

CBT Guide for Intimate Partner Violence

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

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

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

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

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

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

CBT is an active, change oriented approach to therapy.

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

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

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

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

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

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

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

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

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

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

Introduction

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

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

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

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

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

Sincerely,

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

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

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

Amie Roberts, LMHC, CPM

Domestic Violence Treatment Program Manager | Pronouns: She/Her

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Domestic Violence Unit

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

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

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

David D. Martin, J.D.

Chair, Domestic Violence Unit

Senior Deputy Prosecuting Attorney, King County Prosecuting Attorney

Group CBT for IPV: Session Guide

Session 1: Orientation to CBT for IPV

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

Session 2: Orientation to Treatment Principles

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

Session 3: Orientation to the Principles of Offender Treatment

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

Session 4: Defining IPV

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

Session 5: Orientation to Feelings and Basic Coping Skills

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

Session 6: Dynamic Risk Factors

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

Session 7: Personal FIT Circle

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

Session 8: Cognitive Behavioral Therapy

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

Session 9: CBT Behavior and Its Functions

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

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

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

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

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

Session 12: DBT Skills for Difficult Emotions

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

Session 13: Skills for Managing Anger

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

Session 14: Healthy Habits for Lowering Stress

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

		Mindwise Innovations https://www.helpyourselfhelpothers.org/
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Session 15: Helpful Thinking

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

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

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

Session 17: IPV Impact on Victims

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

Session 18: Victim Empathy

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

Session 19: Clarification Letter- Victim and Children

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

Session 20: Healthy Relationships-General

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

Session 21: Healthy Romantic Relationship Skills

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

Session 22: Healthy Sexual Relationships

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

Session 23: DV, Children and Positive Parenting

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

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

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

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

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

Session 26: Problem Solving

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

Session 27: Creating a Prosocial Support System

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

Session 28: Documenting Cognitive and Behavioral Changes

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

Session 29: Relapse Prevention

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

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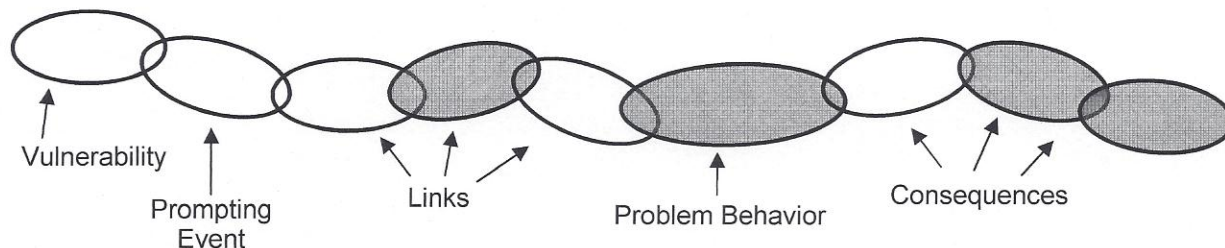
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Chain Analysis of Problem Behavior

Name: _____ Date Filled Out: _____ Date of Problem Behavior: _____



What exactly is the major **PROBLEM BEHAVIOR** that I am analyzing?

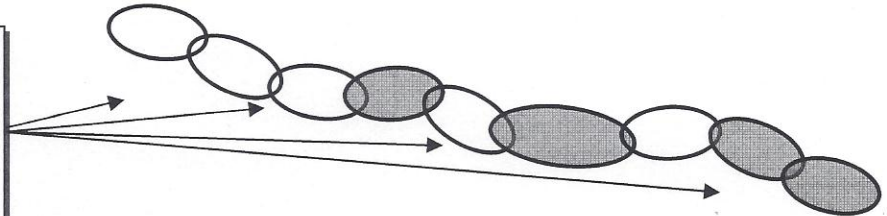
What **PROMPTING EVENT** in the environment started me on the Chain to my problem behavior?
Start day: _____

What things in myself and my environment made me **VULNERABLE**?
Start day: _____

Chain Analysis of Problem Behavior

Name: _____ Date Filled Out: _____

Possible Types of Links
A = Actions
B = Body sensations
C = Cognitions
E = Events
F = Feelings



LINKS

List actual, specific behaviors and then list new, more skillful behaviors to replace ineffective behaviors:

A vertical column of 14 overlapping circles, each corresponding to a numbered line for listing links.

1st _____

2nd _____

3rd _____

4th _____

5th _____

6th _____

7th _____

8th _____

9th _____

10th _____

11th _____

12th _____

13th _____

14th _____

Chain Analysis of Problem Behavior

Name: _____ Date Filled Out: _____

What exactly were the major **CONSEQUENCES** in the environment?

Immediate:

Delayed:

What exactly were the major **CONSEQUENCES** in the myself?

Immediate:

Delayed:

What **PROMPTING EVENT** in the environment started me on the Chain to my problem behavior?
Start day: _____

INSTRUCTIONS FOR CHAIN ANALYSIS WORKSHEET

1. Describe the specific *PROBLEM BEHAVIOR* – e.g., throwing a chair, cutting, hearing voices, dissociating, not coming to a therapy appointment, etc. (Behaviors that are targeted in the treatment plan, or diary card.)
 - A. Be very specific and detailed. No vague terms.
 - B. Identify exactly what you did, said, thought, or felt (if feelings are the targeted problem behavior).
 - C. Describe the intensity of the behavior and other characteristics of the behavior that are important.
 - D. Describe problem behavior in enough detail that an actor in a play or movie could recreate the behavior exactly.

2. Describe the specific *PROMPTING EVENT* that started the whole chain of behavior. Start with the environmental event that started the chain. A prompting event is an event outside the person that triggers the chain of events leading to the problem behavior. Always start with some event in your environment, even if it doesn't seem to you that the environmental event "caused" the problem behavior. Possible questions to get at this are:
 - A. What exact event precipitated the start of the chain reaction?
 - B. When did the sequence of events that led to the problem behavior begin? When did the problem start?
 - C. What was going on the moment the problem started?
 - D. What were you doing, thinking, feeling, imagining at that time?
 - E. Why did the problem behavior happen on that day instead of the day before?

3. Describe in general what things (both in yourself and in the environment) made you *VULNERABLE* to the prompting event. What factors or events made you more vulnerable to a problematic chain? What gave the prompting event such power? Areas to examine are:
 - A. Physical illness; unbalanced eating or sleeping; injury
 - B. Use of drugs or alcohol; misuse of prescription drugs
 - C. Stressful events in the environment (either positive or negative)
 - D. Intense emotions, such as sadness, anger, fear, loneliness
 - E. Previous behaviors of your own that you found stressful

4. Describe in excruciating detail *THE LINKS IN THE CHAIN OF EVENTS* that hooked the prompting event to the problem behavior.
- A. Links in the chain can be: Actions or things you do;
 Body sensations or feelings;
 Cognitions, e.g., beliefs, expectations or thoughts;
 - (the dash is here for D)
 Events in the environment or things others do;
 Feelings and emotions that you experience.
- B. Imagine that your problem behavior is chained to the prompting event in the environment. How long is the chain? Where does it go? What are the links? Write out all links in the chain of events, no matter how small. Be very specific, as if you are writing a script for a play.
1. What exact thought (or belief), feeling, or action followed the precipitating event? What thought, feeling, or action followed that? What next? What next? etc.
 2. Look at each link in the chain after you write it. Was there another thought, feeling, or action that could have occurred? Could someone else have thought, felt, or acted differently at that point? If so, explain how that specific thought, feeling, or action came to be.
 3. For each link in the chain, ask is there a smaller link you could describe.
5. What are the *CONSEQUENCES* of this behavior? Be specific. Examine both the immediate (in just seconds) effects and the delayed or longer term effects. Figure out the reinforcers for the behavior.
- A. How did other people react immediately and later?
- B. How did you feel immediately following the behavior? Later?
- C. What effect did the behavior have on you and your environment immediately and later?
6. Describe in detail different more skillful *SOLUTIONS* to the problem.
- A. Go back to the chain of your behaviors following the prompting event.? Circle each point or link (or fill in link with your pencil) where if you had done something different you would have avoided the problem behavior.
- B. What could you have done differently at each link in the chain of events to avoid the problem behavior? What coping behaviors or skillful behaviors could you have used?
7. Describe in detail *PREVENTION STRATEGY* for how you could have kept the chain from starting by reducing your vulnerability to the chain.
8. Describe a plan for *SOLVING* the prompting event (if it were to happen again) or keeping it from happening again.

9. Think through the *HARMFUL* consequences of your behavior. Figure out what is harmed so you can figure out what you need to repair or correct. Look at yourself, at your environment, and at people in your environment to see if there are any harmful consequences.
10. Describe what you are going to do to *REPAIR* important or significant consequences of the problem behavior? Describe what you will do to *CORRECT* the harm that resulted from your problem behavior. Describe how you will make things just a little bit better than they were before, that is, how you will *OVERCORRECT* the harm.
11. In this space, you can write whatever reflects your *DEEPEST THOUGHTS AND FEELINGS* about this episode. Just start writing and continue for five minutes or so without stopping. If the topic gets upsetting to you, shift topics and keep writing. Or, you can write out any comments that you have about the analysis.

SMART GOALS

S SPECIFIC	What do you want to accomplish? Who needs to be included? When do you want to do this? Why is this a goal?
M MEASURABLE	How can you measure progress and know if you've successfully met your goal?
A ACHIEVABLE	Do you have the skills required to achieve the goal? If not, can you obtain them? What is the motivation for this goal? Is the amount of effort required on par with what the goal will achieve?
R RELEVANT	Why am I setting this goal now? Is it aligned with overall objectives?
T TIME-BOUND	What's the deadline and is it realistic?
SMART GOAL	Review what you have written, and craft a new goal statement based on what the answers to the questions above have revealed

Step 1. Assessing your readiness to change

On a scale of 0 to 10, how IMPORTANT is it for you right now to change?

On a scale of 0 to 10, how **CONFIDENT** are you that you could make this change?

Ask yourself why you did not rate yourself lower on the Importance of changing. It will give you clues for how motivated you are to make changes.

As yourself what it would take to rate yourself higher on Confidence in making changes. This will give you an idea of steps to take to increase confidence.

Step 2 Weighing the Pros and Cons

Make a list of why change would be good and how changing would make your life better. Make a list for why making changes would not be worthwhile or what the barriers are to making changes.

Pros of Making the Change	Cons of Making the Change

Step 3 deciding to make a change

Identify the change and figure out what steps to take. Get help to make the changes.

