

## **Neurobiology of Trauma and the Brain: A Biopsychosocial Approach to Treating IPV Offenders**

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## **Assessment Strategies**

- ▶ Examine circumstances relevant to the violence/abuse (use of alcohol/drugs, child rearing, traumas, impulsivity, mood regulation, power, control, etc.)
  - ▶ Types of threats
  - ▶ Personality characteristics
  - ▶ Analysis of the frequency and severity
  - ▶ Coping strategies
  - ▶ What happens after violent episode is over?
  - ▶ Psychological and physical impact of violence/abuse
  - ▶ Readiness to change
- Geffner, Conradi, Geis, & Aranda, 2007

## **Understanding Trauma-Informed Practices**

- Understanding trauma and its impact
- Promoting safety
- Ensuring cultural competence
- Supporting the person's control, choice, and autonomy
- Sharing power and governance
- Integrating care
- Healing happens in relationships
- Recovery is possible

## **FOCUSED TECHNIQUES WITH TRAUMATIZED CLIENTS CONTINUED**

**Self-talk strategies can be employed to improve self-esteem, control impulses.**

**Metaphors can be employed as an effective and non-threatening means of addressing abuse issues.**

**Books and movies can be used to trigger discussion of abuse issues.**

**Workbooks are often employed for practice.**

## Special Trauma Treatment Considerations

- Locus of Control
- Relationship Development
- Traumatic Reminders/PTSD
- Depression/Anger
- Separation, Grief and Loss
- Risk Taking Behaviors

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## Best Practices: Phase-Oriented Treatment

- Safety and Stabilization.
- Symptom Reduction
  - ◆ Regulating emotion
  - ◆ Processing trauma
  - ◆ Attachment issues
  - ◆ Substance abuse/dependence
- Developmental skills.

## Treatment Goals

- Regulating emotion:
  - ◆ Help the client learn healthy ways to regulate emotions
  - ◆ Help the client reduce and eliminate self-destructive behaviors.
  - ◆ Promote acceptance of painful feelings.
  - ◆ Promote the direct expression of feelings in healthy attachments and relationships.
- Building positive relationships
- Correcting cognitive distortions;
- Desensitizing and processing traumatic experiences.
- Building social and life skills

Adapted from the ISSTD Guidelines for treatment (2000).

## Repeat Offenders

- Approximately 1/3 of batterers continue to engage in intimate partner violence
- Data show 10% of these men engage in the most severe violence (Dunford, 2000; Gondolf, 2002)
- Results seem to suggest:
  - Arrest on its own is not working
  - Treatment on its own as now practiced is not working
  - Need for alternatives and options

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## **10 Major Themes for Repeat Offenders**

(Jesse L. MacLaurin & Robert Geffner, 2007, IVAT)

- 1. Childhood Victimization**
- 2. Early Attachment Trauma**
- 3. Maladaptive Socialization**
- 4. Mental Health Problems**
- 5. Substance Abuse Problems**
- 6. Intimacy and Attachment Problems**
- 7. Motivation Limitations**
- 8. Readiness Limitations**
- 9. Treatment Needs Deficits**
- 10. Treatment Responsivity Deficits**

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## **Clinical Implications**

- **Integrated Treatment Approach**
- **Coordinated Service Delivery**
- **Trauma & Attachment Inform Treatment**
- **Comprehensive /Collaborative/Continuous Care**
- **Readiness Assessment & Treatment Matching**
- **Risk-Need-Responsivity Assessment & Matching**
- **Incorporation of Motivational Interviewing**

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## **Clinical Implications (Cont'd)**

- **Enhancing Interviews and Follow Ups**
- **Empathy Training Emphasis**
- **Avoid Confrontational Approach – Need to Connect More and Exhibit Caring**
- **Supplemental Interventions – Trauma, Substance Use/Abuse, Parenting**
- **Time-Oriented Treatment Not Working – Need Behavior & Attitude-Based System**

## **Good Therapeutic Techniques**

- 1. Focus on Change, Not Blame**
- 2. Establish Rapport; Use Humor When Appropriate**
- 3. Set Up Model of Equality, Good Communication**
- 4. At First, Don't Get into Details; Leads to Defensiveness**
- 5. When in Denial, Ask About His/Her Story**
- 6. Validate Feelings (e.g., How Uncomfortable Feels)**
- 7. Help Feel in Control; Give Choices**
- 8. Reframing – Move to Feelings or Solution Focus**
- 9. Use Role Play, Demonstration, Homework**

