As the need for power lessened and group B participants changed controlling behaviors, they reported changes in partner behaviors too. Communication was a bit...
more open, they enjoyed spontaneous fun and laughter, and sometimes took steps in their relationship that would have been too vulnerable in the past. They began to trust others and self more and control less.

The behavioral and cognitive changes resulting from this new sense of power and hope brought energy into their future. The changes continued over the 25 weeks of the program and 10 weeks of after care, and were comparable to adding blocks to the foundation of a basement. Eventually, the result was large, strong, and powerful. Behaviors such as identifying negative self-talk, desire and drive for control, personal responsibility for behavior, respect of self and others as well as self and others boundaries, and using time outs, safety plans, and community resources allowed these participants to live in healthier ways. With these changes, compassion for others grew too. There seemed to be a new realization of thoughts, behaviors, and consequences, which they now chose and changed as necessary. These healthier ways of living were not only beneficial for the participants but the participants’ families, neighbors, and coworkers.

In Adlerian terms, group B participants gained clear insight into their mistaken convictions or guidelines for life. Once understood, actions become purposeful based upon choices and decisions. The process of changed convictions resulted in new behaviors and movement. These changes, in turn, resulted in new consequences. Taking responsibility to determine results, “the painter” was now able to paint new pictures that were more positive or continue painting the same picture repeatedly. Group B participants were deciding how they wanted to act.
Working with group B participants, the first thing the intern did was establish a relationship of equality. Tools used to establish the relationship included warmth, unconditional acceptance, authenticity, reassurance, and encouragement. The intern also created an environment filled with hope and possibilities. Without this foundation, it may have been far more difficult for participants to trust enough to answer the magic question or open up and share on an intimate level.

Allowing these participants to share provided a starting point for probing and gathering additional information. Encouraging participants to describe life without the identified issue provided a snapshot of possible convictions, mistaken convictions, and potential values in which each individual lived. Socratic questioning allowed the intern to gather further information and insight.

During this time, cooperative work took root. Allowing these participants time to consider life, values, and rules without judgment was necessary. It forced decision-making and interpretations by the participants about feelings, thoughts, and rules. Patterns of stress coping, conflict management, and disagreements were identified revealing mistaken convictions.

Often the intern “spit in their soup”. For example, one participant believed himself to be a very unsuccessful father figure to his daughter and stepson. He did not feel he could measure up to the standards the kids deserved and therefore did not deserve to be a father. The intern suggested he allow the kids to live with the biological father of his stepdaughter. The participant then listed six reasons why the kids should not live in that house. In the process, he also listed 6 things he did well as a father. In
an effort to balance between vulnerability and safe connection with each participant, the intern often used humor.

Gathering ER's and collecting information from the genogram were the tools used to gain additional insight. Again, the emphasis was placed on the participants identifying true core values and convictions. Challenging those convictions and working through the process of changing perceptions was impossible without first establishing a solid relationship. This work allowed the intern to move back and forth between the above-mentioned tools and the life style questions in order to answer the questions: “Who am I?” “Who are others?” Moreover, “How do I perceive the world?”

*I Am Question series*

In group B with participants using the sequential questioning, eventually the answers to “I am”, “I should be”, ” people are”, and “the world is” were uncovered. These questions or rather answers provide a wealth of insight for the participant as a direct link to erroneous beliefs and choices of behavior. Generally, these answers revealed the goals in therapy and the cognitive reframing, self-talk to change, and beliefs to be challenged thus became the method used to achieve more permanent life changes.

Participants began to realize how large the gap was between “what is” and “what should be”. The choice as to what the person would like to be in reality; how to move the markers in or out to allow the gap to lessen between “what is” and “what should be”, was up to each participant. The freedom to change, the path to walk in order to achieve the change, and the skills to take each step in change were identified, practiced, and
solidified. The participants responded favorably and with zeal once the vision was clear and positive.

These questions were also helpful in identifying not only personal choice and behavior but also patterns learned and demonstrated in the family constellation and genograms. The behaviors began to make sense. The participants were given the choice to live differently or continue with the status quo. The family dysfunction was clear and somehow provided the participants with new hope while also lessening the fears and doubts cognitively. The participants began to change their self-vision from broken and unredeemable to valuable and significant.

To conclude, the intern used a core set of tools with each participant from group B. The tools listed above were a part of the therapeutic process. One result of the interns learning was the realization that therapy is cumulative and unique for every individual. It was necessary to meet each participant and help uncover their perceptions and convictions/mistaken convictions. The intern assisted group B participants to uncover core values and beliefs through solid joining and acceptance of each unique participant.

Given solid joining and trust built through individual counseling, the fight or flight instincts in these individuals, while powerful and dominating, was more easily dealt with. By using nonjudgmental language, providing unconditional support and encouragement, and allowing these participants to express and validate every emotion and event, a platform in which to begin therapy was built.

Once a solid foundation was established, the intern took liberty to spit into group B participants’ soup, forcing them to support, refute, or accept each mistaken
conviction, which was unique to every one of them. Asking open-ended questions, validating thoughts and feelings, and encouraging acceptance of, and responsibility for all thoughts and actions became the focus of work. Each Adlerian tool used became a springboard to uncovering mistaken convictions, disarming resistance, and preparing these participants for reunification into family and society.

The intern clearly established an equal, empathic, and encouraging relationship with group B participants. Through equality; identification, interpretation, and integration of inferiority feelings, birth order attributes, early recollections, dreams, and convictions/mistaken convictions, emotional and cognitive breakthroughs occurred. Changes in thoughts and feelings, and ultimately new consequences took place. Participants were given permission to fail, try again, and reinforced successes built courage within these participants. The new feelings of superiority based in social interest created new goal directions and new ways of living as a social being.

The intern did a lot of “gut” work almost like driving a car. It became instinctual to know when to push the gas (participant) and when there was a need to step on the breaks (back off the participant). Observation showed the need to push participants but not so hard as to cause breakdowns. It was equally important to know when to lift up and support participants without carrying or taking responsibility for them. Ultimately, the learning, work, and responsibility belonged to the participant. Perhaps the experience of the intern could be summed up thusly: working with the participants changed them, but also made the intern a better therapist. The encounter offered choices for change to all those involved. Group B participants (as well as every individual alive) “were thus both the picture and the artist” (Ansbacher & Ansbacher,
1956, p. 177). Group A participants did not receive that choice by attending only group therapy.

If it were possible to create a template for therapy used by the intern, it may look something like this:

- Connection and establishment of equal relationship
- Encouragement, challenges of beliefs, rules, and values
- Identifying image of self, others, and the world
- Accepting or changing perceptions
- Creating and reinforcing new behaviors and ways of thinking
- Establishing connections with others, social interest
- Cementing the sense of significance, purpose, ability, and belonging
- Tools to use in future and closure

Section V - Research Data

Data taken from participants Domestic Violence Inventory exams (DVI) were complied and compared as a means of evaluating the changes, if any, from participants engaging in only group therapy (Group A) to those engaging in group therapy plus one-on-one therapy (Group B). Participants from both groups completed the DVI exam before and again after the 25-week program or the 25-week program and one-on-one therapy was completed. A trained evaluator scored the exams and provided the intern with scores.

DVI Scales

The scales the DVI measured included truthfulness, violence, alcohol, drugs, control, and stress coping. The DVI was chosen because this program and the inventory focused on the same issues as a basis for dysfunction and necessary change in behavior from a negative to a positive. These issues have also been identified as the basis from which the penal system reports criminal behavior and necessary areas of change by perpetrators in order to be law-abiding citizens.
The first scale in this inventory is truthfulness measuring how truthful the participant is while also identifying defensive or guarded answers. It also identifies participants who answer questions in a fake manner attempting to create a more positive outcome. The truthfulness scale score overrides all other DVI scores. If this score is in the 90th percentile, the other scores on the test are unacceptable or invalid. If the truthfulness scale is in the high-risk range, other scores are considered untruthful so become immeasurable. Participants must retake the DVI before entering the RCFF program and/or the one-on-one sessions if the previous truthfulness scale was in the high-risk range.

General guidelines for this scale, as well as the other scales in this inventory break out as follows: 0%-39% places participants in the low risk area, 40%-69% is medium risk, 70%-89% is problem risk, and 90%-100% is severe problem. For rating purposes, a problem is not identified until a scale score is at the 70 percentile or higher.

The second scale in the inventory is violence or lethality identifying participants that are dangerous to themselves or others. This scale includes rage, hostility, and physical force. Participants scoring high on this scale can be demanding, overly sensitive to criticism, and without insight or understanding about how they express anger or hostility. This score is particularly dangerous when accompanied by a high alcohol or drug score. The higher a participant scores in these combined scales, the worse the prognosis. In addition, when a participant scores high in the violence scale and the stress-coping scale, group facilitators or therapists gain insight into treatment recommendations. Violence in itself is one issue; lack of control can produce anxiety resulting in violence. For example, a man may get laid off from his job. When he gets
home, his wife tells him she just bought new furniture but on the way home her car stalled out and is now at the garage waiting to be repaired. She did not have a car so she did not pay taxes that are due today. She asks him to go take care of it with his paycheck since she spent the money in savings on the furniture. Without stress-coping skills, this individual may not have the skills to handle this scenario using healthy behaviors and expression. It is possible the individual would act violently.

The third scale is control, which is a bit more complex. This inventory is focused on one’s need to control others which includes such things as regulating, restraining, or other exaggerated behaviors often identified by the penal system. These behaviors, often synonymous with power, fall under the umbrella of domestic violence. This scale score is significant because perpetrators often display difficulty in giving up control, which in turn, is expressed as resistance to treatment.

Participants with elevated scores (90-100 percentile range) in both the control and violence scale are usually considered dangerous and should be closely observed. These individuals pose extreme risk and must be monitored closely. Additionally, elevated control scores and elevated alcohol or drug scores exacerbate coping ability and will show up in the stress-coping scale. Again, these scores taken together can provide insight into the necessary components for successful treatment.

The fourth scale measures alcohol use, abuse, and possible addiction. This scale of alcohol includes beer, wine, and hard liquor. This scale also has built in precautions to identify recovering alcoholics or participants who are not abstaining from alcohol use. This scale may be helpful in helping staff identify and address participants denial in this area based upon answers given. Often participants who are court ordered
to this program are also required to refrain from any alcohol and drug use and must submit to random alcohol and drug tests. If a participant is self-referred, the scale can still be elevated, and the issue addressed and random testing is not a necessary option in the program. Participants are always strongly encouraged to refrain from any alcohol and drug use for the duration of the program.

As with other scales, elevated scores in this area along with other areas magnify the severity of the risk by the participant to become violent in stressful or unfamiliar situations. For this reason, participants are asked not to use any alcohol. It is also the reason various forms of alcohol are covered with the participants to ensure understanding of the range from beer to hard liquor and all things in between.

The fifth scale measures illicit drug use, abuse, and addiction. This inventory scale will not necessarily identify abuse or addiction to prescription medications. Drugs such as marijuana, cocaine, crack, methamphetamines, barbiturates, heroin, etc. are targeted. Like the alcohol scale, this scale has built in questions to help identify a person as a recovering drug addict or someone with a drug use history who is currently not using.