Cognitive Behavioral Therapy (CBT) Based Interventions

CBT is based on a theory that thoughts, feelings and behaviors mutually influence each other. CBT based treatments target:

- unhelpful thoughts
- difficulty managing intense negative feelings
- ineffective or problem behaviors

CBT based treatments are effective for common clinical conditions such as anxiety, depression, PTSD, and disruptive behaviors. Effective treatments for individuals who break the law or abuse their children are often CBT based. There are brand name CBTs and generic versions of CBT. See WSIPP Inventories for research/evidence-based child and adult programs <https://www.wsipp.wa.gov/>.

CBT Brand names

Most CBT based brand name treatments do not specify that they are CBT. Trauma-Focused CBT (TF-CBT) is an exception; it does specify CBT in the brand name. It is the most effective treatment for PTSD in children. However, the two most effective treatments for PTSD in adults are Cognitive Processing Therapy and Prolonged Exposure and both are CBT based. Dialectical Behavior Therapy is a CBT based treatment for suicidality. Acceptance and Commitment Therapy is a CBT based approach.

In criminal justice or dependency situations where treatments are court ordered, there are several proven CBT based branded programs. Moral Reconation Therapy and Thinking for a Change address criminal and aggressive behavior in adults. For adolescents, CBT based treatments include Aggression Replacement Training for criminal and aggressive behavior and ACCRA for substance abuse disorders.

CBTs involve a “how” and a “what”.

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

What? CBT typically contains (1) psychoeducation (clinically relevant information); (2) coping or emotion regulation skills training; and (3) correcting untrue or unhelpful thoughts. The behavioral component (4) depends on the clinical target. For individuals who break the law or abuse children, the behavioral components may include positive parenting techniques, relationship skills, communication and assertive skills. For anxiety and PTSD, exposure is the behavioral component; for depression it is activation.

An individual who is receiving a CBT based treatment should:

- Know it is CBT and the basic idea of thought-feeling-behavior connections
- Know what the specific clinical target or goal is
- Be able to describe a specific skill that has been taught and give examples of real life application

Is Treatment Working for Me?

The purpose of the CBT for IPV group treatment is to help individuals who have engaged in coercive, aggressive or violent behavior with an intimate partner learn and practice skills to stop doing those behaviors and to learn how to have healthy, meaningful relationships.

Rate how true the following questions about effective treatments are for you on a 5 point scale, with 1 = not at all true to 5 = Very true. Mark 6 if you are not sure or have not had enough experience in the group yet.

1. My therapist understands me and supports me in meeting my goals
1 = not at all true 2 = somewhat not true 3 = neutral 4= somewhat true 5= very true
6 = Not sure/Not enough experience yet
2. The therapy sessions and expectations are clear. I know what to expect and what is expected
1 = not at all true 2 = somewhat not true 3 = neutral 4= somewhat true 5= very true
6 = Not sure/Not enough experience yet
3. I am learning and using skills that help me meet my goals
1 = not at all true 2 = somewhat not true 3 = neutral 4= somewhat true 5= very true
6 = Not sure/Not enough experience yet
4. I notice positive changes in my attitudes and beliefs that supported IPV behaviors
1 = not at all true 2 = somewhat not true 3 = neutral 4= somewhat true 5= very true
6 = Not sure/Not enough experience yet
5. Others have noticed positive changes in my interpersonal behaviors
1 = not at all true 2 = somewhat not true 3 = neutral 4= somewhat true 5= very true
6 = Not sure/Not enough experience yet
6. I look forward to treatment sessions
1 = not at all true 2 = somewhat not true 3 = neutral 4= somewhat true 5= very true
6 = Not sure/Not enough experience yet

Now, identify if there are specific things you could do to enhance your CBT for IPV treatment experience:

1. _____
2. _____
3. _____

Is there anything you would like from the group experience or from the group leader that would help enhance your experience?

1. _____
2. _____
3. _____

Risk Assessment Work Sheet

Static Risk Factors cannot be changed. They are things that have happened in the past or they are characteristics not under the control of a person.

My Static Risk Factors	

Dynamic Risk Factors are those that can be changed. Stable dynamic risk factors are states or conditions that can be changed. Acute dynamic risk factors are present right around the time of the IPV and set it in motion.

My Stable Dynamic Risk Factors	My Acute Dynamic Risk Factors

My Intimate Partner Violence Behaviors

You are participating in this class because you or someone else determined that you had engaged in intimate partner violence (IPV). You may be required to participate as a condition of criminal prosecution. Or you may be required by the child welfare system or the family court to participate as a requirement related for having supervised or unsupervised contact with your children.

Regardless of the reason you are participating, the goal of the treatment is to give you new ways to think and behave that will lower the chances of repeating the IPV, improve your relationships with others and increase your satisfaction with your life.

Part of making positive changes in facing up to what you have done and taking responsibility for your actions. Intimate partner violence (IPV) includes a broad range of behaviors. It includes legal infractions and crimes. It also includes behaviors that are or are experienced by the intimate partner as coercive or threatening. Even if the perpetrating person does not consider the behavior IPV, it may be experienced as IPV by the other person. This is especially true when the other person is smaller or less strong. Sometimes no specific words, gestures or behaviors are needed for the intimate partner to experience fear or threat.

Many IPV situations involve arguments and conflicts that get out of hand. These situations can escalate into actual violence. Even if both parties have contributed to the conflict, each individual is responsible for their own behaviors.

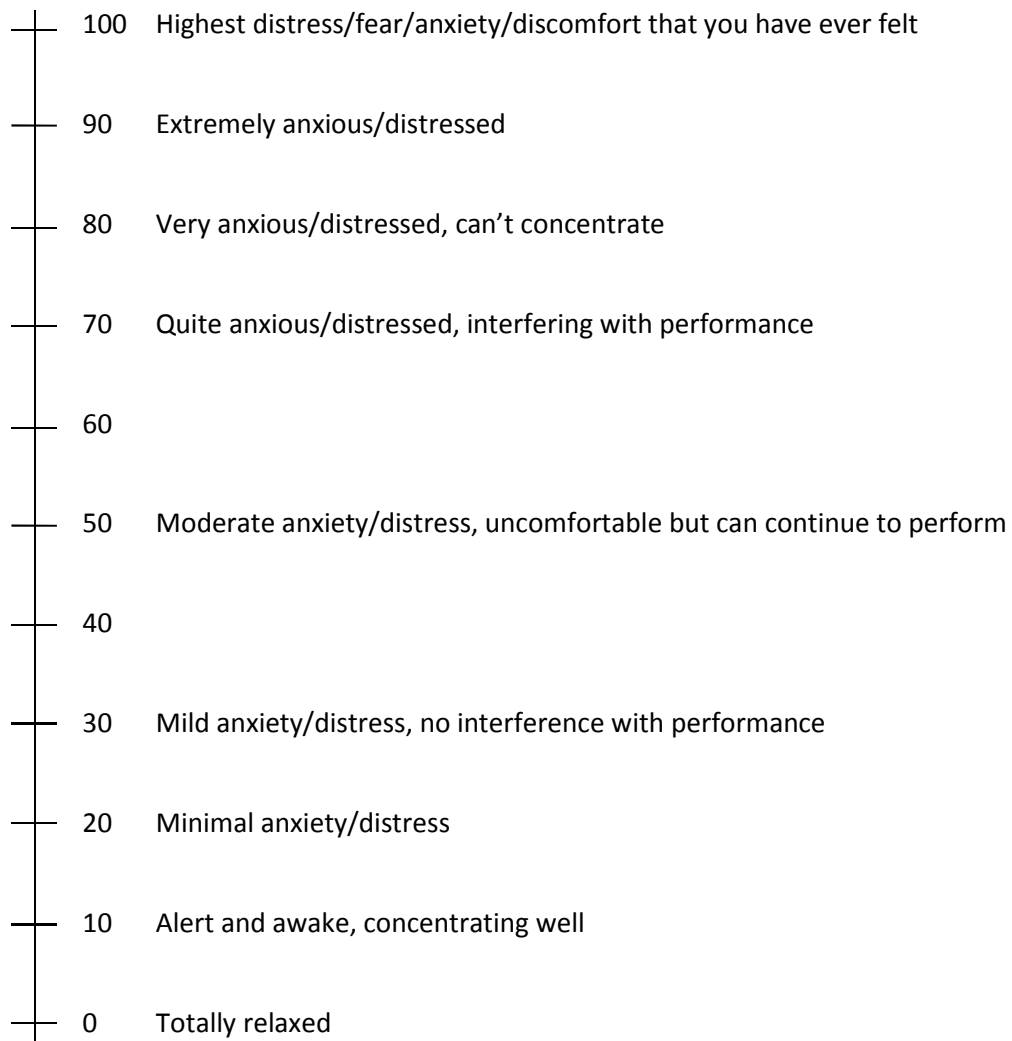
Think carefully about what YOU have done in completing this work sheet. Rate how much you think your intimate partner would agree with your list of IPV psychological abuse/coercive control behaviors; threatened or actual violence, and/or sexually coercive behaviors.

IPV Threatened or Actual Violent Behaviors I have Done	Intimate Partner Rating 1 = Very True; 2 = Somewhat True; 3 = Not at All True

IPV Sexually Coercive Behaviors I have Done	Intimate Partner Rating 1 = Very True; 2 = Somewhat True; 3 = Not at All True

The distress thermometer – Subjective Units of Distress Scale (SUDS)

Try to get used to rating your distress, fear, anxiety or discomfort on a scale of 0-100. Imagine you have a 'distress thermometer' to measure your feelings according to the following scale. Notice how your level of distress and fear changes over time and in different situations.



6 STEPS TO MINDFULLY DEAL WITH DIFFICULT EMOTIONS



1

Turn toward your emotions with **acceptance**

Become aware of the emotion and identify where you sense it in your body.

Identify and label the emotion

To stay mindful, say to yourself, "This is anger" or "This is anxiety."

2



3

Accept your emotions

Don't deny the emotion. Acknowledge and accept that it is there.

Realize the **impermanence** of your emotions

Even if the emotion feels overwhelming, remember that it will pass.

4



5

Inquire and investigate

Ask yourself, "What triggered me? Why do I feel this way?"

Let go of the need to control your emotions

Be open to the outcome of your emotions and what unfolds.

6



The Gottman Institute

Mini mindfulness Exercise.

This is a brief exercise of mindfulness of five or six breaths to be practiced five times per day. It can be practiced anywhere at any time.

1. Step out of automatic pilot and become aware of what you are doing right now, where you are and what you are thinking
2. Become aware of our breathing for about a minute or half a dozen breaths.
3. Expand your awareness to your whole body and then to your environment, if you wish.

The first thing we do with this practice, because it's brief and we want to come into the moment quickly, is to take a very definite posture ... relaxed, dignified, back erect, but not stiff, letting our bodies express a sense of being present and awake.