## Breathing Exercise

Modified from Machel Thompson and OJJDP

- 1) (put 1 hand on chest and 1 on stomach)  
Take a deep breath and hold it for 2-3 seconds (count)
- 1) Let it partially out and hold again for 2-3 seconds
- 2) Let it more out and hold for 2-3 seconds
- 3) Let it all out and hold it for 2-3 seconds
- 4) Take another deep breath slowly and hold it for 2-3 seconds and then let it all out slowly (repeat above if not calmed down)

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## Sequence of Questions – Eve Lipchik, MSW

### 1. Define problems and goals from clients' point of view

### 2. Ask for exceptions to problem:

- When don't you or didn't you have this problem?...even a little bit?
- What is different at that time?
- What will have to be different for more of that to happen?
- How do you usually solve problems like this?
- What percentage of the time is this situation problematic as compared to not?
- To what degree would it have to change for you to feel things are tolerable?
- What would a small change towards that goal be?
- How would that make a difference for you? for others?
- What would you notice about yourself...others...what would they notice about you?

### 3. When clients are reluctant to offer positives or to stay with them:

- This may seem like a strange question, but do you think it is an advantage for you in some way to have this problem?

#### In response to clients' answer:

- How can you have that advantage without having to maintain this problem? What could you do instead?

### 4. When clients are very negative:

- How come things aren't worse? What have you done to keep them from being worse?

(If examples are given of positives, build on them as above)

#### If the client still remains negative:

- Explore in detail how the client imagines things will be at their worst ... for themselves ... for others.

**Then ask:** What is the smallest thing you think might make a difference?

### IF THERE ARE NO EXCEPTIONS:

**Ask:** If a miracle happened tonight and you woke up tomorrow morning and your problem is solved, how would things be different? Describe from your point of view and that of others.

#### In response to clients' answer:

- Does some of that happen already at times? a little?
- What would have to happen for more of that to happen?

## Motivational Interviewing

**Motivational Interviewing:** *“is client-centered, directive, method for enhancing intrinsic motivation to change by exploring and resolving ambivalence.”* (Miller & Rollnick, 2002)

**Step 1:** Building a Bond

**Step 2:** Gathering Information & Providing Feedback

**Step 3:** Summarizing & Reconnecting

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## The Essential Ingredients for Healing, Change, and Growth

Mary Jo Barrett, MSW  
Center for Contextual Change

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[maryb@centerforcontextualchange.org](mailto:maryb@centerforcontextualchange.org)

- 1) Creating a Context for Change
- 2) Challenging Patterns & Expanding Realities
- 3) Consolidation

## Regain a feeling and sense of control over one's own body and life

**“No intervention that takes power away from the survivor can possibly foster recovery, no matter how much it appears to be in her immediate best interest”**

(Herman, J. (1992, 1997). *Trauma and Recovery*. (p.133). New York, NY: Basic Books)

## Empowerment

## Traumatized people need to have physical & sensory experiences to:

Unlock their bodies

Activate effective fight/flight

Tolerate their sensations

Befriend their inner experiences

Cultivate new action patterns

## Goals of Brain Based Interventions

- **Body regulation**
- **Emotional balance**
- **Response flexibility**
- **Empathy**
- **Insight**
- **Modulating fear and anger**
- **Intuition**
- **Cognitive restructuring**

Adapted from Mary Jo Barrett, 2017

## What is Therapeutic Change

- **Helping Differentiate a Trauma Mind Self-View and an Engaged/Whole Mind Self-View which is Based on Present Experience**
- **A Development of Collaborative Based Therapeutic Goals**
- **Effort and Strategies to Build New Patterns of Action-Mind and Body**

## Five Essential Ingredients for Healing

- **Attachment and Connection:** To build and rebuild relationships where they felt mutual curiosity, compassion, empathy, connecting to a deep set of values that provide a meaningful vision.
- **Safety and Empowerment:** Safe context/boundaries/structure within and between themselves and their relationships
- **Value:** Collaboration/Strength based guidance/Vulnerability and Resilience
- **Skills:** Psycho educational experiences/cognitive behavioral/neuro-mind-body/communication/mindfulness/self-regulation within and between
- **Hope:** Creation of workable realities

## TREATMENT MODALITY:

**INDIVIDUAL vs GROUP**  
**GENDER SPECIFIC vs**  
**COUPLES**  
**CONJOINT vs PARALLEL**  
**FIXED vs OPEN**  
**ENDED/ONGOING**

## **COUPLES TREATMENT**

### **Arguments against doing couples treatment:**

Using a systemic framework involves placing blame and responsibility for the problem on all members of the relationship instead of placing responsibility for the violence on the violent partner.