Participants who had issues with drugs in the past are generally on random drug testing and are to refrain from drug use for the duration of the program or probation. When this scale is elevated in conjunction with alcohol, control, or stress-coping, the lethality of behaviors and risks by participants are also elevated. These participants are considered to be dangerous to themselves and others.

The final scale on this inventory measures stress-coping abilities. Understanding that stress exacerbates other issues, this scale is often considered in conjunction with
other scale scores. Often participants will turn to drugs, alcohol, control, or violence as a method of coping with stressful situations. A lack of stress-coping can also exacerbate mental, emotional, and physical issues.

Participants having a diagnosis of mental health problems are referred to a licensed mental health professional to obtain definitive diagnosis, prognosis, and treatment suggestions. If an assessment identifies an individual as needing more intensive treatment, a referral is made for an alternative management program.

The data used by the intern showed several patterns. The patterns and comparisons will be broken down by scale areas as these pertain to the two groups. The hypothesis of the intern is that participants in group B score significantly lower than participants from group A on the final DVI given at program closure.

Scale Scores from the DVI are as follows; Scale ranges risk category Percentages, Low Risk = 0 - 39%, Medium Risk = 40 - 69%, Problem Risk = 70 - 89%, and Severe Problem = 90 - 100%. When reviewing the comparison scores, movement is shown by – (moving further down into lower risk ranges or + moving farther up into the higher risk ranges). A higher (+) number signifies the score increased in risk. A lower (–) number signifies the score decreased in risk. The raw data is included as the basis for testing the hypothesis.

Comparison of Participants

Members from group B scored an average of +9.17 or higher than those from group A on the truth scale of the DVI. As you can see by the table below, there is a significant difference in the data for this scale.
<table>
<thead>
<tr>
<th>GROUP</th>
<th>SCALE</th>
<th>PRE SCALE</th>
<th>POST SCALE</th>
<th>&quot;+/−&quot;</th>
<th>MOVEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL</td>
<td>TRUTH</td>
<td>MR=42.24</td>
<td>MR=43.84</td>
<td>+</td>
<td>1.6 or 3.78% increase</td>
</tr>
<tr>
<td>GROUP A</td>
<td>TRUTH</td>
<td>MR=44.67</td>
<td>MR=43.95</td>
<td>−</td>
<td>0.72 or 1.61% decrease</td>
</tr>
<tr>
<td>GROUP B</td>
<td>TRUTH</td>
<td>LR=34.33</td>
<td>MR=43.50</td>
<td>+</td>
<td>9.17 or 26.71% increase</td>
</tr>
</tbody>
</table>

**Scale Key for Interpretation**

Scores 0-39 = Low Risk (LR)
Scores 40-69 = Moderate Risk (MR)
Scores 70-100 = High Risk (HR)

**Movement Interpretation**

Increase in score (+) = movement is into higher risk range
Decrease in score (−) = movement into lower risk range

The significant difference is shown in the first DVI score rather than at the end of the program. Participants from group B scored an average of 34.33 on the pre truth scale versus the 44.67 average score of group A. The participants willing to engage in additional work to heal, change, and grow entered the program with a clearer perception of reality. In the intern’s experience, the group A participants willing to merely complete the program perceives life as “good enough”. These participants appeared to live life on the useless side seeing little reason to alter behavior. These same men may create experiences to verify expectations of both “what is” and “should be” in life. The gap between “what is” and “what should be” may be insignificant compared with group B participants who perceived a much larger gap between the “should be” and “is” of life. This larger gap became a motivator for change and healing.

Interestingly, the post score for group B participants was higher not only than the pre score but almost identical to group A participants. The increase in score was
surprising. From the experience of this intern with group B, the intern discerns that there was a deeper awareness of abuse and abusive behavior exhibited in one-on-one sessions. These individuals were less honest regarding how abusive they really were. Acquired knowledge from one-on-one work may have been a driving factor in attempting to manipulate the DVI score. It is possible these participants, having a deeper understand of abuse wanted to create a better image of self by manipulating some answers on the DVI. This intern believes that it is possible as group B participants progressed, they began to realize the more they learned, the more they did not know. A second possibility is all participants complete the post DVI on the last night of group. Based on the intern’s experience, answers on the DVI exam were less important since the post exam was completed on the last night of group. Participants cared less about the score since they completed the program. On the 25th week, participants engaged in a closure, question, and answer time. The completion of the program was already successful when a participant reached week 25 and took the final DVI.

Another note regarding the score of group A participants is the minimal change in this scale. It is possible that participants who do not engage in additional therapy lack a deeper knowledge, therefore, a limited change results. The perceptions remain biased even if certain behaviors change. These participants may simply deduce what was now required to stay out of prison.

The alcohol and drug scales are a bit tougher to consider and compare because not all participants had an alcohol and/or drug problem. The reader can see by the
Interesting, the score for alcohol went up for all participants who did give a score. Possibly, the reason for this increase at posttest is that alcohol was used as a coping mechanism. A second possibility is that while in jail and/or treatment, no use was possible so the score during the pre DVI would be lower. A reasonable element to research would be the scores for those who just completed alcohol and/or drug treatment and compare that score with participants who use but did not have a court appointed treatment program to complete. It may provide clearer answers for considering these scores before comparing and drawing possible faulty conclusions.

<table>
<thead>
<tr>
<th>GROUP</th>
<th>SCALE</th>
<th>PRE SCALE</th>
<th>POST SCALE</th>
<th>&quot;+/-&quot;</th>
<th>MOVEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL</td>
<td>ALCOHOL</td>
<td>LR=30.94</td>
<td>LR=36.22</td>
<td>+</td>
<td>5.28 or 17.06% increase</td>
</tr>
<tr>
<td>GROUP A</td>
<td>ALCOHOL</td>
<td>LR=35.31</td>
<td>LR=38.03</td>
<td>+</td>
<td>2.72 or 7.70% increase</td>
</tr>
<tr>
<td>GROUP B</td>
<td>ALCOHOL</td>
<td>LR=16.75</td>
<td>LR=30.33</td>
<td>+</td>
<td>13.58 or 81.07% increase</td>
</tr>
<tr>
<td>TOTAL</td>
<td>DRUGS</td>
<td>LR=13.25</td>
<td>LR=15.71</td>
<td>+</td>
<td>2.46 or 18.56% increase</td>
</tr>
<tr>
<td>GROUP A</td>
<td>DRUGS</td>
<td>LR=10.95</td>
<td>LR=16.87</td>
<td>+</td>
<td>5.92 or 54.06% increase</td>
</tr>
<tr>
<td>GROUP B</td>
<td>DRUGS</td>
<td>LR=20.75</td>
<td>LR=11.92</td>
<td>-</td>
<td>8.83 or 42.55% decrease</td>
</tr>
</tbody>
</table>

Scale Key for Interpretation
Scores 0-39 = Low Risk (LR)
Scores 40-69 = Moderate Risk (MR)
Scores 70-100 = High Risk (HR)
<table>
<thead>
<tr>
<th>Movement Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase in score (+) = movement is into higher risk range</td>
</tr>
<tr>
<td>Decrease in score (-) = movement into lower risk range</td>
</tr>
</tbody>
</table>

Although the change in scores is higher than the truth scale change, the numbers are still reasonably close in range when comparing the group A participants to group B participants.

The range for the scores falls in the low risk range, however, if a participant has an elevated violence and/or control score too, it is highly likely this participant will be more dangerous, violent, and problematic when drinking or using drugs. This scale should be reviewed per individual for a truer understanding and final evaluation. This scale should also be reviewed in conjunction with the violence and/or control scores. The table in Appendix H shows the full details for each individual. These scores are considered separately and in conjunction with one another during the program for each participant to better identify possible risk factors or concerns.

Another consideration when reviewing this scale is that many participants are required to take random drug and alcohol tests as part of probationary requirements. This may lead to false or temporary non-risk scores when a problem may actually exist. It is an area, which demands greater concentration and monitoring throughout the program. Use, abuse, and addiction are components of the program and if a participant was court ordered to treatment or scored high in this area on the pre DVI, it was an issue covered in group B as deemed appropriate.

The violence issues scale was a major component of the program. Scores from this scale showed a significant change in participants from both group A and B.
<table>
<thead>
<tr>
<th>GROUP</th>
<th>SCALE</th>
<th>PRE SCALE</th>
<th>POST SCALE</th>
<th>&quot;+/−&quot;</th>
<th>MOVEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL</td>
<td>VIOLENCE</td>
<td>HR=77.51</td>
<td>MR=61.33</td>
<td>-</td>
<td>16.18 or 20.87% decrease</td>
</tr>
<tr>
<td>GROUP A</td>
<td>VIOLENCE</td>
<td>HR=72.59</td>
<td>M- HR=69.62</td>
<td>-</td>
<td>2.97 or 4.09% decrease</td>
</tr>
<tr>
<td>GROUP B</td>
<td>VIOLENCE</td>
<td>HR=93.50</td>
<td>LR=34.42</td>
<td>-</td>
<td>59.08 or 63.18% decrease</td>
</tr>
</tbody>
</table>

**Scale Key for Interpretation**

Scores 0-39 = Low Risk (LR)
Scores 40-69 = Moderate Risk (MR)
Scores 70-100 = High Risk (HR)

**Movement Interpretation**

Increase in score (+) = movement is into higher risk range
Decrease in score (-) = movement into lower risk range

The scores seem to show a drastic change in participants engaging in group B. One possibility is that group B participants explored the violence including family atmosphere, patterns, and learned coping mechanisms. In group B, this issue was tied closely to control and lifestyle.

In group B, much of the discussion centered on what behaviors and understanding needed to be mastered to survive and thrive in life. The intern covered in depth insights from an internal perception as well as a spiritual perception. Group B participants were asked to consider lifestyle as a guide or compass, as a control switch or limiter for behavior in various circumstances, and as a predictor of being more prepared for and comfortable with future situations. Two major components in preparing and learning to deal and cope with stressful or trigger situations included role-playing and scenarios.
Participants used one-on-one therapy to develop new habits, practice new ways of thinking and behaving in a safe environment, and begin taking small steps with significant others in vulnerable ways. Participants gained new insights to early triggers and situations allowing for a deeper sense of readiness and control within one’s life. Realizing violence begins in the mind and builds with unexplored, unrealized, or inauthentic thoughts and actions offered a new option to group B participants for behaving pro-socially in stressful or uncomfortable situations.

Participants began by acting “as if” they were in control and by slowing down, began to recognize how important alignment is in life. Thinking, feeling, and acting must not only be authentic but in alignment to one another. When these things are out of alignment, violence is far more likely to occur. Giving permission to be a creator of new story seemed to be very empowering albeit scary. Having a safe environment in which to share feelings of inadequacy, concerns, and fears allowed the intern to encourage and support participants during their growth spurts. Identifying the gap between what should be and what is was very useful. Questioning who set the rules and whether or not the rules were valid also made amazing differences for the participants in group B. Having permission to doubt or change rules that no longer fit gave a new sense of control and power that was authentic and based on each individual’s values rather than dysfunction of the past.