Now, closing your eyes, if that feels comfortable for you, the first step is being aware, really aware, of what is going on with you right now. Becoming aware of what is going through your mind; what thoughts are around? Here, again, as best you can, just noting the thoughts as mental events.... So we note them, and then we note the feelings that are around at the moment ... in particular, turning toward any sense of discomfort or unpleasant feelings. So rather than try to push them away or shut them out, just acknowledge them, perhaps saying, "Ah, there you are, that's how it is right now." And similarly with sensations in the body... Are there sensations of tension, of holding, or whatever? And again, awareness of them, simply noting them. OK, that's how it is right now.

So, we've got a sense of what is going on right now. We've stepped out of automatic pilot. The second step is to collect our awareness by focusing on a single object—the movements of the breath. So now we really gather ourselves, focusing attention down there in the movements of the abdomen or other breath focus point such as the nostrils or roof of the mouth, the rise and fall of the breath ... spending a minute or so to focus on the movement of the abdominal wall ... moment by moment, breath by breath, as best we can. So that you know when the breath is moving in, and you know when the breath is moving out. Just binding your awareness to the pattern of movement down there ... gathering yourself, using the anchor of the breath to really be present.

And now as a third step, having gathered ourselves to some extent, we allow our awareness to expand. As well as being aware of the breath, we also include a sense of the body as a whole. So that we get this more spacious awareness.... A sense of the body as a whole, including any tightness or sensations related to holding in the shoulders, neck, back, or face ... following the breath as if your whole body is breathing. Holding it all in this slightly softer ... more spacious awareness.

And then, when you are ready, just allowing your eyes to open and mindfully continuing with your daily activity.

Body Scan Mindfulness Exercise

1. Sit in a chair as for the breath awareness or lie down, making yourself comfortable, lying on your back on a mat or rug on the floor or on your bed. Choose a place where you will be warm and undisturbed. Allow your eyes to close gently.
2. Take a few moments to get in touch with the movement of your breath and the sensations in the body. When you are ready, bring your awareness to the physical sensations in your body, especially to the sensations of touch or pressure, where your body makes contact with the chair or bed. On each outbreath, allow yourself to let go, to sink a little deeper into the chair or bed.
3. Remind yourself of the intention of this practice. Its aim is not to feel any different, relaxed, or calm; this may happen or it may not. Instead, the intention of the practice is, as best you can, to bring awareness to any sensations you detect, as you focus your attention on each part of the body in turn.
4. Now bring your awareness to the physical sensations in the lower abdomen, becoming aware of the changing patterns of sensations in the abdominal wall as you breathe in, and as you breathe out. Take a few minutes to feel the sensations as you breathe in and as you breathe out.
5. Having connected with the sensations in the abdomen, bring the focus or "spotlight" of your awareness down the left leg, into the left foot, and out to the toes of the left foot. Focus on each of the toes of the left foot in turn, bringing a gentle curiosity to investigate the quality of the sensations you find, perhaps noticing the sense of contact between the toes, a sense of tingling, warmth, or no particular sensation.
6. When you are ready, on an inbreath, feel or imagine the breath entering the lungs, and then passing down into the abdomen, into the left leg, the left foot, and out to the toes of the left foot. Then, on the outbreath, feel or imagine the breath coming all the way back up, out of the foot, into the leg, up through the abdomen, chest, and out through the nose. As best you can, continue this for a few breaths, breathing down into the toes, and back out from the toes. It may be difficult to get the hang of this just practice this "breathing into" as best you can, approaching it playfully.
7. Now, when you are ready, on an outbreath, let go of awareness of the toes, and bring your awareness to the sensations on the bottom of your left foot—bringing a gentle, investigative awareness to the sole of the foot, the instep, the heel (e.g., noticing the sensations where the heel makes contact with the mat or bed). Experiment with "breathing with" the sensations—being aware of the breath in the background, as, in the foreground, you explore the sensations of the lower foot.
8. Now allow the awareness to expand into the rest of the foot—to the ankle, the top of the foot, and right into the bones and joints. Then, taking a slightly deeper breath, directing it down into the whole of the left foot, and, as the breath lets go on the outbreath, let go of the left foot completely, allowing the focus of awareness to move into the lower left leg—the calf, shin, knee, and so on, in turn.
9. Continue to bring awareness, and a gentle curiosity, to the physical sensations in each part of the rest of the body in turn - to the upper left leg, the right toes, right foot, right leg, pelvic area, back, abdomen, chest, fingers, hands, arms, shoulders, neck, head, and face. In each area, as best you can, bring the same detailed level of awareness and gentle curiosity to the bodily sensations present. As you leave each major area, "breathe in" to it on the inbreath, and let go of that region on the outbreath.
10. When you become aware of tension, or of other intense sensations in a particular part of the body, you can "breathe in" to them—using the inbreath gently to bring awareness right into the sensations, and, as best you can, have a sense of their letting go, or releasing, on the outbreath.
11. The mind will inevitably wander away from the breath and the body from time to time. That is entirely normal. It is what minds do. When you notice it, gently acknowledge it, noticing where the mind has gone off to, and then gently return your attention to the part of the body you intended to focus on.
12. After you have "scanned" the whole body in this way, spend a few minutes being aware of a sense of the body as a whole, and of the breath flowing freely in and out of the body.
13. If you find yourself falling asleep, you might find it helpful to prop your head up with a pillow, open your eyes, or do the practice sitting up rather than lying down.
14. You can adjust the time spent in this practice by using larger chunks of your body to become aware of or spending a shorter or longer time with each part.

Understanding How STRESS Works

What's going on in your life?

1. *Fight with a friend*
2. *Failing in school*
3. *Parents are separating*
4. _____
5. _____

LIFE becomes Less Rewarding

How do YOU Feel?

Sad, worthless,
Overwhelmed,

What do I do?

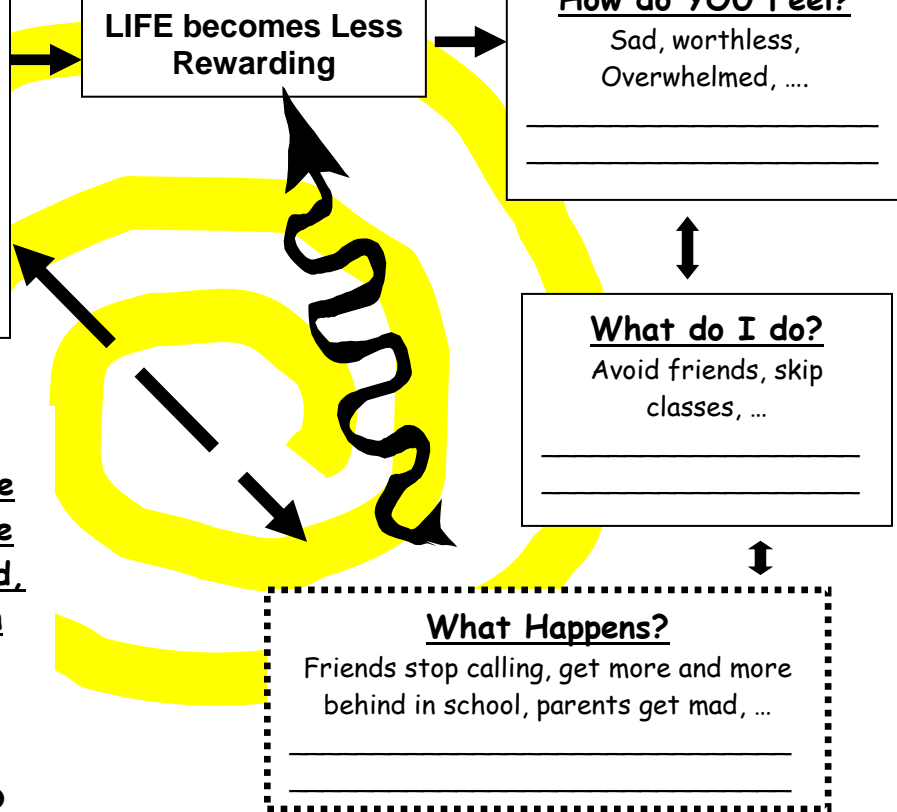
Avoid friends, skip
classes, ...

What Happens?

Friends stop calling, get more and more
behind in school, parents get mad, ...

Vicious Cycle

You get stuck in a negative cycle where you feel worse (depressed, angry, worried, overwhelmed, etc) and run the risk of doing less, getting yourself in more trouble, farther behind... MORE STRESSED



Using Your 5 Senses

The goal of this activity is to practice being aware in the present moment throughout the day whenever formal mindfulness practice such as meditation or a body scan might not be practical.

It is simply a guide to help you to become more aware through tuning into one of your **five senses**.



Notice 5 things that you can see:

Look around and find 5 things that you might not normally pay attention to like a shadow, a branch swaying in the wind, or a small crack in the floor or ceiling



Notice 4 things you can feel:

Notice 4 things you can feel around you like the texture of your clothing, the surface of the table, the texture of your skin or the breeze on your body.



Notice 3 things you can hear:

Listen carefully to the sounds around you. Can you notice the different types of sounds like the heating system, cars passing by, birds singing or people laughing?



Notice 2 things you can smell:

Tune into the smells around you. Maybe the smell of food being cooked, flower blossoms, car exhausts or the smell of a lake or beach.



Notice 1 thing you can taste:

Focus on one thing that you can taste right this minute. Sip some coffee, slowly eat some chocolate or other sweet, or notice the taste of fresh water. Pay attention to the taste on your tongue or in the back of your mouth.

My Stable and Acute Dynamic Risk Factors

Risk factors are what increase the risk of engaging in IPV in the future. Some risk factors are static, meaning they cannot change (how old you are, what happened in your childhood). Dynamic risk factors can change and that is why they are the focus of treatment. There are two types of dynamic risk factors-stable and acute. Each person has their own specific stable and acute risk factors.

Complete the work sheet below based on what you learned for your Risk Assessment and Evaluation and anything you have learned in treatment.

Stable risk factors. Can be present for years and months before an episode of IPV. Includes such things as personality traits, lifestyle, relationships, unemployment, and lack of housing, substance abuse disorder, depression.

