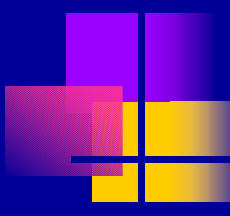




Batterers' Treatment: How Group Leaders Assess the Progress of Participants

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- This project was funded by the Blue Cross Blue Shield of Michigan Foundation. The presenters are grateful to the staff and clients of Family Services, Inc. for their participation and to Dr. Isabel Rose for her interviews of the group therapists. We collaborated with Dennis Muzzi and Sylvia Thompson in developing the surveys and collecting data and with Jeffrie Cape in developing the surveys.



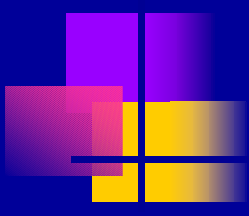
The legal system often asks leaders of batterers' groups to assess members' progress

- It is important to go beyond mere attendance.
- If the victim is unavailable or no longer has contact with the group member, the therapists need other criteria to measure effectiveness.



Can group members' behavior and reports in group show that they are changing?

- Can therapists detect those changes?



Therapists' ability to predict risk affects

- Their confidence in their work.
- Their ability to plan for increasing the effectiveness of groups.
- However, the accuracy of clinical judgment of risk is not well-supported by literature (Langan, 1999; Milner & Campbell, 1995).



Method

- The research methodology and surveys were developed in very close collaboration between practitioners and researchers.
- Data were obtained every two weeks following groups
- The groups are cognitive behavioral, with a focus on increasing batterers' accountability for their behavior.



Members

- Were typically court-ordered for 26 weeks of intervention.
- Were recruited for the study during group intake sessions.
- All data is completely confidential and protected by a Federal Certificate of Confidentiality.
- Members received their choice of McDonalds, Home Depot, or Marshall Fields coupons as rewards for participating.



Seventeen group leaders

- Were asked each time to predict the likelihood of 71 group members' being physically abusive with a partner in the next six months
 - using a scale of 1 to 5 (with 5 meaning very likely)
- Therapists were also asked to rate their level of confidence in their ratings for each member
 - using a scale from 1 to 4.



Therapists reported

- Which of 8 indicators they used as the basis of their risk assessment:
 - using a scale from 1 to 5
- The indicators are listed in Table 1
- We used the first 12 data gathering periods
 - Because after that the number of group members who have completed surveys is too small to be meaningful

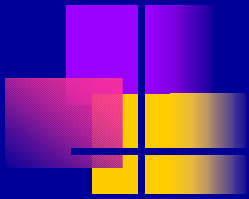
Table 1. Influence on Therapists' Risk Assessments of Aspects of the Group Members' Behaviors During The Last Two Weeks' Groups (N=71)

	Mean	SD
Level of denial	3.63	.63
Client displays accountability	3.55	.76
Client's motivation for change	3.54	.73
Amount of participation in group	3.52	.77
Client reports interrupting cycle of violence	3.52	.65
Empathy for victim	3.51	.67
Client convincingly reports implementing equality in relationship	3.40	.62
Completion of homework	3.21	.97



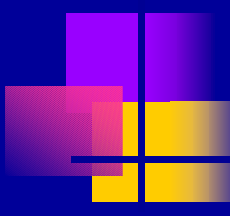
Therapist interviews

- Seven therapists who led these groups
- Were interviewed individually by Dr. Isabel Rose
- Interviews were tape-recorded and transcribed.



Findings

- The mean prediction of physical abuse risk
 - For 70 men over a 12-week period was 2.25 (SD=.70),
 - The mean confidence level was 2.95 (SD=. 46)



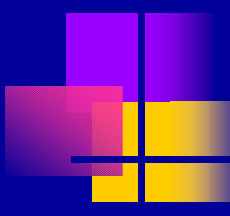
Means for influence on prediction of the 8 risk indicators

- Were all highly correlated with each other
 - ($p < .01$, $n=70$).
- Level of denial was the most influential item. (Table 1)



We used t-tests

- To compare the influence of the 8 risk indicators
- For the 16 men for whom therapists had the least overall confidence in their predictions
- With their influence on predictions for the 17 men for whom therapists were very confident.



There was a significant difference in confidence ratings for these two groups

■ (p=.000)

- For men for whom therapists were least confident in their predictions, the mean confidence level was 2.03 (SD=.49)
- For the men for whom therapists were quite confident in their predictions, the mean confidence level was 3.52 (SD=.34).



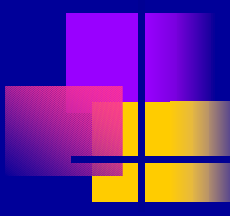
Demographics

- There were no significant differences between the two groups on:
 - Age
 - Risk predictions for physical, emotional, or financial abuse in the next 6 months
 - Education
 - Income
 - Marital status



Demographic differences

- African Americans
- Men with substance abuse problems
 - Were more likely to be in the group of the members about whom the therapists had the least confidence in their risk predictions



“Client convincingly reports implementing equality in relationship”.

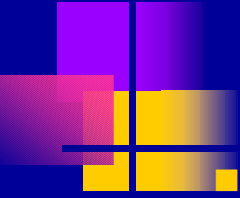
- Was the only risk indicator with a significant difference in influence on therapists' risk assessments
 - ($p < .05$)
 - For men about whom therapists were less confident, the mean level of influence was 3.20, (SD = .80)
 - For men about whom therapists were very confident the mean level of influence was $M = 3.83$ (SD = .40)



“Client reports interrupting cycle of violence”.

- Had a nearly significant difference in influence on therapists' risk assessments
 - ($p < .10$)
 - For men about whom therapists were less confident, the mean level of influence was 3.39 (SD=.93)
 - And for and men about whom therapists were very confident, the mean level of influence was 3.85 (SD=.49).

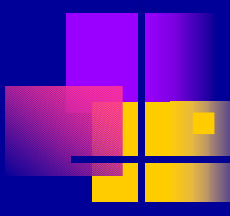
Therapists' comments



“The higher risk that I really believe the person is more confident that I am... Versus if they are low risk, I may not know. I may put it in the middle...I’m not confident toward the other end that they won’t re-offend.” (Therapist 1)

- “You have to be careful with risk assessments... I would rather air on the side of being overly cautious...I may be wrong, but I would rather make a risk assessment that this guy is at high risk to re-offend than to think the odds are minimal. If I get into that middle area, I am going to side with high risk... I think that is the hardest part of this job. You don’t want to label them.” (Therapist 2)

More therapists' comments

- 
- “My risk assessment on these guys stays very much the same and it is not related to what happens in the group. It is related to my assessment of them generally...In fact, one of the biggest things and the bases for my assessment is the history in terms of the violence that they have perpetrated and the level of that.” (Therapist 5)
 - “I wonder what it would really look like if I had a video camera following them around. I think I would see something different than what is being presented in group. That I think is the one thing that really scares me. I am very conservative when I write their risks. I am never confident when they walk out of this room.” (Therapist 6)



Conclusion

Therapists required reports of high level skills to feel confident in their ratings.

- Whether confident or not, the therapists rated the men at a moderate level of risk for physical abuse.
- Therapists' awareness of the cycle of violence, of batterers' high levels of denial, and of the batterers' past promises to change made it hard for them to believe that group members were changing.



These findings

- Are consistent with behavior theory that suggests that practicing a new behavior outside of treatment is important for true behavior change.
- Implementing equality in relationships may suggest to therapists that group members have decreased their endorsement of male privilege.



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