Another tool used in group B included a detailed and lengthy family constellation, including patterns passed on from one generation to the next, stated and unstated rules, needs that were neglected and positive ways of meeting needs. The genogram provided the most staggering picture for each of the participants in group B therapy. It
was as if seeing a picture of the dysfunction and the patterns learned allowed for a path of understanding and common sense for the first time. In addition, it also then began the process of laying out a new path in which to choose to walk.

Understanding why and how their life reached the point it was at gave group B participants a sense of relief and peace. It seemed this understanding provided the missing link to fill the chasm between the “I should’s” and the “I am’s” of life. The new knowledge became the bridge of change. The new change allowed for new ways of thinking, feeling, and behaving. These new attributes then allowed for a vast decrease in violence and dissonance within self and the world. The 59.08-point movement demonstrates this major shift by Group B participants.

The next scale, at least for these participants at the RCFF facility, measures control. Often, control feeds into violence and each area can escalate the other.

<table>
<thead>
<tr>
<th>GROUP</th>
<th>SCALE</th>
<th>PRE SCALE</th>
<th>POST SCALE</th>
<th>&quot;+/-&quot;</th>
<th>MOVEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL</td>
<td>CONTROL</td>
<td>MR=49.51</td>
<td>LR=18.67</td>
<td>-</td>
<td>30.84 or 62.29% decrease</td>
</tr>
<tr>
<td>GROUP A</td>
<td>CONTROL</td>
<td>MR=43.28</td>
<td>LR=19.21</td>
<td>-</td>
<td>24.07 or 55.61% decrease</td>
</tr>
<tr>
<td>GROUP B</td>
<td>CONTROL</td>
<td>HR=70.17</td>
<td>LR=16.92</td>
<td>-</td>
<td>53.25 or 75.88% decrease</td>
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**Scale Key for Interpretation**

Scores 0-39 = Low Risk (LR)
Scores 40-69 = Moderate Risk (MR)
Scores 70-100 = High Risk (HR)

**Movement Interpretation**

Increase in score (+) = movement is into higher risk range
Decrease in score (-) = movement into lower risk range
The table above shows a drastic drop in scores for both sets of participants; however, the participants in group B dropped twice as much as group A participants. The one-on-one participants also scored almost twice as high in this area on the pre DVI as group A participants. This difference is probably due to a significant change in perception by group B participants. It is the interns experience that group B participants did not understand the manner in which they chose to control others. After working one-on-one, these participants developed a greater social interest and respect for others, choosing to forgo control. Letting go of the control deescalated the violence or perceived need to use violence in order to maintain control.

Feeling a lack of control may be a motivating factor for some participants. In addition, a general sense of discouragement that life is “as good as it ever will be” was another perception of those participants from group A. Adlerians know a discouraged individual develops a belief that there is no use in changing or putting forth effort. Group B participants received encouragement and support from this intern, which created a positive environment for change and growth. Group B participants chose new pro-social ways to interact with others.

The post DVI Control scale scores are very comparable for all participants, which seems to show a sense of new confidence and ability to cope with life in general. Learning new ways to relinquish control over things outside the bounds of self are a main theme throughout the program. Learning to accept responsibility for one’s thoughts, feelings, and actions is mandated. Participants learn to speak only for oneself. Using “I” statements is a component used weekly in group.
The belief one only has control of self is discussed, illustrated, and practiced in group, through video, and weekly homework assignments. In one-on-one therapy it is also role-played, discussed, and realized in much greater detail. Having a safe environment in which to share, whether in group or A or in group B was crucial for every participant. In groups, participants learned to take risks, hold one another accountable, and build trusting bonds with one another. Through these activities, the need for control appeared to diminish.

A scale tied to control is stress coping. It is difficult to review or consider scores from violence, control, stress coping, and alcohol and drug use alone in this population. Each of these unique behaviors is directly connected to the other.

<table>
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<th>GROUP</th>
<th>SCALE</th>
<th>PRE SCALE</th>
<th>POST SCALE</th>
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<td>TOTAL</td>
<td>STRESS</td>
<td>MR=63.00</td>
<td>LR=37.55</td>
<td>-</td>
<td>25.45 or 40.39% decrease</td>
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<td>GROUP A</td>
<td>STRESS</td>
<td>MR=58.49</td>
<td>Low-MR=39.15</td>
<td>-</td>
<td>19.34 or 33.06% decrease</td>
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<tr>
<td>GROUP B</td>
<td>STRESS</td>
<td>HR=77.67</td>
<td>LR=32.33</td>
<td>-</td>
<td>45.34 or 58.37% decrease</td>
</tr>
</tbody>
</table>

Scale Key for Interpretation
Scores 0-39 = Low Risk (LR)
Scores 40-69 = Moderate Risk (MR)
Scores 70-100 = High Risk (HR)

Movement Interpretation
Increase in score (+) = movement is into higher risk range
Decrease in score (-) = movement into lower risk range

Based on this intern's experience, the stress coping score decreased dramatically for participants in group B because there was far less need to control life, others, and self. Once these participants developed a sense of social connection and a
sense of belonging and significance, they were more able to hone life skills and healthier coping mechanisms that no longer included control and violence. These three scales seem to be related and interdependent. Understanding one unique behavior supports growth in the other two areas. Learning to cope alleviates stress, which lessened the perceived need for control and violence. Learning to encourage others promoted positive interactions with others. Positive interactions again lessened the perceived need for violence and control.

Group B participants grasped this new knowledge by working through scenario’s, role-playing, and discussion in one-on-one sessions. The ability to ask questions, practice new behaviors in a safe setting, and gain confidence in these new behaviors provided the foundation for personal growth. Over time, these participants chose new behaviors and skills, which in turn, provided greater successes in personal and professional relationships.

**Conclusions**

Reviewing the pre scores and post scores, Group B participants seem to be elevated more than group A participants in two scales. In the remaining four scales; however, group B scores were lower in the drugs, violence, control, and stress coping scales.

Generally, it appears most participants struggle with that gap between self ideal and real self in life. Group B participants used the opportunity offered in one-on-one sessions to explore their understanding of self, the ideal of where they wanted to be, and how to either accept the difference or create steps to move closer to their desired “new” self. The participants gleaned valuable insight during one-on-one work from
identifying family atmosphere using a detailed genogram and family constellation to mistaken convictions based upon these early life rules.

Group B participants changed on a deeper personal level compared to group A participants who seemed to change only on a surface level. The participants from group B changed internally on a cognitive, emotional, and spiritual level. Group A participants changed a few behaviors without insight or understanding of self, others, and community. There was a lack of understanding regarding the connectedness of self and world for group A participants.

Perceptions are so crucial in driving our thoughts, feelings, and actions. If these perceptions or rather, apperceptions are biased, behavior tends to fall in the useless side of life rather than the useful. Group B participants exercised the opportunity to challenge their thoughts and feelings creating new perceptions of self, others, and the world. These same participants chose to change behaviors or to continue moving along the same path. The difference was the knowledge and understanding of self and others gained through the one-on-one work. Therefore, even if the participant chose to continue acting in the same manner, the insight and understanding of that choice was new.

Learning to challenge beliefs, consider feelings, and act in authentic ways seems to lessen the biases. In addition, it appears that learning new behaviors and attributes closes the gap between the ideal and the reality. There is less dissonance and more harmony within. Participants from group B were given the opportunity to rewrite parts of their life story using words, actions, and feelings that fit. They were also given
permission to fail, to try again, and to be “good enough”. Without feeling the need to be perfect, these participants acted freer and more empowered.

Another component affecting these last three scales- violence, control, and stress coping, group B participants were building a sense of belonging and acceptance. Even if one experienced ostracism in the past, one can learn to belong and feel connected where they are today. It may mean allowing or offering their significant others the sense of acceptance and belonging first. Removing oneself from the vertical plane of life to live on the horizontal plane means creating a circle of belonging for all. Learning to give to someone else appeared to be scary and unknown for the participants in the RCFF program. Just being in the group alone began to build a sense of belonging and safety. Having another human being relate to and understand circumstances, especially when those circumstances are hurtful or harmful is crucial. It seemed to remove the “freaky” factor from self-description and begin to consider a new possibility of self.

Working with the participants from group B, a great deal of focus, time, and effort was spent into this very concept. These participants were forced to identify what life meant, what life should mean, and how to close the gap between the two. Each participant learned to be an artist while acting in his own play. If a role did not fit or feel right, permission for change was granted.

The statistic show a range of changes in each sub set of participants. One conclusion is clear; many participants changed after completing the RCFF program and the one-on-one sessions. Can the hypothesis be definitively answered based upon the statistics? Yes, it is possible to emphatically state that the participants who
incorporated Adlerian one-on-one therapy to the Domestic Abuse Group scored lower on the Domestic Violence Inventory than participants that attended only Domestic Abuse Group therapy. Statistically, the group incorporating one-on-one therapy into their DVI program show an overall movement of 45.34 compared to 19.34 for group only participants. Reviewing by scale, the statistics strongly support the hypothesis of this paper. Group B participants who incorporated one-on-one sessions into their program scored a movement of 9.17 compared to .72 on the truthfulness scale, 13.58 compared to 2.72 on the alcohol scale, 8.83 compared to 5.92 on the drugs scale, 59.08 compared to 2.97 on the violence scale, 53.25 compared to 24.07 on the control scale, and 45.34 compared to 19.34 on the stress coping scale.

Additional research could be done to target specific variables such as court orders, marital status, spiritual beliefs, community and family support, desired outcomes, history of violence, mental illness, or medical diagnosis, may help in isolating possible bias.

When dealing with people’s perceptions and cognitive processes, it is extremely difficult to find accurate tools for measurement. Perception is not only individual; it is fluid and changing throughout life based on every experience. Finding a way to measure change is largely based upon data gathered by the penal system. The question should be considered then, how many domestic violence incidents are not reported? The number has the potential to be staggering.

*Section VI – Final Summary*

At this time, the intern completing this thesis concludes there was a deeper level of change as well as a more authentic lifestyle for participants incorporating one-on-one
therapy into the domestic treatment group. It is also important to consider that this includes a bias on the intern’s part. The intern observed changes such as less blaming, taking personal responsibility for actions, reframed statements to alleviate negative talk, achievement of goals, and no repeated offenses charged during the study.

Overall, most participant seemed to move from a felt minus to a perceived plus by the end of the 25 week program. These participants demonstrated a clearer idea of personal fictions and family atmosphere, which influenced the past and will continue influencing the future. Decisions are more conscious and intentional regarding the path once traveled and the path yet to be walked.

Every participant also learned a great deal about social interest even if only while in the group setting. Being placed in a position of accountability and support to one another for 25 weeks forced each participant to actively consider and engage in social interest. The hope is that social interest carried over into life outside the program and lasts longer than the 25-week program. Additionally, participants gained knowledge and insight into the importance of encouragement or lack thereof in life. This knowledge acted as a stepping stone in creating new, healthier atmospheres in each participants home, work, family, and community. Again, the continued work is up to each participant. Those engaging in group B were given the tools to act as both the artist and picture, and then given permission to change the picture any time it was not as desired. The participants were empowered, encouraged, and enabled to practice change, consider new alternatives, and begin forming a new path in which to travel.