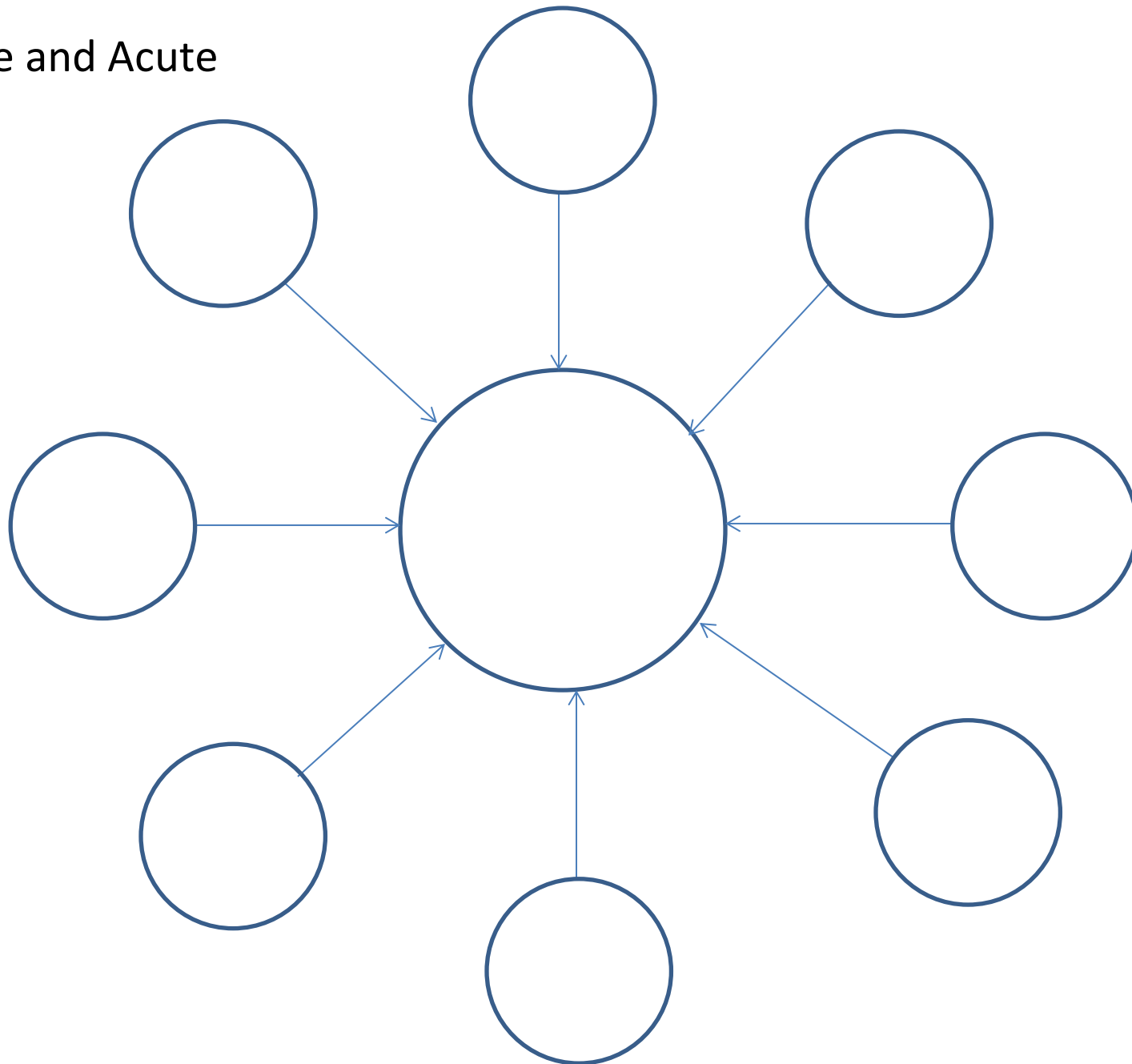
Stable Risk Factor	Steps I am taking /have taken

Acute risk factors. Present right around or at the time of the IPV. Includes such things as being intoxicated or high, getting fired, big argument with partner, loss, extreme negative emotional state.

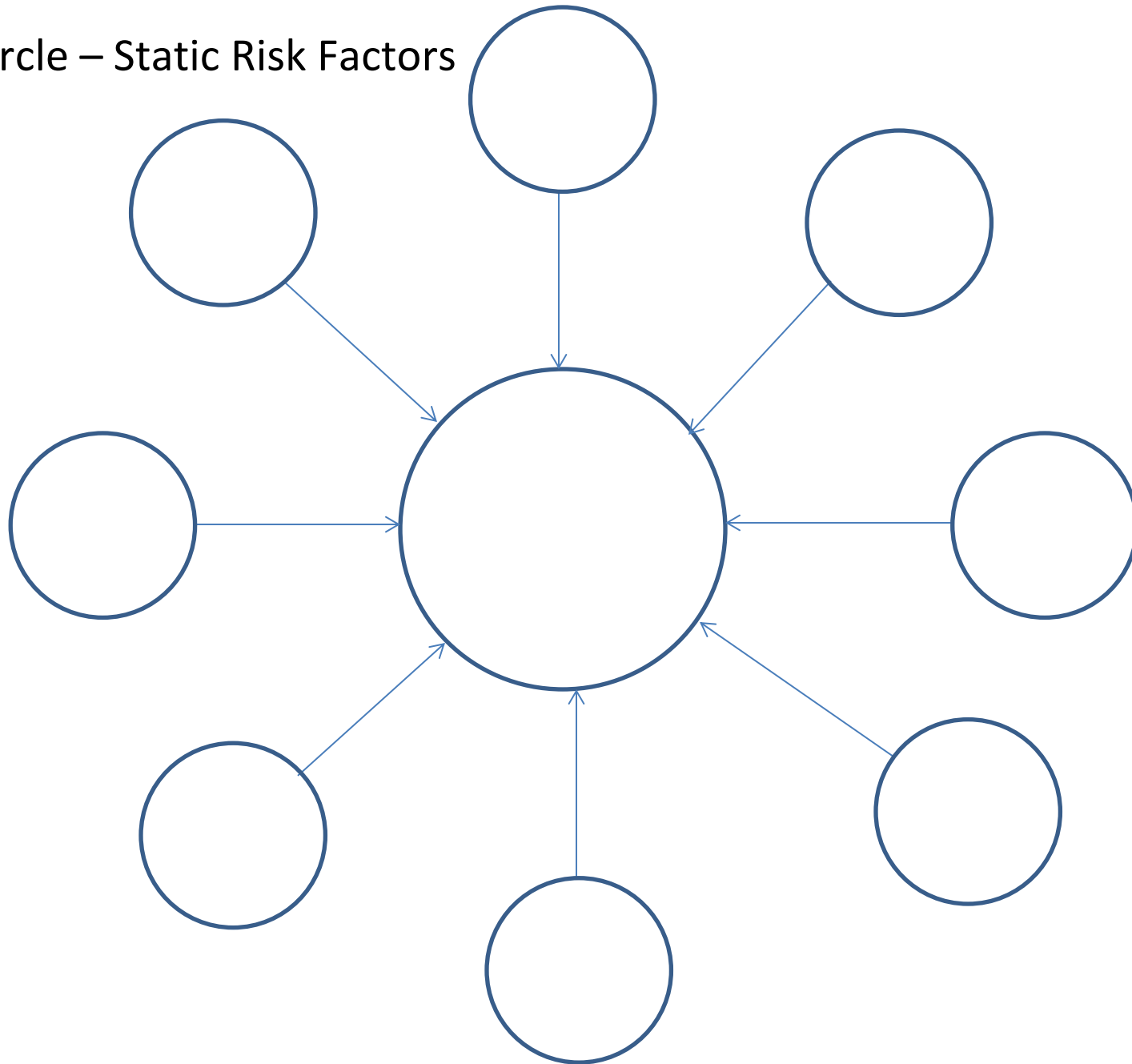
Acute Risk Factor	Steps I am taking/have taken	What I can do right now

FIT Circle- Dynamic Risk Factors

Stable and Acute



FIT Circle – Static Risk Factors



Functional Behavior Analysis – Parent Handout

Remember: All behavior makes sense, or “works” for your child in some way. We just need to find out exactly how the problem behavior “works” and then change your child’s environment so that 1) that behavior doesn’t work anymore, and 2) your child has a new, appropriate behavior that works even better!

STEP ONE: Learn why the behavior is happening. Fill out the boxes below using the most recent example. Try to capture all the details!

	Setting Events	A(ntecedents)	B(ehavior)	C(onsequences)
Target behavior			Clearly identify the behavior you are concerned about:	
Replacement behavior			Identify the “positive opposite” of the behavior—what would you like to see in that situation instead?	

STEP TWO: Figure out strategies to help replace the problem behavior with something better (in other words, make the replacement behavior “work” better than the problem behavior!). Try to start with “positive” strategies (like praise and rewards) and use consequences like punishment only when absolutely needed.

	Setting Events	A(ntecedents)	B(ehavior)	C(onsequences)
Target behavior	<p>Can you change the situation?</p> <p>Ideas:</p>	<p>Remove, minimize or change antecedents that might be contributing to or triggering the problem behavior.</p> <p>Ideas:</p>	<p>Track it! Start counting how often it happens so you’ll know if your strategies work!</p> <p>Ideas:</p>	<p>Eliminate or reduce any consequences that seem to be rewarding the behavior (is s/he getting his/her way?)</p> <p>Move reinforcing events (rewards, attention, etc.) to the box below.</p> <p>Ideas:</p>
Replacement behavior	<p>Can you learn what helps by looking at the times s/he does what you want?</p> <p>Ideas:</p>	<p>Find ways to set him/her up for success:</p> <ul style="list-style-type: none"> - Clarify expectations - Simple instructions - Remind - Practice - Anticipate & remove obstacles <p>Ideas:</p>	<p>Figure out what you’d like your child to do in this situation instead.</p> <p>Make sure s/he has the skills to do what you want—if not, practice with him! (Role play!)</p> <p>AND make sure your expectations are appropriate for age.</p> <p>Ideas:</p>	<p>Add reinforcing events here! (Praise, attention, rewards, special time together, etc.)</p> <p>Ideas:</p>

COGNITIVE COPING

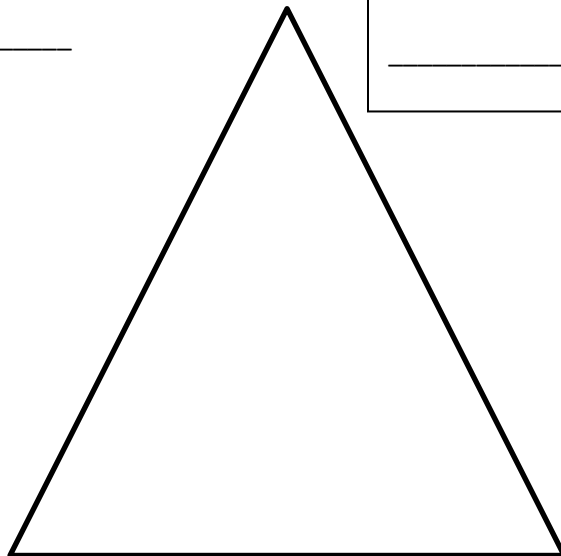
Triggering Situation

Initial **thought**:

Emotion associated with
thought

Feeling word: _____

Sensations in my body:



Behavior associated with
thought

Rate: 1—2—3—4—5—6—7—8—9—10

Any change in the intensity of
the old **emotion**?