Safety issues for the victim. It is often felt that the victim (usually female) may not be able to speak freely without fear of repercussions. In addition, the victim may be lulled into a feeling of safety and speak out in the therapeutic setting and then pay dearly for it later.

The violence may be escalated instead of stopped..

The truth may not be told by either party.

The victim is not the one with the problem; the abuser is the one with the problem.

This can be seen as further victimizing the victim.

### **Arguments for doing couples treatment:**

Most couples stay together. They are going to need help to make it work, while still holding the abuser responsible for the violence.

It is difficult on a relationship when one person is changing and learning new healthier behaviors and the other person is still stuck doing the old unhealthy behaviors. In couple's treatment, both members of the couple are learning the new skills and can work on them together.

The therapeutic setting allows therapists a more accurate view of what happens in the relationship and adjustments/feedback can be done immediately.

The therapeutic setting may empower the victim to feel that there are ways of making the abuse stop, and that the abuser will be held accountable for abusive behavior.

The therapists can also model appropriate nonviolent behaviors and communication that can serve to reinforce these behaviors in the relationship. The victim and abuser can both learn that abuse is not acceptable behavior.

## **SOME PRECONDITIONS FOR CONJOINT COUPLES THERAPY**

The victim and perpetrator desire this type of treatment.  
The victim has a safety plan and understands the potential dangers.

An adult must accept responsibility if child abuse has occurred.

No custody issues if divorcing.

Lethality evaluation suggests low probability of danger.

The perpetrator does not harbor obsessional ideas toward the victim.

Therapists are trained in both family therapy and domestic violence.

Not currently abusing drugs or alcohol.

If there has been substance abuse, then treatment for this is required.

Neither partner exhibits psychotic behavior.

## **INTERVENTION PROCESS**

### **TREATMENT/AMELIORATION**

- **Reducing symptoms/effects (via medical, mental health, community based resources, education, judicial intervention as needed) based upon assessment**
  
- **Educational/community programs (parenting, support, etc.)**

## Processes of Change

How people change

Affective, cognitive, and behavioral strategies  
and techniques used to change attitudes,  
beliefs, & behaviors

Facilitate transitions between stages

Used as basis of intervention design

Adapted from Deborah Levesque, 2002; 2007 by Geffner

## Stages of Change (Transtheoretical Model)

Precontemplation

Contemplation

Preparation

Action

Maintenance

Termination

From Prochaska, J.O., DiClemente, C.C., &  
Norcross, C.C. (1992). In search of how  
people change: Applications to addictive  
behaviors. *American Psychologist*, 47, 102-  
1127.

In the first stage, *precontemplation*, individuals with violent behaviors have no intention of changing and are likely in strong denial. *Contemplators* accept or realize that they have a problem with violence/abuse and begin to think seriously about changing it, but they have not made a commitment to take action in the near future. Individuals who are in the *preparation* stage are planning to take action within a short time period. They think more about the future than about the past, and more about the benefits of being non-violent than about the losses. *Action* is when the client is overtly expressing a genuine belief that violence/abuse is unacceptable and is actively utilizing the therapeutic interventions to change him/herself and the relationship. *Maintenance*, often far more difficult to achieve than action, can last a lifetime. Maintenance is a long, ongoing process. Three common internal challenges to maintenance are overconfidence, daily temptation, and self-blame for lapses.

## INTERVENTIONS

STRESS MANAGEMENT

ANGER/AFFECT REGULATION

IMPULSE CONTROL

PSYCHOEDUCATION

COMMUNICATION & SOCIAL SKILLS

EMPATHY TRAINING

PARENTING

POSITIVE ROLE MODELS

RELAPSE PREVENTION

TRAUMA TREATMENT

SUBSTANCE ABUSE TREATMENT

ENDING SPOUSE/PARTNER ABUSE: A  
PSYCHOEDUCATIONAL APPROACH FOR  
INDIVIDUALS AND COUPLES

**Robert Geffner, Ph.D.**

Family Violence & Sexual Assault Institute, San Diego, CA  
With

Carol Mantooh, M.S.  
Andrews Center, Tyler, TX  
Springer, 2000

TREATMENT OUTLINE

**Foundations and Brief Interventions**

1. Ground Rules and Assumptions; House of Abuse
2. Safety and Control Plans
3. Basic Anger Management
4. Effective Stress Control
5. Desensitization Techniques for Reducing Anxiety & Anger
6. Social Roots of Aggression and Alcoholism Issues