Program Strengths
The RCFF program has many strong points. One point is the length of the program. Change is difficult. Learning to change behaviors and patterns takes time. The program lasts a minimum of 25 weeks. According to Prochaska, the change process must include precontemplation or a period of time in which an individual cannot see the problem. Next is the state of contemplation where individuals begin to acknowledge the existence of a problem and begin trying to understand the complexities of the problem. Once this stage is completed, individuals move into the preparation stage. During this stage, individuals commit to action. This is not to say they take action yet.

This stage is an important stage when careful planning and preparation should be developed. Next individuals move into the action stage and begin modifying behaviors and changing environments. Finally, individuals move into the maintenance stage, a time of learning and coping to avoid relapse. Each stage has its unique struggles and strengths and no stage has set periods (Prochaska, (1994), pp 39-46).

At RCFF, the participants are taken through the various stages laying out a plan and developing new skills and insights. This is a definite program strength. Another set of strengths include definition, education, and skill building. Participants gain new insights into family patterns, history, atmosphere, attributes of at least three generations, and the compensation and overcompensation in useful and useless behaviors.

Another strength of this program is the variety of educational tools used. Individuals learn in different ways, visual, audible, hands on. Using videos, discussion, handouts, written assignments, role-playing, and modeling offer a wide range of
learnable moments. David Kolb states that for maximum learning to take place, learning must include an experience, reflection and observation, abstract conceptualization, and active experimentation leading to a new experience. This program breaks the most violent incident down into these sections. This break down allows participants the maximum opportunity to understand and change events in life by examining the most violent incident, what was useful, not useful, and how to make different choices (Regis University PLA Faculty, 2005, p.17).

The participants learn the reality and importance of social interest and being socially connected. Individuals demonstrate ways in which a sense of belonging and significance were missing. They also learn how to establish a sense of connectedness and develop social interest resulting in a sense of significance. They learn to create a new, healthy environment in which to live and grow not only for themselves but also for significant others in their life.

In addition, the program holds participants accountable through required core components including the goal sheet, cues and clues, a complete safety plan, presentation of the most violent incident, and progress reports. Participants are required to use the house of abuse and take responsibility for choices, decisions, and actions of abuse in all forms. They must interact with one another during group, participating in discussion, sharing wisdom, asking questions, engaging in role-playing, and completing worksheets on videos.

Program Growth Areas to Consider

The program used did not have a set schedule. Some participants completed core components in a timely manner while others completed core components near the
end of the program. It created confusion for some of the individuals. There is an
unwritten rule shared among group members that you must be ready with an excuse for
not having an assignment completed because there is not a clear understanding of
when an assignment is actually due. If there was a clearer schedule set, for example,
on week 4 each individual presents a MVI. On week 5 genograms are due. During week
6 every individual turns in a detailed Safety Plan. The first week of each month, Cues
and Clues are covered and Goal sheets are turned in. Progress reports could be done
during this time as well. A more clearly defined schedule may be helpful for both
participants and facilitators.

Consistent training for interns and facilitators could offer a less ambiguous set of
measurable DVI post scores. Every facilitator creates a unique setting; however, each
one should be expecting the same results and holding participants accountable using
the same standards. Style is one thing that must be considered but not at the integrity of
the program. Clear boundaries and expectations may provide a stronger core program.

Limited resources play a part in the work of the program. Private meeting places
for individual, couples, or family sessions were often unavailable. On numerous
occasions, individuals were willing to meet but there was no space available.

Having one supervisor and six or more interns sometimes created a lack of
supervision and direction. Holding weekly staff meetings with each intern, reviewing
specific cases, especially when interns do individual or couples counseling is vital to
success but lacking in reality. Interns cannot replace full-time staff. There appeared to
be a lack of funding which limited the programs growth and potential on many levels.
The program is sound and so important. There are interns and staff eager to work and
see growth within the program but internally, there appeared to be a lack of strategic planning and common vision.

Hypothesis Confirmation

At the beginning of this integrative paper, the hypothesis stated: participants who incorporated Adlerian one-on-one therapy to the Domestic Abuse Group scored lower on the Domestic Violence Inventory by a greater percentage than participants that attended only Domestic Abuse Group therapy.

In reviewing the scored results, group B, those participants engaging in both group and individual therapy were lower on more scales, showing a more significant percentage of change from start to finish of therapy. There were changes in both groups of participants so the program is bringing about change. How long the change lasts, if it continues or increases over time is not known. The rate of recidivism is unknown. That would be a necessary item to track. Alleviating as many variables as possible would also help to confirm or deny the hypothesis; however, at this time, the intern concludes that the hypothesis is confirmed.
References


Domestic Violence Inventory Data collected during internship 2005-2008


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ANGER

Definitions

Anger:
A healthy and normal emotion, expressed with the intention of letting other people know about your personal limits and boundaries. It is:
… a natural response often to things that are threatening or that you are unable to control
… appropriate and positive if it is expressed respectfully
… a source of discovery since it tells you that “something is going on” in your life that needs to be attended to (i.e. “warning signal”)
… a part of being assertive (i.e. maintaining boundaries and setting limits)
… a tool to educate others about who you are (e.g. your “likes” and “dislikes”)
… a healthy release of energy since it makes enormous effort to suppress your anger
… an energizer to help motivate you to accomplish what you need to do
… a form of protection for you and those close to you since the anger will come out in a destructive fashion if it is not expressed openly and directly
… a gift to others that can bring about intimacy since you have taken a risk and become vulnerable

Hostility:
An attitude that consists of brooding about and focusing on another person’s real or perceived injustices toward you. It engenders feelings of powerlessness and hopelessness, which often contributes to the violation of another person’s rights or boundaries through withdrawal or aggression. Your negative self-talk or rehearsal represents this attitude.

Aggression:
A behavior acted out with the intent to hurt others either physically or emotionally, as a means of getting revenge for real or imagined “wrongs” done to you. It always results in disrespect and emotional distance.

Some distortions of anger:

Aggressiveness – being “pushy”, rude, abrasive, bullying, and intrusive and ignoring what others think, feel, and want
Blaming – not taking responsibility for yourself (“you, you, you”)
Sarcasm – devious and hostile joking at someone else’s expense
Viciousness – taking advantage of another person’s vulnerability
Punitiveness – wanting to punish someone so they won’t repeat the behavior you dislike
Vindictiveness – being vengeful and trying to “get even” with others
Sulking – trying to hurt others with a silence that is hostile, ominous, and threatening
Scapegoating – dumping your anger on “targets” who do not deserve the anger but who are “safer” and “easier” for you than the original person would be
Violence – allowing your internal pain to build to the point where you choose to strike out at others physically

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ANGER AND SELF-TALK

THE ANTICIPATED/ACTIVATING SITUATION OR EVENT WHICH TRIGGERS

↓

YOUR THOUGHTS DISTORTION (bad habits in your thinking style) and your unrealistic core beliefs
(rigid and shaming “rules for living” from childhood and the culture-at-large) which triggers

↓

YOUR NEGATIVE SELF-TALK (shaming, blaming, and critical messages about yourself and others) which triggers

↓

YOUR EMOTIONS AND FEELINGS (e.g. anger and other feelings that it may be covering) which triggers

↓

YOUR BEHAVIOR (e.g. yelling, sulking, alcohol or drug use, withdrawing, compulsive eating/shopping/gambling) which triggers
ANGER EXERCISE

PASSIVE
Doesn’t stand up for self quiet, inhibited

ASSERTIVE
Direct and honest, stands up for self w/o hurting the other, calm but persistent

AGGRESSIVE
Verbally or physically attack the other, had “put down” on others, minimize worth of others

1. Situation

What happened? Who was involved? What did the other person do and say? What did you do and say?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

2. What were your feelings prior to the situation?
______________________________________________________________________________
______________________________________________________________________________

3. What were your feelings after the situation?
______________________________________________________________________________
______________________________________________________________________________

4. In what manner (assertively, aggressively, passively) did you handle the situation?
______________________________________________________________________________
______________________________________________________________________________

5. What did you like about the way you responded?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

6. What are some ways you could have handled the situation more effectively?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Basic Genogram Components

Although there is general agreement on the basic genogram structure, and codes, there are some variations on how to depict certain family situations, such as cutoffs, adoptions, etc. (Bowen, 1980; Kramer, 1985; McGoldrick, Gerson, & Shellenberger, 1999). The following are the codes we will use in this site:

- The male is noted by a square, the female by a circle. The male is placed to the left of the female in the father/mother dyad. Marriage is shown by a line connecting the two.

- Children are noted oldest to youngest, left to right. The index person of the genogram (or person from whose perspective it is being drawn) is set off from the others and marked with double lines. Birth dates are often recorded to the upper left or right. If the first two digits of the year can’t be mistaken, the last two digits of the year are often all that’s needed.

- Other importation notations are shown below:

Closeness of relationship: You can also depict the type of relationship of two family members with lines connecting those persons. For example, two people with a normal relationship would have one line drawn between them. Those with a close relationship would have two lines drawn between them. Those with a fused (extremely close) relationship would have three lines drawn between them.
Depictions of other types of relationships can also be shown. A dotted line* between two people indicates a distant relationship (This is different than the dotted line showing a romantic liaison or the dotted line showing a foster or adopted child.) A jagged line shows a hostile relationship. A jagged line with two straight lines shows a close, hostile relationship, and a jagged line with three straight lines shows a fused, hostile relationship.

**Liaisons** or a couple living together are displayed similar to marriage, but with a dotted line.

**Marriage** dates are recorded above the line connecting husband and wife.

**A separation** of a couple is marked with one slashed line. The date is also usually recorded.

**A divorce** of a couple is marked with two slashed line. The date is also usually recorded.

The **death** of a person is indicated by an “x” through the shape. The birth and death dates are also usually recorded.

**A remarriage** (or former marriage) is shown to the side with a smaller shape. The focus couple is the one in the middle with the larger shapes. *Note: If there has been more than one remarriage, the marriages are usually placed from left to right with the most recent marriage coming last.*

**Dysfunctional relationships:** You can depict some additional, dysfunctional relationships with genograms, also. Sexual abuse is shown by a large jagged line with an arrow from the abuser to the abused. Physical abuse is shown by a small jagged line and an arrow from the abuser to the abused. A relationship where one member is focused unhealthily on another member is depicted by a straight line with an arrow from the focused member to the member being focused upon. A
A relationship that is cutoff, where the two family members do not have contact, is shown with two short perpendicular lines that break up the relationship line.