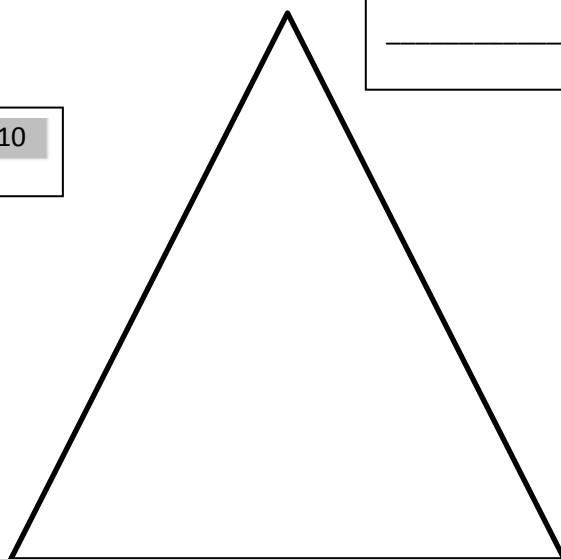
Rate: 1—2—3—4—5—6—7—8—9—10

New **thought**:

Is there a new **emotion**
associated with new thought?

Feeling word: _____

Sensations in my body:



Behavior associated with new
thought

Rate: 1—2—3—4—5—6—7—8—9—10

What Is Dialectical Behavior Therapy?

Dialectical Behavior Therapy (DBT) is part of the cognitive-behavioral family of therapies. It was originally developed to treat seriously and chronically suicidal patients. It has evolved to be a therapy to help people learn to handle intense negative emotions and problems making and keeping relationships. DBT combines principles of behavioral psychology, which are used to promote change, with mindfulness principles adapted from Buddhism, which are used to promote acceptance (Linehan, 1993).

“Dialectical” refers to the idea that reality is made up of seemingly opposing forces, or tensions. An important tension in psychotherapy is the tension between acceptance and change. Sometimes it is more effective to accept a situation the way that it is, and other times it more effective to change the situation.

The Purpose of DBT

- to enhance an individual’s capability by increasing skillful behavior
- maintain the client motivation to change and to engage with treatment
- to ensure generalization of change
- to assist the individual in restructuring or changing the environment in ways that support and maintain progress and movement toward goals

DBT Skills Training

DBT teaches a balance of ‘acceptance skills’ and ‘change skills.’ These include:

- **Mindfulness skills** (acceptance) including core mindfulness skills (nonjudgmental observation) and more complex mindfulness practice (wise mind, loving kindness, balancing ‘doing’ and ‘being’).
- **Distress tolerance skills** (acceptance) including crisis survival skills, reality acceptance skills, and distress tolerance skills related to addiction.
- **Emotion regulation skills** (change) including recognizing emotions, changing emotional responses (including cognitive restructuring), and reducing vulnerability to the emotional mind.
- **Interpersonal effectiveness skills** (change) including objectives, relationship, and self-respect effectiveness skills.

Reference: Linehan, M. M. (1993). *Cognitive–behavioral therapy of borderline personality disorder*. New York: Guilford Press.

ABC Worksheet

Date: _____

Name: _____

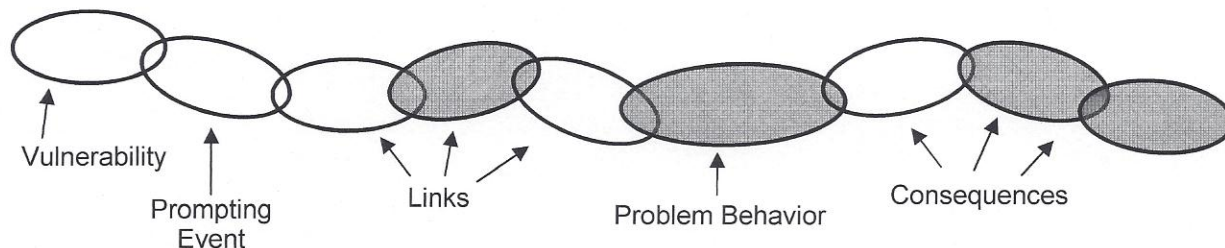
A ctivating Event “Something happens”	B elief/Stuck Point “I tell myself something”	C onsequence “I feel something”

Are my thoughts realistic or helpful?

What could I say to myself that would be more accurate, positive, or helpful?

Chain Analysis of Problem Behavior

Name: _____ Date Filled Out: _____ Date of Problem Behavior: _____



What exactly is the major **PROBLEM BEHAVIOR** that I am analyzing?

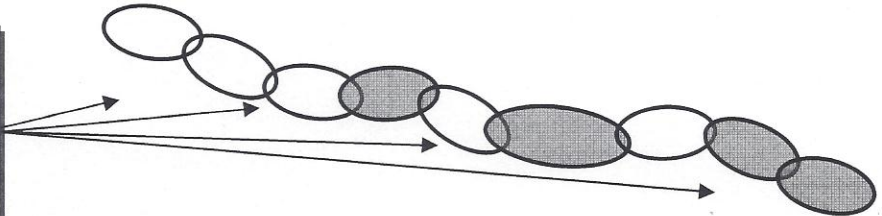
What **PROMPTING EVENT** in the environment started me on the Chain to my problem behavior?
Start day: _____

What things in myself and my environment made me **VULNERABLE**?
Start day: _____

Chain Analysis of Problem Behavior

Name: _____ Date Filled Out: _____

Possible Types of Links
A = Actions
B = Body sensations
C = Cognitions
E = Events
F = Feelings



LINKS

List actual, specific behaviors and then list new, more skillful behaviors to replace ineffective behaviors:

A vertical column of 14 overlapping circles, each corresponding to a numbered line for listing links. The circles are arranged in a slightly curved line from top-left to bottom-right.

1st _____

2nd _____

3rd _____

4th _____

5th _____

6th _____

7th _____

8th _____

9th _____

10th _____

11th _____

12th _____

13th _____

14th _____

Chain Analysis of Problem Behavior

Name: _____ Date Filled Out: _____

What exactly were the major **CONSEQUENCES** in the environment?

Immediate:

Delayed:

What exactly were the major **CONSEQUENCES** in the myself?

Immediate:

Delayed:

What **PROMPTING EVENT** in the environment started me on the Chain to my problem behavior?
Start day: _____

INSTRUCTIONS FOR CHAIN ANALYSIS WORKSHEET

1. Describe the specific *PROBLEM BEHAVIOR* – e.g., throwing a chair, cutting, hearing voices, dissociating, not coming to a therapy appointment, etc. (Behaviors that are targeted in the treatment plan, or diary card.)
 - A. Be very specific and detailed. No vague terms.
 - B. Identify exactly what you did, said, thought, or felt (if feelings are the targeted problem behavior).
 - C. Describe the intensity of the behavior and other characteristics of the behavior that are important.
 - D. Describe problem behavior in enough detail that an actor in a play or movie could recreate the behavior exactly.

2. Describe the specific *PROMPTING EVENT* that started the whole chain of behavior. Start with the environmental event that started the chain. A prompting event is an event outside the person that triggers the chain of events leading to the problem behavior. Always start with some event in your environment, even if it doesn't seem to you that the environmental event "caused" the problem behavior. Possible questions to get at this are:
 - A. What exact event precipitated the start of the chain reaction?
 - B. When did the sequence of events that led to the problem behavior begin? When did the problem start?
 - C. What was going on the moment the problem started?
 - D. What were you doing, thinking, feeling, imagining at that time?
 - E. Why did the problem behavior happen on that day instead of the day before?

3. Describe in general what things (both in yourself and in the environment) made you *VULNERABLE* to the prompting event. What factors or events made you more vulnerable to a problematic chain? What gave the prompting event such power? Areas to examine are:
 - A. Physical illness; unbalanced eating or sleeping; injury
 - B. Use of drugs or alcohol; misuse of prescription drugs
 - C. Stressful events in the environment (either positive or negative)
 - D. Intense emotions, such as sadness, anger, fear, loneliness
 - E. Previous behaviors of your own that you found stressful

4. Describe in excruciating detail *THE LINKS IN THE CHAIN OF EVENTS* that hooked the prompting event to the problem behavior.
 - A. Links in the chain can be:
 - Actions or things you do;
 - Body sensations or feelings;
 - Cognitions, e.g., beliefs, expectations or thoughts;
 - (the dash is here for D)
 - Events in the environment or things others do;
 - Feelings and emotions that you experience.
 - B. Imagine that your problem behavior is chained to the prompting event in the environment. How long is the chain? Where does it go? What are the links? Write out all links in the chain of events, no matter how small. Be very specific, as if you are writing a script for a play.
 1. What exact thought (or belief), feeling, or action followed the precipitating event? What thought, feeling, or action followed that? What next? What next? etc.
 2. Look at each link in the chain after you write it. Was there another thought, feeling, or action that could have occurred? Could someone else have thought, felt, or acted differently at that point? If so, explain how that specific thought, feeling, or action came to be.
 3. For each link in the chain, ask is there a smaller link you could describe.
5. What are the *CONSEQUENCES* of this behavior? Be specific. Examine both the immediate (in just seconds) effects and the delayed or longer term effects. Figure out the reinforcers for the behavior.
 - A. How did other people react immediately and later?
 - B. How did you feel immediately following the behavior? Later?
 - C. What effect did the behavior have on you and your environment immediately and later?
6. Describe in detail different more skillful *SOLUTIONS* to the problem.
 - A. Go back to the chain of your behaviors following the prompting event.? Circle each point or link (or fill in link with your pencil) where if you had done something different you would have avoided the problem behavior.
 - B. What could you have done differently at each link in the chain of events to avoid the problem behavior? What coping behaviors or skillful behaviors could you have used?
7. Describe in detail *PREVENTION STRATEGY* for how you could have kept the chain from starting by reducing your vulnerability to the chain.
8. Describe a plan for *SOLVING* the prompting event (if it were to happen again) or keeping it from happening again.