**Communicating and Expressing  
Feelings**

7. Communication: "Fair Fighting,  
Dirty Fighting"
8. Communication: Rules and  
Barriers
9. Communication: Expression and  
Listening
10. Communication: Handling  
Criticism
11. Identification of Feelings
12. Emotional Awareness and  
Expressing Feelings

**Self-Management and  
Assertiveness**

13. Dynamics of Self-Esteem
14. Improving Self-Esteem
15. Self-Talk and Irrational Beliefs
16. Changing Distorted Self-Talk
17. Stress Inoculation for Anger  
Control
18. Dynamics of Assertiveness
19. Becoming More Assertive

**Intimacy Issues and  
Relapse Prevention**

20. Problem-Solving, Decision-Making, and  
Negotiation
21. Most Violent and/or Most Frightening  
Incident
22. Most Violent/Frightening Incident  
Continued
23. Intimacy and Love
24. Empathy Training and Role Reversals
25. Relapse Prevention Plans
26. Future Plans  
Monthly Group Follow-Up Sessions

## **THE WEAVER PROGRAM**

Koonin, Cabarcas, & Geffner

- Addresses female specific concerns, economic depression, conflict of roles, demands of life, family issues
- Addresses issues of parenting-very often there is child abuse going on in addition to the domestic violence
- Addresses victimization issues - from past abuse
- Addresses societal influences
- Addresses cultural influences
- Addresses alcohol/drug issues
- Deals with self-esteem and how violence/abuse is impacted by the lack of self-esteem

## **TREATMENT OF WOMEN ARRESTED FOR DOMESTIC VIOLENCE: Women Ending Abusive/Violent Episodes Respectfully (WEAVER) Manual**

**FVSAI 2002**

MICHELE KOONIN, LCSW, ARACELI CABARCAS, PsyD  
& ROBERT GEFFNER, Ph.D.

- Part 1: Foundations
- Part 2: Self-Management
- Part 3: Family Of Origin
- Part 4: Communication
- Part 5: Family Issues
- Part 6: Intimacy Issues
- Part 7: Relapse Prevention

### **Part 1: Foundations**

1. What Is Domestic Violence: Using The Cottage Of Abuse & Journaling
2. Cultural Influences
3. Girlfriends And Jealousy
- 4-5. Anger and Depression
6. Alcohol and Drugs: Its Impact On Us

### **Part 2: Self-Management**

7. Responsibility: Acceptance Of Our Own Actions
8. Time-Outs: Behavior Management
9. Stress Management
10. Bottom Lines and Boundaries
- 11-12. Self-Esteem and Self-Care
13. Self-Talk, Beliefs, and Our Identity
14. Changing Self-Talk and Beliefs

### **Part 3: Family Of Origin**

15. Family Of Origin: Looking At Where We Came From
16. Who I Am, Who I Want To Be
17. Victimization

### **Part 4: Communication**

18. Feelings
- 19-20. Communication: "I" Messages
21. Becoming Assertive
22. Dealing With Conflict and Learning How To Solve Problems Effectively

## **Part 5: Family Issues**

- 23. Family Album**
- 24. Domestic Violence and Children:  
Parenting Issues**

## **Part 6. Intimacy Issues**

- 25. Intimacy: What Does It Mean?**
- 26. Understanding Love**
- 27. Understanding and Meeting Your  
Own Needs**
- 28. About Sex**

## **Part 7: Relapse Prevention**

- 29. Letting Go**
- 30. Roles and Expectations**
- 31. Self-Esteem: Feeling Good About  
Ourselves**
- 32. The Final Touches**
- 33. Role Reversal and Empathy**
- 34. Relapse Prevention: Putting It  
on Paper**

## **Anger: A Misunderstood Emotion**

- What is Anger**
- Anger Triggers Stress**
- Three Components of Anger**
- Anger in Relationships**
  - Power and Control**
  - Unproductive Self-Talk**
- Anger at Work**

## **Anger Styles**

- **Internalized Anger**
- **Dealing Effectively with Anger**
  - ◆ **Stress Management**
  - ◆ **Communication**
  - ◆ **Handling Criticism**
  - ◆ **Changing Self-Talk**
  - ◆ **Coping for Stressor Situations**
  - ◆ **Acting Assertively**

## **Relaxation Exercise - Stress Management - Session #4**

8. **Personal Relaxation Program**  
Usually, such a program would include three components: **Progressive Muscle Relaxation, Breathing Exercises, and/or Mental Imagery.** An example of such a program is:

Sit in a chair and relax your body (your arms and jaw should be "loose").