**Triangles:** Another pattern in family relationships is the triangle. In a family system, a triangle represents the coalition of two family members against another family member (McGoldrick, Gerson, & Shellenberger, 1999) and can be represented on a genogram. Triangles are often seen among two parents and one child, where one of the parents creates an alliance with the child against the other parent. Another classic triangle involves a son, his wife and his mother. Such a triangle may play out in a variety of ways. For example, the wife may blame her mother-in-law for her frustrations with her husband, while the mother-in-law blames the wife for taking her son away (McGoldrick et al., 1999). When you are interpreting genograms or creating your own, look for possibilities of triangles in relationships.

Now you know the important components of genogram construction and are ready to move on to learning more about understanding the relationships and patterns that are seen in genograms.

*Please note: Due to some technical difficulties in importing the genograms into the website, the lines that are supposed to be dotted lines (denoting foster children, adopted children, romantic liaisons, and distant relationships) sometimes show up here on the website as heavy, dark lines. We have noted, where possible, what these lines are actually representing.*

**FAMILY OF ORIGIN QUESTIONNAIRE**

I. **Childhood Recollections**
   a. Describe the major personality characteristics of your parents as they were when you were a child. Father: Mother:
   b. Describe the relationship between your parents. Was there marriage happy and healthy or unhappy and dysfunctional? Why do you think they were attracted to each other? Were they a lot alike, opposites, or complimentary?
   c. How old were your parents when they got married? Do you remember anything they told you about their courtship or marriage?
   d. Where did your parents live after they got married and how many times did they move? What were their occupations?
   e. Describe the major personality characteristics of your siblings as children.
   f. Your relationships with siblings:
      i. Who were you closest to? Why?
      ii. Who were you not close to? Why?
      iii. Who did you fight with the most?
      iv. Who tried to parent you the most or did you take that role?
      v. Who was very protective of you and vice versa?
vi. Were there coalitions – who ganged again whom?

g. Describe the relationship between your parents and the children:
   i. Who was closest?
   ii. Were there any coalitions?
   iii. Which parent was each child the most like? Why?
   iv. Did your parents have a favorite child in your opinion?

h. How traditional or rigid were the sex roles in the family?
   i. Did your mother work outside the home?
   ii. Who was the disciplinarian?
   iii. Household duties – how divided?
   iv. Were you pushed into sex-stereotyped roles or behaviors?
      (examples: aggressive, nurturing, etc.)

i. Education:
   i. List the highest grade or degree completed for each parent and child
   ii. Who did well in school? Who did not?
   iii. Was education valued at home?
   iv. Were children pushed to achieve or excel? Rewarded for doing so?

j. Religion:
   i. How important was it in the family?
   ii. Did the family attend church regularly? Who did not?
   iii. What values and morals were embraced by the family?
   iv. Your father’s religious background?
   v. Your mother’s religious background?

k. Community:
   i. Did your parents have a lot of friends?
   ii. Who were they – colleagues, neighbors, etc.?
   iii. Were they involved in community-service, politics, church, school?

l. Did anyone in the family have a disability (physical) or chronic illness or disease?

m. What did the family do for fun? Activities that brought the family closer together? Vacations – how often, where?

n. How were holidays celebrated? Where and with whom? Simple or extravagant?

o. Financial:
   i. What was the income level of the family? Low, middle, or high?
   ii. Any times of particular hardship or prosperity? The effects on the family?

p. Sex Education:
   i. How did you learn about sex and reproduction?
   ii. Could you talk to anyone in the family about sex?
   iii. What was the overall attitude towards sex in the family?

II. Relatives:
a. Did any relative ever live with your family? Why?
b. Were there any relatives you were close to or influenced by?
c. Which side of the family (Father or Mother) was your family closest to?
d. Were you told that you resembled or were just like someone in the family?
e. Who was your favorite relative? Why?
f. Were there any “black sheep” in the family? Eccentrics?
g. What is the ethnic background of your family?
   i. Father:
   ii. Mother:
h. How strong were the ethnic ties or traditions in the family?
i. Any significant historical background or ancestors?

III. Communication and Feelings:

a. Describe the emotional tone of your family, as you remember it?
   i. Could you express your opinions and feelings openly and freely?
   ii. How was conflict resolved? Was there a lot of fighting?
   iii. How was anger shown? Verbally, physically, or both?

b. Were there any unwritten rules in the family?
   i. Examples:
      1. Don’t show or share your feelings
      2. The children come first
      3. Everyone for him/herself
      4. Stay in control no matter what

c. Were or are there any family secrets? Anything that you still don’t know or were forbidden to ask or to talk about?

IV. Family Adjustment:

a. Did anyone in your family have serious mental or emotional problems?
   i. What was the cause of the problem (to the best of your knowledge) and the age of the onset?
   ii. How did the family respond?
   iii. What type of help or treatment was sought and tried?

b. Did anyone in the family (including extended) have problems with any of the following?
   i. Physical or sexual abuse?
   ii. Alcoholism or drug abuse?
   iii. Criminal activity?
   iv. Homosexuality?
   v. Sexual promiscuity or marital affairs?

V. Self:

a. How happy or unhappy were you as a child?
b. Were there any real significant events in your childhood? Traumas?
c. What things did you excel in or enjoy?
d. What things were hard for you? Were you ever teased a lot?
e. Did you have a lot of friends? Were you popular or a loner? Follower or leader?
f. Did you like school? Did you get good grades?
g. What activities or hobbies did you have? Member or groups?
h. Who influenced you the most?
i. Describe your adolescence.
j. Was it a particularly stressful or unhappy time? Why?
k. Were there any real conflicts?
l. When did you start to date?
m. Any relationships that were especially memorable or painful?

VI. Courtship and Marriage:
   a. Describe your courtship with your first spouse.
   b. How did you meet?
   c. What attracted him/her to you?
   d. How long did you know each other before you got engaged and then married?
   e. Were you accepted by your in-laws?
   f. What were the first years of marriage like? Joys, problems, stresses?
   g. How are you most alike? Different?

VII. Children:
   a. Were all of your children planned?
   b. Any miscarriages or stillbirths or abortions? Any particularly difficult pregnancies or deliveries?
   c. If you could do it over, would you have more or fewer children?
   d. How were the children’s names chosen?
   e. Who most resembles you most physically? In personality?
   f. What values and morals did you attempt to instill in your children?
   g. Did you make any major mistakes as a parent?
   h. Too permissive? To strict?
   i. Who or what influenced your parenting styles?
   j. Did you or your spouse do most of the parenting or was it shared?
   k. What is or was the most painful part of being a parent?
   l. What has brought you the most joy?

VIII. Life Satisfaction:
   a. What was the happiest time in your life? The unhappiest?
   b. Do you any major regrets or things you wish you could have done differently?
   c. What contributions or accomplishments in your life do you feel best about?

IX. Death:
   a. How was death dealt with in your family?
   b. Any particular memories or experiences concerning the death or funeral of a family member?
   c. How was grief demonstrated?
   d. What shaped your own attitude towards death – parents, religion, etc.?
COOL DOWNS/TIME OUTS

A procedure for Stopping Your Battering

What is it?

A COOL DOWN/TIME OUT is a tool that is used to stop our battering of others. The main purpose of a COOL DOWN is to help the individual avoid battering. It will not necessarily solve a conflict between two people, but if followed faithfully, it will prevent both physical and psychological battering. It is the first stage of starting to solve a problem. A COOL DOWN should be done whenever you feel your anger/upset level rise. A COOL DOWN should be used for “little angers” as well as for the big upsets. A COOL DOWN is something you do for yourself.

How to take a Cool Down

1. As soon as you feel your irritation or anger, take a COOL DOWN
2. Leave the situation (place or person) where you are getting angry
3. Do not drive, drink alcohol or take drugs when you are doing a COOL DOWN
4. During the COOL DOWN do something to physically calm yourself (a walk, deep breathing, etc.) and think thoughts that put you in charge of your own feelings and actions. Examples: “I am getting upset, but I do not have to blow up or batter someone” or “I am irritated, but I don’t have to get on my anger escalator” or “I am frustrated, but I don’t have to control others”. You may want to think of other calming thoughts.
5. Repeat COOL DOWNS as often as necessary to prevent battering.

How long should a Cool Down be?

You are the boss for how long to spend in your COOL DOWN. For a little anger, you may spend 3 to 5 minutes. For a bigger upset, you may take 15 to 30 minutes. For some large conflicts or problems you may need an hour. There is no amount of time that works for everyone in every situation.
CUE SHEET

The following is a list of my cues or early warning signals that indicate I am getting upset emotionally, verbally, or physically.

1. List **physical cues**. What is your body telling you? What are you doing?

2. **Fantasies and Images** What suspicions, assumptions, and/or thoughts get you upset? What is your self talk?

3. **Emotional Cues** What feelings are you experiencing before and during the times when you are getting upset or are verbally, physically, or sexually abusive? Use the Feelings Vocabulary List to help you indentify your feelings under the feelings umbrella.

4. **Red flag words and sentences** What words, sentences, and/or phrases get you upset or press your buttons?

5. **Red flag situations** What are the "hot" situations, topic, places, time of day...?
Cycle of Abuse

Phase 1:
1. Threats, verbal harassment, minor physical abuse.
2. Both try to control behavior.
3. Deny, minimize incidents.
4. Tension builds.

Phase 2:
1. Major destructiveness.
2. Uncontrollable discharge of tension.
3. Emotional collapse.
4. Police may intervene.

Phase 2:
Explosion

Phase 3:
1. Calm and kindness.
2. Apologies and promises.
3. Hope.

From The Battered Woman, L. D. V. E. T.
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**Scale Key for Interpretation**

- Scores 0-39 = Low Risk (LR)
- Scores 40-69 = Moderate Risk (MR)
- Scores 70-100 = High Risk (HR)

**Movement Interpretation**

- Increase in score (+) = movement is into higher risk range
- Decrease in score (-) = movement into lower risk range
DOMESTIC VIOLENCE INVENTORY – POSTTEST
******************************************************************************

NAME: xxxxxxxxxxxxxxxxxxxxx   SSN OR ID#: XXXXXXXXXXXXXXXX
AGE: XXXXX        SEX: XXXXX        MARITAL STATUS: XXXXXXXXXXX
ETHNICITY/RACE: XXXXXX          SECOND TEST ADMINISTRATION
EDUCATION/GRADE: XXXXXX          DATE SCORED: XXXXXXXXXXXX

DVI Pre-Post results are confidential and are considered working hypotheses. No diagnosis or decision should be based solely upon these results. The DVI Pre-Post is to be used in conjunction with experienced staff judgment.

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*Minimum Scale Score

0 40 70 90 100
------------------- PERCENTILE SCORES-------------------

ADDITIONAL INFORMATION PROVIDED BY CLIENT

Age of first conviction .......... 18           Alcohol-related arrests .......... 0
Total number of arrests .......... 14           Drug-related arrests .......... 1
Domestic violence arrests ...... 1            Assaults (not D.V.) arrests ....... 0

TREATMENT NEEDS (PROGRAMS) SELECTED

No treatment needs selected.
Review other scale scores.