9. Think through the *HARMFUL* consequences of your behavior. Figure out what is harmed so you can figure out what you need to repair or correct. Look at yourself, at your environment, and at people in your environment to see if there are any harmful consequences.
10. Describe what you are going to do to *REPAIR* important or significant consequences of the problem behavior? Describe what you will do to *CORRECT* the harm that resulted from your problem behavior. Describe how you will make things just a little bit better than they were before, that is, how you will *OVERCORRECT* the harm.
11. In this space, you can write whatever reflects your *DEEPEST THOUGHTS AND FEELINGS* about this episode. Just start writing and continue for five minutes or so without stopping. If the topic gets upsetting to you, shift topics and keep writing. Or, you can write out any comments that you have about the analysis.

Emotion Regulation Skills

Opposite Action

When you experience an emotion, a behavior usually comes with it. If you are angry, you might fight or argue. If you are sad, you might withdraw from your friends. Your body causes you to react to emotions in a specific way.

Doing the *opposite action* will help you change your emotion. If you typically start to yell when you are angry, try talking quietly and politely. If you withdraw when you are sad, make a point to visit a friend next time you feel this way.

Emotion	Action	Opposite Action
Angry	Fight, yell, and argue.	Talk quietly and behave politely.
Sad	Withdraw from friends.	Visit and communicate with friends.

Check the Facts

Maybe you can look back at your life and think of a few situations where you overreacted. Or you might notice that something once felt like a big deal when it was really pretty unimportant. You can *check the facts* in the moment to help reduce the intensity of these extreme emotions.

Ask yourself the following questions to check the facts:

- 1 What event triggered my emotion?
- 2 What interpretations or assumptions am I making about the event?
- 3 Does my emotion and its intensity match the *facts* of the situation? Or does it just match my assumptions of the situation?

Emotion Regulation Skills

P.L.E.A.S.E.

Your body and mind are closely linked, and the health of one directly affects the other. An unhealthy body will make it difficult to manage your emotions. The acronym “P.L.E.A.S.E.” can be used to help you remember important aspects of this connection.

PL	Treat Physical Illness
E	Eat Healthy
A	Avoid Mood-Altering Drugs
S	Sleep Well
E	Exercise

Paying Attention to Positive Events

It's only human—most people give more attention to the bad things than the good. If you hear ten compliments, and a single criticism, you'll probably focus on the criticism.

If you notice yourself focusing on the negative aspects of an experience, try to stop and refocus on the positive. Practice by doing a small positive activity every day while making a point to acknowledge the good parts (even if things aren't perfect). Don't let minor problems ruin the moment.

Adding one or two positive activities won't change your life, but over time the happiness they create will start to add up. Here are a few ideas for quick positive activities to get you started:

Have a good, unrushed meal.	Watch a movie.	Visit with friends or family.
Visit a local attraction like a zoo or museum.	Go for a walk.	Put on headphones and do nothing but listen to music.
Have a picnic.	Give yourself a relaxing night in.	Try a new hobby.

Distress Tolerance Skills

Radical Acceptance

Sometimes you'll run into a problem that's simply out of your control. It can be easy to think "This isn't fair" or "I shouldn't have this problem", even though those ways of thinking only make the pain worse.

Radical acceptance refers to a healthier way of thinking during these situations. Instead of focusing on how you would like something to be different, you will recognize and accept the problem or situation as it is. Remember, accepting is not the same as liking or condoning something.

Learning to accept the problems that are out of your control will lead to less anxiety, anger, and sadness when dealing with them.

Situation	
You find out that you were not selected for a job where you felt that you were the best candidate.	
Typical Thinking	Radical Acceptance
"This isn't fair—I did everything right! I was the best one there. They can't do this to me."	"It's frustrating that I didn't get the job, but I accept that they felt someone else would be a better fit."

Self-Soothe with Senses

Find a pleasurable way to engage each of your five senses. Doing so will help to soothe your negative emotions.

Vision	Go for a walk somewhere nice and pay attention to the sights.
Hearing	Listen to something enjoyable such as music or nature.
Touch	Take a warm bath or get a massage.
Taste	Have a small treat—it doesn't have to be a full meal.
Smell	Find some flowers or spray a perfume or cologne you like.

Distress Tolerance Skills

Distraction (A.C.C.E.P.T.S.)

Negative feelings will usually pass, or at least lessen in intensity over time. It can be valuable to distract yourself until the emotions subside. The acronym "A.C.C.E.P.T.S." serves as a reminder of this idea.

Activities	Engage in activities that require thought and concentration. This could be a hobby, a project, work, or school.
Contributing	Focus on someone or something other than yourself. You can volunteer, do a good deed, or do anything else that will contribute to a cause or person.
Comparisons	Look at your situation in comparison to something worse. Remember a time you were in more pain, or when someone else was going through something more difficult.
Emotions	Do something that will create a competing emotion. Feeling sad? Watch a funny movie. Feeling nervous? Listen to soothing music.
Pushing Away	Do away with negative thoughts by pushing them out of your mind. Imagine writing your problem on a piece of paper, crumpling it up, and throwing it away. Refuse to think about the situation until a better time.
Thoughts	When your emotions take over, try to focus on your thoughts. Count to 10, recite a poem in your head, or read a book.
Sensations	Find safe physical sensations to distract you from intense negative emotions. Wear a rubber band and snap it on your wrist, hold an ice cube in your hand, or eat something sour like a lime.

Mindfulness Meditation

The goal of **mindfulness meditation** is simple: to pay attention to the present moment, without judgement. However, as you practice, you'll find that this is easier said than done.

During mindfulness meditation, you will focus on your breathing as a tool to ground yourself in the present moment. It's normal that your mind will wander. You'll simply bring yourself back into the moment by refocusing on your breathing, again and again.

Follow the instructions below to begin practicing mindfulness meditation.

Time & Place



Aim to practice **daily** for **15-30 minutes**. More frequent, consistent, and longer-term practice leads to the best results. However, some practice is better than no practice.

Find a time and place where you are unlikely to be interrupted. Silence your phone and other devices, and set a timer for your desired practice length.

Posture



- ❖ Sit in a chair, or on the floor with a cushion for support.
- ❖ Straighten your back, but not to the point of stiffness.
- ❖ Let your chin drop slightly, and gaze downward at a point in front of you.
- ❖ If in a chair, place the soles of your feet on the ground. If on the floor, cross your legs.
- ❖ Let your arms fall naturally to your sides, with your palms resting on your thighs.
- ❖ If your pose becomes too uncomfortable, feel free to take a break or adjust.

Awareness of Breathing



Because the sensations of breathing are always present, they are useful as a tool to help you focus on the present moment. Whenever you become distracted during meditation, turn your focus back to breathing.

Notice the sensation of air as it passes through your nose or mouth, the rise and fall of your belly, and the feeling of air being exhaled, back into the world. Notice the sounds that accompany each inhalation and exhalation.

Wandering Mind



It's normal that your thoughts will wander during mindfulness meditation. At times, it might feel like a constant battle to maintain focus on your breathing. Don't worry—that's normal. Instead of struggling against your thoughts, simply notice them, without judgment. Acknowledge that your mind has wandered, and return your attention to breathing. Expect to repeat this process again and again.

Deep Breathing



Deep Breathing: a relaxation technique performed by purposefully taking slow, deep breaths. When practiced regularly, deep breathing provides both immediate and long-term relief from stress and anxiety.

How Deep Breathing Works

During periods of anxiety, the body triggers a set of symptoms called the **stress response**. Breathing becomes shallow and rapid, heart rate increases, and muscles become tense. In opposition to the stress response is the **relaxation response**. Breathing becomes deeper and slower, and the symptoms of anxiety fade away. Deep breathing triggers this response.

Instructions

Sit back or lie down in a comfortable position. Close your eyes, if you would like to do so. When you're learning, try placing a hand on your stomach. If you breathe deeply enough, you should notice it rising and falling with each inhalation and exhalation.



- 1 Inhale.** Breathe in slowly through your nose for 4 seconds.
- 2 Pause.** Hold the air in your lungs for 4 seconds.
- 3 Exhale.** Breathe out slowly through your mouth for 6 seconds.
Tip: Pucker your lips, as if you are blowing through a straw, to slow your exhalation.
- 4 Repeat.** Practice for at least 2 minutes, but preferably 5 to 10 minutes.

Tips

- If it isn't working, *slow down!* The most common mistake is breathing too fast. Time each step in your head, counting slowly as you do so.
- Counting out your breaths serves a second purpose. It takes your mind off the source of your anxiety. Whenever you catch your mind wandering, simply return your focus to counting.
- The times we use for each step are suggestions, and can be lengthened or decreased. Lengthen the time if it feels natural to do so, or decrease the time if you feel discomfort.

When Emotions Fit Facts

Emotions are normal. Even negative ones are normal and useful in some situations. When emotions do not fit the facts, they can lead to unhelpful or destructive behaviors. Even when emotions do fit the facts, if the intensity of the feelings is extremely strong, they can lead to destructive or unhelpful behaviors.

When you have the following feelings: ***Fear, anger, disgust, envy, jealousy, sadness, shame, and guilt***

Check the facts to see if the feeling fits

Check the intensity to see if a coping skill is needed to reduce high levels of distress

Emotion	Fits the Facts
Fear	Threat to life Perceived threat to life based on a threat event Threat to life or physical safety of another
Anger	An injustice is done to you or another A legitimate goal is blocked unfairly
Disgust	Something could poison or contaminate you Being around or touched by someone that you deeply dislike or find creepy Someone does something that is revolting or detestable
Envy	Someone or a group gets or has something you need/want
Jealousy	A very important/desired relationship is in jeopardy of being lost Someone is threatening to take a valued relationship away
Sadness	You have lost something or someone Things are not the way you hope/expect them to be
Shame	You will be rejected by a person or group you care about if they were to know certain characteristics of yours You reject or loathe your self
Guilt	Your own behavior violates/violated your own standards or moral code

What Emotions Do

Emotions Help Move us Into Action

- Emotions help us take action and our emotions are hard wired in biology
- Emotions save time so we can act quickly. They kick start us to act in important situations when we don't have time to think things through
- Strong emotions can help us overcome obstacles

Emotions Help Us Communicate and Influence Others

- Facial expressions show what we are feeling more quickly than words can
- Our body language and voice tone say a lot about what we feel and what we want to show others
- Changing emotions is challenging because they are so strong and hard wired

Emotions Help Us Communicate to Ourselves

- Our emotional reactions give us information about our situations
- Our gut feelings are like intuition and can help us to evaluate the situation more carefully and check out the facts
- It is important to check out our feelings and not assume they are based on fact. The stronger the emotion, it is more likely we will take the emotion as fact: "I'm mad at her so she must be wrong"
- Assuming emotions are based on facts can lead to justifying our unhelpful/hurtful thoughts and actions.

Using Your 5 Senses

The goal of this activity is to practice being aware in the present moment throughout the day whenever formal mindfulness practice such as meditation or a body scan might not be practical.