Close your eyes and erase all thoughts from your mind.

Create in your imagination a vivid, soothing mental scene....a peaceful sky, a green valley, ocean waves, and so forth.

Focus on breathing slowly and deeply...let your breath out slowly through your nose.

For additional relaxation, repeat a phrase or sound that you find soothing (such as the word "flower" or the number "one").

Repeat this exercise at least three times each day, whether or not you are tense, for about 30 to 50 seconds.

After two weeks, your body will be conditioned to relax whenever you do this exercise, and you will feel yourself calming down.

## **What is Successful Completion of Treatment for DV Offenders?**

- 1. Client is taking real and practice Time-Outs on a weekly basis.**
- 2. Client completes anger journal on a weekly basis.**
- 3. Client demonstrates ability to identify physical and behavioral signs of abuse and anger.**
- 4. Client demonstrates positive communication of anger as well as other feelings.**
- 5. Client demonstrates positive social problem-solving skills.**
- 6. Client has completed all additional homework assignments.**

- 7. Client can recognize negative self-talk and transform it to positive self-talk.**
- 8. Client is able to teach other clients behavioral skills and education concepts.**
- 9. Client is able to recognize minimization, denial and blaming in self and others.**
- 10. Client has not perpetrated violence or abuse for at least six months.**
- 11. Client can recognize and address volatile situations with self and others.**
- 12. Client has attended the minimum number of group sessions.**
- 13. Client has paid all outstanding balances.**
- 14. Client has actively participated in group sessions.**

## What is Successful Completion of Treatment for DV Offenders?

15. Client acknowledges complete responsibility for his/her violence or abuse.
16. Client evidences control over psychoactive substances, if applicable.
17. Client can recognize power and control behaviors and does not utilize them.
18. Client utilizes appropriate behaviors to solve conflicts.
19. Client has demonstrated a change in attitudes, beliefs, and behaviors.

Adapted from Daniel Sonkin, 2002, by Robert Geffner, 2002

## **PROGRESS EVALUATION FORM**

Please rate the client named above on each of the listed criteria, based upon progress to date, and specify individual or group sessions. Use the 0 to 5 rating scale below, based on your impressions and observations. Obtain ratings from the client's partner, if possible, on a separate form.

5=occurs very often; 4=often; 3=occurs sometimes; 2=not often; 1=occurs rarely; 0=unknown; na=not applicable

- \_\_\_\_\_ Attendance: arrives at group session on time; attends regularly; contacts program in advance about absence; has legitimate excuse for absences.
- \_\_\_\_\_ Nonviolence/Nonabusiveness: has not recently physically abused partner, children, or others; no apparent emotional or verbal abuse, threats, intimidation, or manipulation.
- \_\_\_\_\_ Sobriety: attends meeting sober; no apparent abuse of alcohol during week; complying to ordered or referred alcohol treatment.

- \_\_\_\_\_ Acceptance of responsibility: admits that violence and/or abuse occurred; not minimizing, blaming, or excusing problems; accepts responsibility for abuse, and contribution to problems.
- \_\_\_\_\_ Using techniques/skill development: takes steps to avoid abusiveness; takes time-outs, watches self-talk, practices conflict resolution skills, etc.
- \_\_\_\_\_ Homework: does homework assignments regularly, thoughtfully, and completely; follows recommendations for outside activities.
- \_\_\_\_\_ Help-seeking: seeks information about alternatives; discusses options with others in the group; calls other participants for help; open to referrals and future support.
- \_\_\_\_\_ Actively engaged/participates: attentive body language and positive non-verbal response; maintains eye contact; speaks with feeling; follows topic of discussion in comments; lets others speak; asks questions of others without interrogating; acknowledges others' contributions; participates constructively.

- \_\_\_\_\_ Self-disclosure: reveals struggles, feelings, fears, and self-doubts; not withholding or evading issues; not sarcastic or defensive.
- \_\_\_\_\_ Respect: respectful of partner and other gender in general; uses non-sexist language and no pejorative slang; demonstrates non-controlling attitudes.
- \_\_\_\_\_ Empathy: understands the fears and trauma the abuse causes; realizes the negative impact of using power, controlling behaviors, and intimidation in relationships.
- \_\_\_\_\_ Insight: shows insight concerning abusiveness, its effects on partner(s) and children, and its dangerousness; understands the changes that are needed to ensure non-abusiveness.

Adapted by Robert Geffner, Ph.D., 2001, from E. Gondolf, R. Foster, P. Burchfield, & D. Novosel, 1995