Recommendations: ___________________________________________________________

________________________________________________________________________

________________________________________________________________________

Staff Member Signature        Date                  (DVI POSTTEST #3)

Risk & Needs Assessment, Inc., P.O. Box 44828, Phoenix, AZ 85064-4828
DVI Pre-Post Copyright © 1997. All RIGHTS RESERVED.
NAME: XXXXXXXXXXXXXXXXXXXXXXXXX -2- DVI POSTTEST REPORT

** SUMMARY PARAGRAPHS EXPLAINING CLIENT’S ATTAINED SCALE SCORE **

TRUTHFULNESS SCALE: MEDIUM RISK RANGE  RISK PERCENTILE: 45
This person’s response pattern on the Truthfulness Scale is in the Medium Risk (40 to 69yh percentile) range. The DVI Pre-Post profile is accurate. However, there is a tendency for this person to deny common problems and to portray self in an overly favorable light. This person has adequate reading skills and appears to have answered DVI Pre-Post test items reasonably accurately. Specific questions will usually be answered more accurately than open-ended or general questions. This is an accurate DVI Pre-Post profile and other scale scores are accurate.

ALCOHOL SCALE: LOW RISK RANGE  RISK PERCENTILE: 0
This person’s response pattern on the Alcohol Scale is in the Low Risk (zero to 39th percentile) range. Few, if any, indicators of alcohol (beer, wine or liquor) abuse are indicated. Alcohol use, if present, may be historical. Alcohol abuse risk is low. RECOMMENDATIONS: With regard to alcohol abuse, the least restrictive disposition consistent with public safety is recommended and a low-intensity probationary response would be appropriate. A non-drinker may score higher than zero, but still be in the Low Risk range due to experimentation, prior alcohol-related history, etc.

CONTROL SCALE: LOW RISK RANGE  RISK PERCENTILE: 4
This person’s score is in the Low Risk (zero to 39th percentile) range. Low Risk scores typically do not have serious control problems or concerns. Within the range of domestic violence the term “control” refers to a “self-control through control of others” continuum. Loss of self-control can be controlling and is often manifest in emotional, verbal and physical abuse. In other words, loss of self-control can be intimidating, manipulative and influential in controlling others. Loss of control can involve swearing, hitting and severe physical violence. This individual scored in the Low Risk range.

DRUG SCALE: LOW RISK RANGE  RISK PERCENTILE: 36
This person’s response pattern on the Drug Scale is in the Low Risk (zero-39th percentile) range. Low Risk scorers reveal few, if any, significant indicators of illicit drug use or abuse. Drug use may, if present, be historical, experimental or minimal involvement. A person who does not use drugs may score higher than zero, but will still be in the Low Risk range. RECOMMENDATIONS: This person’s court-related records should be reviewed and if drug-related convictions are revealed, recommendations should be upgraded accordingly. A low intensity probationary response is indicated.

VIOLENCE SCALE: PROBLEM RISK RANGE  RISK PERCENTILE: 88
This person’s response pattern on the Violence Scale is in the Problem Risk (70 to 89th percentile) range. Problem Risk Scorers are capable of committing acts of physical, emotional or verbal abuse. They frequently have communication difficulties and family/relationship problems. Many harbor a lot of poorly repressed resentment, anger and even hostility. RECOMMENDATIONS: Structure characterized by clearly understood behavioral expectations and consequences should be considered, along with close supervision. When upset (or during periods of substance abuse), this person’s emotions all too easily interfere with his or her judgment. Family or domestic violence counseling is needed. When under perceived stress this individual could be assaultive and potentially dangerous.

STRESS COPING SCALE: MEDIUM RISK RANGE  RISK PERCENTILE: 42
This person’s response pattern on the Stress coping Abilities Scale is in the Medium Risk (40 to 69\textsuperscript{th} percentile) range. Medium Risk scorers typically have average stress coping abilities. Stress, or this person’s ability to cope with stress does not appear to be a focal area of concern. RECOMMENDATIONS: Stress-related counseling or treatment does not appear to be needed at this time. It should be noted that stress can exacerbate other mental health problems. However, this person’s stress coping score is in the average range.

SIGNIFICANT ITEMS: The following self-report responses represent topics that may help in understanding the respondent’s situation.

**ALCOHOL**
No Significant items were reported for this scale

**DOMESTIC VIOLENCE**
*14 total times arrested
*1 domestic violence arrest

**DRUGS**
*1 drug arrest
2. Not drug free for last 30 days

**CONTROL**
No Significant Items were reported for this scale

**STRUCTURED INTERVIEW (CLIENT’S SELF-REPORT):**
132. Drinking is no problem
133. Drug use is no problem
134. Temper moderate problem
135. Domestic violence serious
136. No need for drinking help
137. No need for drug treatment
138. No need for Dom. Viol. help
139. Little, if any, drinking
140. Little, if any drugs
141. Self-rating: peaceful
142. Self-rating: submissive
143. Last 30 days: no drinking
144. Last 30 days: no drugs
145. Less violent: 30 days
146. Not recovering abuser
147. Not suicidal/homicidal

**DVI POSTTEST RESPONSES**

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DVI PRE-POST COMPARISON REPORT

NAME: xxxxxxxxxxxxxxxxxx  SSN OR ID#: XXXXXXXXXXXXXXXX
AGE: XXXXXX  SEX: XXXXX  MARITAL STATUS: XXXXXXXXXXXX
ETHNICITY/RACE: XXXXXX  SECOND TEST ADMINISTRATION
EDUCATION/GRADE: XXXXX  DATE SCORED: XXXXXXXXXXXXXX

The DVI Pre-Post report directly compares pretest scale scores with analogues posttest scale scores. No diagnosis should be based on DVI Pre-Post comparison results. These results are confidential and are working hypotheses.

DVI Pre-Post Comparison Index

Explanatino: DVI Pre-Post Comparison Index is the difference score (pretest score minus posttest score) for each DVI Pre-Post Scale. When the pretest score is higher than the posttest score, this index is positive and indicates improvement. When the index is negative the pretest score is lower than the posttest score which signifies that the client is more at-risk now than at the pretest period.

1. TRUTHFULNESS SCALE:  Pretest: 57  Posttest: 45  Comparison: +12
   Comparison of the Truthfulness Scale pretest – posttest scores reveals some improvement, in that this person’s posttest scale score is lower than their pretest score. However, their pretest score was at or below the 69th percentile, consequently there may have been little room for improvement.

2. ALCOHOL SCALE:  Pretest: 0  Posttest: 0  Comparison: 0
   Little, if any change is apparent when the Alcohol Scale pretest – posttest scores are compared. Since the pretest score was at or below the 69th percentile there may not have been a lot of room for change or improvement. The lower the pretest score the more impressive this posttest score is.

3. CONTROL SCALE:  Pretest: 4  Posttest: 4  Comparison: 0
   Little, if any change is apparent when the Control Scale pretest – posttest scores are compared. Since the pretest score was at or below the 69th percentile there may not have been a lot of room for change or improvement. The lower the pretest score the more impressive this posttest score is.

4. DRUGS SCALE:  Pretest: 36  Posttest: 36  Comparison: 0
   Little, if any change is apparent when the Drugs Scale pretest – posttest scores are compared. Since the pretest score was at or below the 69th percentile there may not have been a lot of room for change or improvement. The lower the pretest score the more impressive this posttest score is.

5. VIOLENCE SCALE:  Pretest: 88  Posttest: 88  Comparison: 0
   Little if any change is apparent when the Violence Scale pretest – posttest scores are compared. Since the pretest score was a t or above the 70th percentile there should have been a lot of room for improvement or change. The higher the pretest score the more room there is for change or improvement. Might explore reasons for the lack of greater improvement or position change.

6. STRESS COPING SCALE:  Pretest: 26  Posttest: 42  Comparison: -16
   Comparison of Stress Coping Scale pretest-posttest scores shows an increase in posttest risk from the pretest risk range score. This client’s posttest scale score shows moderate deterioration. Might explore reasons, e.g., client attitude, relapse, etc. for this negative change.
SIGNIFICANT ITEM COMPARISONS

******************************

Significant items consist of direct admissions for unusual responses that may help in understanding the respondent. Items are printed only if they are answered negatively. Significant items are provided for the Alcohol, Drugs, Violence, and Control scales.

ALCOHOL:  
Pretest: No significant items were reported for this scale  
Posttest: No significant items were reported for this scale

DRUGS:  
Pretest: No significant items were reported for this scale  
Posttest: 2. 30 days: used drugs

VIOLENCE:  
Pretest: No significant items were reported for this scale  
Posttest: No significant items were reported for this scale

CONTROL:  
Pretest: No significant items were reported for this scale  
Posttest: No significant items were reported for this scale

Four behavior categories are selected for client pretest – posttest answer comparison: alcohol, drugs, violence and control.

ALCOHOL:  
Self-rated drinking problem (#132)  
Pretest: #4) No Problem  
Posttest: #4) No Problem

Motivation for treatment (#136)  
Pretest: #4) No Desire  
Posttest: #4) No Desire

Ten point rating scale (#139)  
Pretest: #1) 1 or 2  
Posttest: #1) 1 or 2

Drinking in last 30 days (#143)  
Pretest: #4) No Drinking  
Posttest: #4) No Drinking

DRUGS:  
Self-rated drug use problem (#133)  
Pretest: #4) No Problem  
Posttest: #4) No Problem

Motivation for treatment (#137)  
Pretest: #4) No Desire  
Posttest: #4) No Desire

Ten point rating scale (#140)  
Pretest: #1) 1 or 2  
Posttest: #1) 1 or 2

Drug use in last 30 days (#144)  
Pretest: #4) No Drugs  
Posttest: #4) No Drugs

VIOLENCE:  
Self-rated temper problem (#134)  
Pretest: #3) Slight  
Posttest: #2) Moderate

Self-rated domestic violence (#135)  
Pretest: #4) No Problem  
Posttest: #1) Serious

Ten point rating scale (#141)  
Pretest: #1) 1 or 2  
Posttest: #1) 1 or 2

Violence in last 30 days (#145)  
Pretest: #4) Less Violent  
Posttest: #4) Less Violent
Appendix I

NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX -3- COMPARISON REPORT

-----ANSWERS-----

CONTROL:                  PRETEST                      POSTTEST

Ten point rating scale (#142)  #1) 1 or 2  #1) 1 or 2

PRETEST:  TFFFTFFFFF  FFFFFFFFFTF  FFFFFFFFT  FFFFFFFFFTF  FFFFFFFFFTF
ANSWERS   TFFFTFTTFF  FTFFFFFTTFF  FFFFFFFFT  FFTFFFFF33  2411233421
          3114142431  1413412111  1NNNNNNNNY  Y443444411  1144444

POSTTEST:  TFTFFFFF7F  FFFFFFFFFTF  FFFFFFFFT  FFFFFFFFFTF  FFFFFFFFFTF
ANSWERS   FFFFTFTTFF  FTFFFFF7FF  FFFFFFFFT  FFTFFFFF44  3422422421
          2124141331  2324121111  1NNNNNNNNN  N442144411  1144444

RECOMMENDATIONS:

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

___________________________________________________________
STAFF MEMBER SIGNATURE            DATE            (DVI POSTTEST #3)
In the following, number means the total number in your lifetime.