It is simply a guide to help you to become more aware through tuning into one of your **five senses**.



Notice 5 things that you can see:

Look around and find 5 things that you might not normally pay attention to like a shadow, a branch swaying in the wind, or a small crack in the floor or ceiling



Notice 4 things you can feel:

Notice 4 things you can feel around you like the texture of your clothing, the surface of the table, the texture of your skin or the breeze on your body.



Notice 3 things you can hear:

Listen carefully to the sounds around you. Can you notice the different types of sounds like the heating system, cars passing by, birds singing or people laughing?



Notice 2 things you can smell:

Tune into the smells around you. Maybe the smell of food being cooked, flower blossoms, car exhausts or the smell of a lake or beach.



Notice 1 thing you can taste:

Focus on one thing that you can taste right this minute. Sip some coffee, slowly eat some chocolate or other sweet, or notice the taste of fresh water. Pay attention to the taste on your tongue or in the back of your mouth.

Anger Management Skills

Recognize your Anger Early	If you're yelling, it's probably too late. Learn the warning signs that you're getting angry so you can change the situation quickly. Some common signs are feeling hot, raising voices, balling of fists, shaking, and arguing.
Take a Timeout	Temporarily leave the situation that is making you angry. If other people are involved, explain to them that you need a few minutes alone to calm down. Problems usually aren't solved when one or more people are angry.
Deep Breathing	Take a minute to just breathe. Count your breaths: four seconds inhaling, four seconds holding your breath, and four seconds exhaling. Really keep track of time, or you might cheat yourself! The counting helps take your mind off the situation as well.
Exercise	Exercise serves as an emotional release. Chemicals released in your brain during the course of exercise create a sense of relaxation and happiness.
Express your Anger	Once you've calmed down, express your frustration. Try to be assertive, but not confrontational. Expressing your anger will help avoid the same problems in the future.
Think of the Consequences	What will be the outcome of your next anger-fueled action? Will arguing convince the other person that you're right? Will you be happier after the fight?
Visualization	Imagine a relaxing experience. What do you see, smell, hear, feel, and taste? Maybe you're on a beach with sand between your toes and waves crashing in the distance. Spend a few minutes imagining every detail of your relaxing scene.

When is Anger a Problem?

In small doses, anger is an appropriate, normal, and healthy emotion. Everyone experiences anger. It helps us stand up for ourselves when we've been wronged, and protect our own needs. However, in many circumstances, anger can have negative repercussions. Below are examples of how anger can be harmful, or cause unwanted consequences.

Anger is a problem when it negatively affects others. Anger drives people to act in a way that's unpleasant or harmful to those around them. This can result in straining or losing important relationships. It can be difficult to maintain healthy relationships when anger is out of control.

How much does this problem apply to you?

Not At All Somewhat Very Much

How has your anger impacted other people?

Anger is a problem when it hinders performance at work or school. Anger can lead to breakdowns in communication, making it difficult to work with others. Additionally, being preoccupied with anger harms one's ability to concentrate on work or school tasks.

How much does this problem apply to you?

Not At All Somewhat Very Much

How has anger negatively affected your performance at work or school?

When is Anger a Problem?

Anger is a problem when it negatively affects health or well-being. Anger affects both physical and emotional health. Physically, anger contributes to problems such as high blood pressure and heart attacks. Emotionally, anger contributes to anxiety, depression, and drug and alcohol use.

How much does this problem apply to you?

Not At All Somewhat Very Much

How has anger negatively affected your physical or emotional health?

Anger is a problem when it is too intense. Even when anger is justified, it can be a problem if it goes too far. For example, physical aggression can lead to severe consequences such as physical harm to one's self or others, property damage, and legal trouble. A verbal outburst that's out of proportion to a situation may lead to losing a job, permanently damaging a relationship, or other consequences.

How much does this problem apply to you?

Not At All Somewhat Very Much

When was a time that your anger was too intense?

Triggers



Trigger: A stimulus—such as a person, place, situation, or thing—that contributes to an unwanted emotional or behavioral response.

The Problem

Describe the problem your triggers are contributing to. What's the worst-case scenario, if you are exposed to your triggers?

Trigger Categories

Just about *anything* can be a trigger. To begin exploring your own triggers, think about each of the categories listed below. Is there a specific emotion that acts as a trigger for you? How about a person or place? List your responses in the provided spaces.

Emotional State	
People	
Places	
Things	
Thoughts	
Activities / Situations	

Tips for Dealing with Triggers

- Oftentimes, the best way to deal with a trigger is to avoid it. This might mean making changes to your lifestyle, relationships, or daily routine.
- Create a strategy to deal with your triggers head on, just in case. Your strategy might include coping skills, a list of trusted people you can talk to, or rehearsed phrases to help you get out of a troublesome situation.
- Don't wait until the heat of the moment to test your coping strategy. *Practice!*

Triggers



In this section, you will develop a plan for dealing with your three biggest triggers. Review your plan regularly, and practice each of the strategies.

Describe your three biggest triggers, in detail.

Trigger	#1	
	#2	
	#3	

Describe your strategy for *avoiding or reducing exposure* to each trigger.

Trigger	#1	
	#2	
	#3	

Describe your strategy for dealing with each trigger head on, when they cannot be avoided.

Trigger	#1	
	#2	
	#3	

Coping Skills for Anger

Be Aware

Anger triggers are things that set off your angry feelings and behavior. By knowing your anger triggers and paying attention to them, you will reduce the likelihood that your anger will get out of control.

Use Anger Triggers to Your Advantage

- Create a list of your triggers and review them every day. Reviewing your triggers daily will help you be aware of them so that you will begin to notice them before they become a problem
- Avoid the anger trigger whenever possible. Think about ways you can change your lifestyle, relationships or daily routines.

Practice Deep Breathing

Deep breathing is a simple and useful technique to help manage emotions. Deep breathing works! it can be done without other people realizing you are doing and it is easy to use at any time or place.

Sit comfortably and place one hand on your chest and one hand on your stomach. Breathe in through your nose, deeply enough that the hand on your abdomen rises but not the hand on your chest. Hold your breath, and then breathe out slowly through your mouth as if you are blowing through a straw. The goal is to go slow: breathe in for 4 seconds, hold for 4 seconds, and breathe out for 6 seconds. Practice 3 – 5 minutes.

Inhale 4  **Hold 4**  **Exhale 6**

Keep an Anger Log

Soon after you act out in an angry manner, take a few moments to write down what happened. This will help you identify patterns, warning signs and triggers, while also helping you organize your thoughts and better work through the problem.

- Write down what was happening right before you acted out in an angry manner? How were you feeling and what were you thinking? Were you hungry, tired, stressed??
- Write down the facts of what happened. What things happened that triggered your anger? How did you react, and did your reaction change as the situation unfolded?
- What were your thoughts and feelings during your angry behavior? Looking back, do you see anything differently than when you were in the heat of the moment??

Coping Skills for Anger

Use Distractions

The goal of distracting yourself is to give you some time to react in a more helpful manner. If you can distract yourself for just 30 minutes, you will have a better chance of dealing with your anger in a healthy way. Remember, you can always deal with what made you angry later on - for now you are just setting aside the problem and giving yourself some space.

take a walk	read	play a sport	listen to music
Enjoy some screen time	practice a hobby	go for a run	clean or organize
work in the yard	draw or paint	do a craft	cook or bake
play a game	ride a bike	write or journal	take a long bath
play an instrument	connect with a friend	lift weights	go swimming
go hiking in nature	take photographs	play with a pet	rearrange a room

Take a Time Out

Taking time-outs are really helpful in relationships where anger-fueled disagreements are causing problems. When someone calls a time-out, both people agree to walk away from the problem, until both have had an opportunity to cool down.

Use Time-Out Wisely

- Make a time out plan with your partner. Make sure everyone understands the rationale behind a time out – opportunity to calm down before tackling the problem
- Plan safe activities away from each other during the time out. Consider using some of the activities for distraction
- Plan on coming back together to tackle the problem in about 30 minutes. You aren't ignoring the problem, just calming down before addressing it.

Know Your Warning Signs

Anger warning signs are clues your body gives you that your anger is starting to grow. Knowing your warning signs will help you address your anger before it gets too big.

sweating	can't get past problem	feel hot / turn red	clenched fists/tight muscles
headachy	becoming argumentative	raising your voice	using verbal insults
pacing	aggressive body language	upset stomach	shutting down/not talking

Sleep Hygiene

Tips For a Good Night's Sleep

7.5+



- 1) **Aim for 7.5 - 8 hours.** Yes, really. Research shows that most teens need more than 9 hours per night. If you are falling short, you might notice it affecting your mood (Cranky? Feeling blah?) your thinking (Losing focus? Trouble with schoolwork?) and maybe your driving (tired teens have more car accidents).
- 2) **Stick to regular sleep and wake times.** Going to bed and waking up at about the same time every day makes your body “prepared” to fall asleep and wake up when you need it to. Yes, this means going to bed and waking up at about the same time on weekends also. If you go to bed late and sleep in hours later on the weekend, your body will NOT be happy with you on Monday morning...
- 3) **Ditch your devices.** Texting, social media and the internet are the enemy of sleep. Not only do activities like texting, gaming and social media keep you alert, if you do fall asleep, getting texts and updates can wake you back up. Research also shows that the light from screens before bed messes with your brain’s ability to sleep. Try to stop using screens well before bedtime and leave devices outside the bedroom so they can’t distract you. Some devices like ipads and iphones have settings for “night shift” so the screens give off less blue light in the evening hours, which might help.
- 4) **Create the right conditions.** People sleep better when it is dark, cool, and quiet. If you need them, consider curtains or eye mask to keep it dark, and ear plugs or “white noise” to deal with noises. Get calm by avoiding bright lights or exercise right before bed.
- 5) **The bedroom is for sleeping.** If you can, avoid doing stressful activities in bed or in your bedroom. This keeps the stress of daily activities out of your sleeping space.
- 6) **No napping.** Naps (especially longer ones after 3pm) can throw off your ability to fall asleep at bedtime. Many teens also find that they wake up from naps with less energy and motivation for things they need to do, like homework.
- 7) **Avoid caffeine, smoking, alcohol and drugs (especially late in the day).** Although some people find alcohol makes them drowsy, it actually leads to worse sleep quality and more waking up at night.
- 8) **Don’t watch the clock.** When you are trying to fall asleep, watching the clock and worrying about being awake only make you more anxious and less sleepy. Instead, keep clocks where you can’t see them and don’t stress about being awake. Tell yourself that getting less sleep one night never hurt anyone, and as long as you don’t sleep in or nap tomorrow, you will be plenty tired and sleep much better the next night!
- 9) **Don’t TRY to sleep.** The more you try, the harder it is. Instead, do something calming, like focus on slow breathing, do a meditation (like this body scan <http://marc.ucla.edu/mpeg/Body-Scan-for-Sleep.mp3>) or imagine all the details of a calming place or memory—the sights, sounds, smells, touch, tastes). If you’ve been lying awake for more than 20 minutes, try getting up and doing something boring in dim light until you feel sleepy, then return to bed and try again.