1. Your age at your first conviction: ______
2. Total number of times arrested: ______
3. Number of domestic violence arrests: ______
4. Number of alcohol-related arrests: ______
5. Number of drug-related arrests: ______
6. Number of assaults (not domestic violence) arrests: ______

**Section 1**
If a statement is True put an X under T for True. If a statement is False put an X under F for False.

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**Section 2**
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Section 3
Put an X under Y for YES if you are interested in participating in the listed program. Put an X under N for NO if you are not interested in participating.

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Put an X under the number (1, 2, 3, or 4) that is most accurate to you.

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THANK YOU FOR YOUR COOPERATION!!
Drugs refer to illegal drugs such as marijuana, heroin, cocaine, crack, amphetamines, barbiturates or prescription narcotics.

Do not lie or give false information. Dishonesty can be detected. This inventory measures how truthful and cooperative you are. In addition, your court related records may be sued to check the information you provide.

Drinking refers to beer, wine and other liquor.
Drugs refer to illegal drugs such as marijuana, cocaine, crack, amphetamines, barbiturates or heroin.

Do not make any marks on this booklet. Mark all of your answers on the answer sheet. First, fill in the information at the top of your answer sheet.

**Section 1**

The following statements must be answered True or False. If a statement is True, put an X under T for True on your answer sheet. If a statement is False, put an X under F for False. All statements must be answered.

1. At times I get angry and upset at myself.
2. I have been drug free or clean for at least 30 days.
3. When upset or mad I often shout, swear, or put other people down.
4. I am concerned about my drinking.
5. I get into a lot of arguments and fights.
6. I have been embarrassed at work or school about mistakes I have made.
7. I am concerned about my drug use.
8. There are times when I get real discouraged.
9. When I am really upset I get into the other persons face and say things to hurt them.
10. I know I shouldn’t but I have been jealous of someone else’s success.
11. In the past 30 days, after drinking, my personality changes and I seem like a different person.

12. Sometimes I daydream about being rich and famous.
13. Sometimes I get so angry I cannot control my temper.
14. There have been times when I have been very concerned about others disapproval of me.
15. I attend narcotics anonymous (NA) or cocaine anonymous (CA) meetings for my drug problem.
16. People close to me tell me that I am arrogant, demanding, and controlling.
17. In the last month drinking has been a problem for me.
18. I have an explosive or violent temper.
19. There are times when someone in my family frustrates or irritates me.
20. I have intense desires or cravings for drugs.
21. Members of my family resent it when I tell them whom they can see or be friends with.
22. It seems like when I start drinking I cannot stop.
23. I often think about revenge and how I can get even.
24. There have been times when I have had a job but did not want to go to work.
25. Within the last month I have used drugs to relax and feel good.
26. To get what I want I often shout, get angry or am demanding.
27. My drinking is more than just a little or minor problem.
28. I do not consider swearing, slapping or shoving to be acts of domestic violence.
29. There are times I really worry about myself and my happiness.
30. I lie to people about my use of drugs – either by minimizing how much I really use or hiding the fact that I use drugs at all.
31. I have a forceful personality and usually dominate and control others.
32. Within the last month my family has shown concern about my drinking.
33. I often think about death, dying or suicide.
34. It bothers me when I am overlooked or ignored by people I know.
35. I use non-prescription drugs.
36. Two or more of the following apply to me (answer true or false on your answer sheet):
   a. Insistent or demanding
   b. Manipulative or controlling
   c. Threatening or intimidating
   d. Commanding or dominating
   e. In charge or authoritative
37. I go to Alcoholics Anonymous (AA) or Rational Recovery (RR) meetings because of my drinking problems.
38. If someone insults or hurts me I usually try to get even.
39. There are times when I am really down, discouraged, and depressed.
40. I have used drugs like marijuana, cocaine, crack, or heroin within the last 30 days.
41. When angry I sometimes lose control and unintentionally hurt or abuse others.
42. Within the last month I drank alcohol to avoid or escape from worries or problems.
43. I have threatened and physically hurt members of my family.
44. There have been times when I strongly disliked someone.
45. When offered drugs, I may or may not use them. It depends on how I feel at the time.
46. My family often complains that I am always telling them what they can and cannot do.
47. To be honest, within the last 30 days I drank too much.
48. Two or more of the following apply to me (answer True or False on your answer sheet):
   a. Violent
   b. Hostile
   c. Explosive
   d. Dangerous
   e. Threatening
49. I have done things when angry that I have regretted.
50. I occasionally use drugs like marijuana or cocaine to feel good.
51. There are times I really worry about my responsibilities and happiness.
52. My family understands that at home I am in charge.
53. I need help to overcome my drinking problem.
54. I have been embarrassed or felt uneasy about some of the things I have done.
55. I have a lot of problems and conflicts with other people.
56. There are times when I am unhappy and discouraged.
57. When I get angry I am dangerous.
58. I have done some things that were wrong and I was not caught.
59. I usually get what I want when I blow-up, yell, swear or demand.
60. I have the ability to influence or dominate and control others so that we usually do what I want.
61. In many relationships one person dominates and the other person submits to their control. I usually dominate and control.
62. Sometimes I worry about what others think or say about me.
63. To be honest, I am arrogant, demanding and manipulative.
64. I have not been able to stop using or abusing drugs.
65. In the last 30 days, I have been very dominating, manipulative and controlling of others.
66. Within the last month my drinking has caused social and family problems for me.
67. When I get angry or upset I often yell or break things.
68. I am worried about hurting members of my family.
69. Some members of my family say I make their guests, friends or visitors feel unwelcome in our home.
70. There are times when I get really frustrated.
71. It is important for me to dominate at home and be in charge.
72. I have not been able to completely stop drinking or abusing alcohol.
73. I am often irritable, moody or demanding.
74. People that know me understand that when I am angry I push, shove and hit.
75. Within the last month drinking has interfered with my happiness and success in life.
76. When annoyed or frustrated I tend to “fly off the handle” and lash out at others.
77. I have serious, marital or relationship problems.
78. I get upset when others criticize me.
79. I have a drug-related problem.
80. I am good at controlling others without their realizing they are being manipulated or controlled.
81. I lie to people about my drinking – either minimizing how much I drink or hiding the fact that I drink at all.
82. To be honest, I am a violent person.
83. I regret some of the things I have said and done.
84. I use and sometimes abuse drugs.
85. In the last 30 days, I have pushed, swore or hit my partner (or significant other).
86. I have a drinking or alcohol-related problem.
87. After losing control, I say I will never do it again, but I always do.
88. Sometimes I just cannot control my temper.

Section 2
Rate yourself by selecting the number that describes you best. Use one of the following for your answer:

<table>
<thead>
<tr>
<th>1. Rare or Never</th>
<th>2. Sometimes</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Often</td>
<td>4. Very Often</td>
</tr>
</tbody>
</table>

Put an X on your answer sheet under the number (1,2,3, or 4) that applies to you.

89. Exercise/Physical Activity
90. Positive Attitude/Outlook
91. Dissatisfied with Life
92. Good Sense of Humor/Laugh
93. Anxious/Worried/Fearful
94. Depressed/Discouraged
95. Insomnia/Trouble Sleeping
96. Satisfied with Self/Like Self
97. Financially Stable/Responsible
98. Enthusiastic/Involved with Life
99. Tension/Stress/Pressure
100. Fatigue/Tired/Sluggish
101. Directly Deal with Problems
102. Emotionally Upset/Crying
103. Lonely/Unhappy
104. Able to Handle Life’s Problems
105. Nervousness/Unable to Relax
106. Patient/Tolerant/Understanding
107. Can’t Make Decisions/Indecisive
108. Work/Job Satisfaction
109. Admit my Errors/Mistakes
110. Bored/Restless/Uninterested
111. Job or Work Problems/Concerns
112. Trust My Own Judgment
113. Marital/Family Problems
114. Acceptable/Adjustable
115. Self-Reliant/Independent
116. Difficulty with Others/Conflict
117. Share my Thoughts Comfortably
118. Angry/Hostile with Others
119. Dominate/Browbeat/Bully
120. Demanding/Authoritative
121. Rage/Blow Up/Explode

Section 3

Several available community resources and programs are listed below. Put an X on your answer sheet under Y (for YES) if you want to participate, or continue to continue in a program. Put an X under N (for No) if you do not want to participate. Each item must be answered yes or no on your answer sheet.

122. Alcohol Treatment
123. Alcoholics Anonymous
124. Anger Management
125. Cocaine Anonymous
126. Domestic Violence Counseling
127. Drug Treatment
128. Narcotics Anonymous
129. Psychological Counseling
130. Relaxation Training
131. Temper Control

Section 4

Answer the following statements to best describe yourself. Put an X under the number (1,2,3, or 4) on your answer sheet that is accurate for you.

132. How would you describe your drinking?
   1. Serious Problem
   2. Moderate Problem
   3. Mild Problem
   4. No Problem

133. How would you describe your drug use?
   1. Serious Problem
   2. Moderate Problem
   3. Mild Problem
   4. No Problem

134. How would you describe your temper?
   1. Serious Problem
   2. Moderate Problem
   3. Mild Problem
   4. No Problem

135. How would you describe your domestic violence?
   1. Serious Problem
   2. Moderate Problem
   3. Mild Problem
   4. No Problem

136. How would you describe your desire to get (or continue in) alcohol treatment?
   1. I want help
   2. I may need help
   3. Maybe, not sure
   4. No need

137. How would you describe your desire to get (or continue in) drug treatment?
   1. I want help
   2. I may need help
   3. Maybe, not sure
   4. No need

138. How would you describe your desire to get (or continue in) domestic violence counseling?
   1. I want help
   2. I may need help
3. Maybe, not sure
4. No need

139. On a scale of 1-10, with 1 representing abstaining or not drinking, and 10 representing alcohol abuse or dependency – I rate myself:
   1. 1 or 2
   2. 3, 4, or 5
   3. 6, 7, or 8
   4. 9 or 10

140. On a scale of 1-10, with 1 representing abstaining or not using drugs, and 10 representing drug abuse or dependency – I rate myself:
   1. 1 or 2
   2. 3, 4, or 5
   3. 6, 7, or 8
   4. 9 or 10

141. On a scale of 1-10, with 1 representing peaceful and 10 representing violent – I rate myself:
   1. 1 or 2
   2. 3, 4, or 5
   3. 6, 7, or 8
   4. 9 or 10

142. On a scale of 1-10, with 1 representing submissiveness or passivity, and 10 representing controlling or dominating – I rate myself:
   1. 1 or 2
   2. 3, 4, or 5
   3. 6, 7, or 8
   4. 9 or 10

143. In the last (30) days my drinking has:
   1. Gotten worse
   2. Stayed the same
   3. Gotten better
   4. I don’t drink

144. In the last (30) days my use of drugs has:
   1. Gotten worse
   2. Stayed the same
   3. Gotten better
   4. I don’t use drugs

145. In the last (30) days I have become:
   1. Much more violent
   2. More violent
   3. Stayed the same
   4. Less violent

146. Recovering means having a substance (alcohol and/or drug) abuse problem, but not drinking or doing drugs any more. I am a recovering:
   1. Alcoholic
   2. Drug Abuser
   3. Both 1 and 2
   4. None of the above

147. In the last (30 days) month I have been:
   1. Dangerous to Myself (Suicidal)
   2. Dangerous to Others (Homicidal)
   3. Both 1 and 2 (Suicidal & Homicidal)
   4. None of the above
### COMMONLY USED AFFECT WORDS

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<th>Sadness Category</th>
<th>Fear Category</th>
<th>Uncertainty Category</th>
<th>Anger Category</th>
<th>Potency Category</th>
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<td>Frightened</td>
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<td>Dismayed</td>
<td>Shaky</td>
<td>Mixed up</td>
<td>Irritated</td>
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<td>Energetic</td>
<td>Helpless</td>
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<td>Upset</td>
<td>Brave</td>
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<td>Impatient</td>
<td>Assured</td>
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<td>Adequate</td>
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<td>Perturbed</td>
<td>Determined</td>
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<td>Annoyed</td>
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<td>Undecided</td>
<td>Bothered</td>
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<td>Defensive</td>
<td>bothered</td>
<td>Disagreeable</td>
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</tbody>
</table>
GOAL SHEET

Date: ____________________________  Class Location: ____________________________________________

Name: ____________________________________________  DOB: ____________________________

*Response code: 1= no effort  
2= some effort  
3= better effort  
4= excellent effort

While attending this program I agree to work on the following:

1. Fill out new cues on my Cue Sheet weekly

2. Fill out Safety Plan and give a copy to my facilitator by week five – continue to update weekly

3. Get approval from my facilitator and present my Most Violent Incident by week 6

4. Am I taking responsibility for making weekly payment?

5. (add your goal here) ________________________________________________________________

6. (add your goal here) ________________________________________________________________

7. (add your goal here) ________________________________________________________________

8. (add your goal here) ________________________________________________________________
Appendix K  Integrative Paper

9. (add your goal here)____________________________________________________________

10. (add your goal here)____________________________________________________________

Clients Name: ______________________________________________  DOB: _____________________

Referral Source: _____________________________________________  FAX: _____________________

Attendance satisfactory:       yes _____ No _____       Late times: ________________

Comments by client: __________________________________________

____________________________________________________________________________________

Client signature: _____________________________________________  Date: _____________________

STAFF RECOMMENDATIONS:

1. Obtain and maintain contact with sponsor on a weekly basis.
   Date Accomplished: ______________________________

2. Be prepared by week six to present the Most Violent Incident.

3. Complete the fourth and fifth step. Date scheduled: ______________________________

4. Appropriate support group, (what and where): _________________________________________
   ________________________________________________________________________________

Comments by staff:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Staff signature: _____________________________________________  Date: _____________________

RCFF 2006
Within the house is behaviors, the red line that separates house from chimney is addiction.

When we are looking at abuse, many behaviors can fit into a number of different rooms.
Visit each room in the House of Abuse filling in behavior you used in the past.

When looking at abuse, many behaviors can fit into a number of different rooms.

Within the house is behaviors, the red line that separates house from chimney is addiction.
HOW DO YOU FEEL?

This is all about:
Helping you understand your emotional reactions to different situations.

What will you do:

1. Complete the open-ended sentences below.
2. As a class, discuss the two questions at the bottom of the page.

Sentences to Complete:

1. When I am proud of myself, I ________________________________
2. I love ________________________________
3. I am afraid of ________________________________
4. I am embarrassed when ________________________________
5. I hate ________________________________
6. I want to be ________________________________
7. I am happiest when ________________________________
8. I am worried about ________________________________
9. In my free time, I like to ________________________________
10. Someone who means the most to me is ________________________________
11. In school, I do best when ________________________________
12. I need to work harder in ________________________________

Questions:

As a class, discuss:

1. What did you find out about yourself?
2. What do you need to do more of to feel good about yourself?
CONTROLLING ABUSIVE BEHAVIOR

Most Violent Incident

Name: ___________________________________________ Date: ______________________

Give a brief description of the situation and include names of those present and who may have witnessed or been affected by this violent incident. Who, what, where, when, how, why...in your own words tell your story from build up to after court. ____________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

A log is a written account of any past situation in which you were abusive to a current or past partner. Describe in detail the build up, the explosion, and the calming (Cycle of Abuse), as it is applied to this situation. Focus on your abusive behavior.

IF A LOG IS NOT COMPLETED AND TURNED IN EACH WEEK, AN ADDITIONAL GROUP SESSION WILL BE ADDED BEFORE COMPLETION OF THE PROGRAM.

1. During the build up my physical cues were: ____________________________________________
   a. Self talk: ____________________________________________
      ____________________________________________
   b. Feelings under the anger umbrella: ____________________________________________
      ____________________________________________
   c. Abusive behaviors: ____________________________________________
      ____________________________________________

2. What were your abusive/violent actions during the explosion stage: ______________________
   a. Physical cues: ____________________________________________
      ____________________________________________
   b. Self-talk: ____________________________________________
      ____________________________________________
   c. Feelings under the anger umbrella: ____________________________________________
      ____________________________________________
3. What was your intent with your abusive behavior? ________________________________  
   ____________________________________________________________________________  
   ____________________________________________________________________________  

4. During the calming stage, when did your calming stage start? ____________________  
   a. Physical cues: ____________________________________________________________  
   b. Self-talk: _______________________________________________________________  
      _______________________________________________________________________  
   c. Feelings: ________________________________________________________________  
   d. Actions: ________________________________________________________________  
      _______________________________________________________________________

5. In what ways did you minimize or deny your actions or blame?  ____________________  
   ____________________________________________________________________________  

6. The effects on you were (including emotionally): _________________________________  
   ____________________________________________________________________________  

7. How did your behavior affect this relationship? _________________________________  
   ____________________________________________________________________________  

8. What happened to your partner? (Injury, emotional affects, trust level etc.):  ______  
   ____________________________________________________________________________  

9. How have you been controlling with this person in the past? (rooms of House of Abuse):  ____  
   ____________________________________________________________________________  

10. What happened to other relationships including children, relatives, parents, and in-laws?  
    (emotional effect, and/or injuries and trust level): ________________________________  
    _________________________________________________________________________  

11. I would have been better if? (focus on Safety Plan, be detailed):  _________________  
    _________________________________________________________________________  

12. What were your feelings and thoughts after reviewing the log?  ____________________  
    ____________________________________________________________________________  

RCFF 2005
PERSONAL PROGRESS REPORT

Name of Program: Anger/Abuse

Date: ___________ Name: __________________________ DOB: ___________

This information is a personal report of my progress. This information may be shared with your referent, i.e. probation officers, child protection workers, judges, attorneys, etc.

Probation Officer: __________________________ Phone: __________________

County: __________________________ Fax: __________________

1. I have attended _____ number of sessions
2. I have missed _____ number of sessions
3. I have presented my Most Violent Incident Yes _____ No _____ N/A _____
4. I have presented my relapse report Yes _____ No _____ N/A _____
5. I have accepted my responsibility for my chemically abusive behavior Yes _____ No _____

Comments:
_____________________________________________________________________________________
_____________________________________________________________________________________ 

6. These are the positive changes I have made in dealing with
   a. Partner: ____________________________________________
      ____________________________________________
   b. Children: __________________________________________
      ____________________________________________
   c. Parents and other family members: ______________________
      ____________________________________________
   d. Others (i.e. work, school, probation officers, etc.): ______________________
      ____________________________________________
7. I have been attended weekly group(s): Yes ______ No ______
   Type of group: Alcoholics Anonymous ______ Parents Anonymous ______
   Emotions Anonymous ______ Alanon ______

8. I have obtained a sponsor: Yes ______ No ______

9. I am and have been clean and sober since (date): ________________________________

10. I am actively participating in this group by: ____________________________________________

   ____________________________________________________________________________

11. List self-identified problems: ______________________________________________________

   ____________________________________________________________________________

12. I am abiding by RCFF’s expectations: Yes ______ No ______
   I am abiding with amended contract (if applicable) Yes ______ No ______

13. I have completed assignments as required: Yes ______ No ______
   Explain: ________________________________________________________________________

14. I believe that I belong in this group: Yes ______ No ______
   Explain: ________________________________________________________________________

15. My tentative discharge date is: ____________________________________________________
   CLIENT COMMENTS: ______________________________________________________________

   _______________________________________________________________________________

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PHILOSOPHY OF ABUSE/VIOLENCE

‘VIOLENCE IS A CRIME’

Abuse/Violence: Any action where the intent is to cause fear, pain, or hurt (including physical, sexual, verbal, emotional, & societal abuse) is an abusive use of power.

1. **100% Rule**- I am responsible for my own behavior. Being provoked does not justify abuse/violence.
2. Abuse/Violence is a learned behavior that has reward & consequences.
3. Abuse/Violence is or can be passed on from generation to generation.
4. Abuse/Violence happens with or without the use of alcohol/drugs
5. The abusive use of Alcohol & Drugs is destructive to self and others.
6. Without sobriety, change does not happen.
7. Society has and continues to support, reinforce, encourage, and to sell violence.
8. **Anger Happens**- I can learn & practice healthy responses.
9. The only person I can change is myself.
10. Education, identification, & positive action is necessary for change.

I CAN BE NON-ABUSIVE
Serenity Prayer: God, grant me the serenity to accept the things I cannot change, the courage to change the things that I can, and the wisdom to know the difference.

SAFETY PLAN

Physical Exercise Plan: (How can you work off energy or anxiety in a non-destructive way? A sport or activity?)

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Stress Relaxation Plan: (what do you enjoy doing? Something that relaxes you and helps you think straight.)

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

What cues will tell you it is time for a time out?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Where will you go?
A. For a short time out:
Name ___________________________________________ Phone _____________________________
Address __________________________________________
Name ___________________________________________ Phone _____________________________
Address __________________________________________

B. Possible overnight:
Name ___________________________________________ Phone _____________________________
Address __________________________________________
C. Group member & phone numbers:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

D. Sponsors name and phone:

________________________________________________________________________

Address:

________________________________________________________________________

E. Parole Officer’s name and phone:

________________________________________________________________________

Address:

________________________________________________________________________

Hope for the future…

Arnie Engelby
Director

763-783-4938
Fax 763-783-4900

Main Office: Human Service Bldg., Suite 305
1201 89th Avenue NE
Blaine, MN 55434

Emergency Number: 911

Child Abuse Protection: ______________________________________________________

Alcoholic Anonymous Club: ________________________________________________
### SWEAR WORDS

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<thead>
<tr>
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<td>NEVER</td>
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<td>WHY</td>
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<td>LET</td>
<td>WHAT IF</td>
<td>YOU...</td>
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<tr>
<td>STUPID</td>
<td>DUMB</td>
<td>PROFANITY</td>
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### INSTEAD USE

**I STATEMENTS:**

- I FEEL......
- I NEED......

**WITH GOOD EYE CONTACT**