10) **Don't worry about stuff.** Easier said than done! But you can keep a pen and paper to write down worries to be addressed in the morning. You can also notice when you are worrying and change your focus to one of the calming and distracting activities above (like a body scan or calming imagery).

11) **Find some rituals.** Find a few calming things you can do every night to remind your body it is time for bed. Like some deep breathing, a few stretches, or a sip a glass of warm milk or decaf tea.

12) **Stick to the plan.** If you do have a crummy night sleep, stick to your normal routine. Sleeping in, skipping activities, napping—these usually make the problem worse.

13) **Eat healthy and exercise.** Eating healthy foods, getting exercise, and getting outdoors during the day can help your body get in a good rhythm. But avoid intense exercise in the late evening, or it could keep you up.

If you wanted to improve your sleep, what things would you do differently this week?

What could get in the way of making these changes? How could you handle that?

TRACK YOUR RESULTS:

Date	/	/	/	/	/	/	/
How did you do?							
What did you notice?							

Pleasurable Activities List

1. Soaking in the bathtub
2. Planning my career
3. Getting out of (paying on) debt
4. Collecting things (coins, shells, etc.)
5. Going on vacation
6. Thinking how it will be when I finish school
7. Recycling old items
8. Going on a date
9. Relaxing
10. Going to a movie in the middle of the week
11. Jogging, walking
12. Thinking I have done a full day's work
13. Listening to music
14. Recalling past parties
15. Buying household gadgets
16. Lying in the sun
17. Planning a career change
18. Laughing
19. Thinking about my past trips
20. Listening to others
21. Reading magazines or newspapers
22. Hobbies (stamp collecting, model building, etc.)
23. Spending an evening with good friends
24. Planning a day's activities
25. Meeting new people
26. Remembering beautiful scenery
27. Saving money
28. Gambling
29. Going home from work
30. Eating
31. Practicing karate, judo, yoga
32. Thinking about retirement
33. Repairing things around the house
34. Working on my car (bicycle)
35. Remembering the words and deeds of loving people
36. Wearing sexy clothes
37. Having quiet evenings
38. Taking care of my plants
39. Buying, selling stock
40. Going swimming
41. Doodling
42. Exercising
43. Collecting old things
44. Going to a party
45. Thinking about buying things
46. Playing golf
47. Playing soccer
48. Flying kites
49. Having discussions with friends
50. Having family get-togethers
51. Riding a motorbike
52. Sex
53. Running a track
54. Going camping
55. Singing around the house
56. Arranging flowers
57. Practicing religion (going to church, group praying, etc.)
58. Losing weight
59. Going to the beach
60. Thinking I'm an OK person
61. A day with nothing to do
62. Having class reunions
63. Going skating
64. Going sail boating
65. Traveling abroad or in the United States
66. Painting
67. Doing something spontaneously
68. Doing needlepoint, crewel, etc.
69. Sleeping
70. Driving
71. Entertaining
72. Going to clubs (garden, Parents without Partners, etc.)
73. Thinking about getting married
74. Going hunting
75. Singing with groups
76. Flirting
77. Playing musical instruments
78. Doing arts and crafts
79. Making a gift for someone
80. Buying records
81. Watching boxing, wrestling
82. Planning parties
83. Cooking
84. Going hiking
85. Writing books (poems, articles)
86. Sewing
87. Buying clothes
88. Going out to dinner
89. Working
90. Discussing books
91. Sightseeing
92. Gardening
93. Going to the beauty parlor
94. Early morning coffee and newspaper
95. Playing tennis
96. Kissing
97. Watching my children (play)
98. Thinking I have a lot more going for

Pleasurable Activities List

- | | |
|--|---|
| me than most people | 146. Knitting |
| 99. Going to plays and concerts | 147. Doing crossword puzzles |
| 100. Daydreaming | 148. Shooting pool |
| 101. Planning to go to school | 149. Dressing up and looking nice |
| 102. Thinking about sex | 150. Reflecting on how I've improved |
| 103. Going for a drive | 151. Buying things for myself (perfume, golf balls, etc.) |
| 104. Listening to a stereo | 152. Talking on the phone |
| 105. Refinishing furniture | 153. Going to museums |
| 106. Watching TV | 154. Thinking religious thoughts |
| 107. Making lists of tasks | 155. Lighting candles |
| 108. Going bike riding | 156. Listening to the radio |
| 109. Walks in the woods (or at the waterfront) | 157. Getting a massage |
| 110. Buying gifts | 158. Saying "I love you" |
| 111. Traveling to national parks | 159. Thinking about my good qualities |
| 112. Completing a task | 160. Buying books |
| 113. Collecting shells | 161. Taking a sauna or a steam bath |
| 114. Going to a spectator sport (auto racing, horse racing) | 162. Going skiing |
| 115. Eating gooey, fattening foods | 163. White-water canoeing |
| 116. Teaching | 164. Going bowling |
| 117. Photography | 165. Doing woodworking |
| 118. Going fishing | 166. Fantasizing about the future |
| 119. Thinking about pleasant events | 167. Taking ballet, tap dancing |
| 120. Staying on a diet | 168. Debating |
| 121. Playing with animals | 169. Sitting in a sidewalk café |
| 122. Flying a plane | 170. Having an aquarium |
| 123. Reading fiction | 171. Erotica (sex books, movies) |
| 124. Acting | 172. Going horseback riding |
| 125. Being alone | 173. Thinking about becoming active in the community |
| 126. Writing diary entries or letters | 174. Doing something new |
| 127. Cleaning | 175. Making jigsaw puzzles |
| 128. Reading nonfiction | 176. Thinking I'm a person who can cope |
| 129. Taking children places | 177. |
| 130. Dancing | _____ |
| 131. Going on a picnic | 178. |
| 132. Thinking "I did that pretty well" after doing something | _____ |
| 133. Meditating | 179. |
| 134. Playing volleyball | _____ |
| 135. Having lunch with a friend | 180. |
| 136. Going to the mountains | _____ |
| 137. Thinking about having a family | 181. |
| 138. Thoughts about happy moments in my childhood | _____ |
| 139. Splurging | 182. |
| 140. Playing cards | _____ |
| 141. Solving riddles mentally | 183. |
| 142. Having a political discussion | _____ |
| 143. Playing softball | _____ |
| 144. Seeing and/or showing photos or slides | 184. |
| 145. Playing guitar | _____ |
| | 185. |
| | _____ |

Social Support



Social support is the help provided by family, friends, groups, or communities. This help can fulfill emotional, tangible, informational, or social needs.

Benefits of Social Support

- Improved physical health
- Greater resilience to stress
- Improved self-esteem
- Feeling of security
- Improved mental well-being
- Greater life satisfaction

Types of Social Support

Emotional Support: Help managing emotions, such as stress, anger, or depression. This support might include listening to problems and showing empathy.

Tangible Support: Help with practical problems, such as financial assistance, providing a ride to work, or help with childcare.

Informational Support: Providing information that helps solve a problem or overcome a challenge. This might include advice or information about helpful resources.

Social Needs: Fulfillment of basic social needs, such as love, belonging, and connectedness. This helps provide a feeling of security and contentment.

Building Social Support

Attend to your existing relationships. Reach out to friends and family. Make it a priority to maintain your most important relationships, even when other areas of your life are busy.

Increase community involvement. Participate in hobby groups, volunteering, or religious groups. This is a great way to meet like-minded people, and build a new support system.

Attend support groups. Connect with others who are dealing with similar problems or life experiences. It can be rewarding to share your own story and provide support to others.

Use professional support. Doctors, therapists, social workers, and other professionals can help you solve problems that are more complicated, or too difficult to tackle alone.

Social Support

List three people, groups, or communities that provide you with social support.

Support #1

Support #2

Support #3

Describe how each of your supports helps you, or could help you, with emotional, tangible, informational, and/or social needs.

Support #1

Support #2

Support #3

List any barriers that prevent you from fully utilizing each of your supports.

Support #1

Support #2

Support #3

Social Support

What specific steps could you take to better utilize your supports?

Support #1

Support #2

Support #3

How could your supports help you with a current problem?

Support #1

Support #2

Support #3

My IPV Attitudes and Beliefs

People who engage in IPV have attitudes and beliefs that are supportive of their behavior. These cognitions reinforce the IPV and keep the IPV going. Identifying and changing the thoughts is a core element of reducing risk to repeat IPV behaviors.

Common IPV supportive attitudes and beliefs include justifying, minimizing, discounting, and blaming others for the IPV behavior. Other IPV supportive attitudes and beliefs include strict views about men and women and what is acceptable within their roles, believing that it is OK to break the law or take advantage of others under certain circumstances and having a sense of entitlement about what you deserve even at the expense of others.

Think carefully about what you told yourself before, during and after the IPV that made it easier to do the behaviors. Then identify more helpful, constructive ways to think that reduce the risk of repeating IPV behaviors.

Attitudes and Beliefs Supportive of IPV	Alternative Attitudes and Beliefs

Attitudes and Beliefs Supportive of IPV	Alternative Attitudes and Beliefs

Common Thinking Traps

Mind Reading

Believing that you know what others are thinking and assuming that they are thinking the worst of you. No one can know for sure what others are thinking.

Examples: “They are all making fun of me behind my back”.

Black-and-white thinking

Looking at situation in an all or nothing way. Either good or bad, success or failure – no middle ground. In reality, most situations are somewhere in the middle.

Example: “I planned to work out every day but I blew it this week so I’m a total failure”.

Filtering/Focusing on the Negatives

Only paying attention to the negative aspects of a situation while ignoring the positives.

Example: “Everyone hated my new look because one person didn’t say something positive”.

Catastrophizing

Imagining that the worst possible thing is going to happen, and believing you won’t be able to cope with it. In reality the worst-case scenario hardly ever happens. And mostly people find a way to cope.

Example: “I’m not going to get the job, and then I will end up homeless”.

Over-Generalization

Deciding based on a single negative event or when something bad happens, that it’s likely to happen again and again.

Example: You have one bad date and then conclude you’re a terrible dater who won’t ever find love.

Personalization

When you believe that everything others do or say is some kind of direct, personal reaction to something about you.

Example: “My boss is upset, I must have done something wrong” when in reality he has a lot going on.

Should Statements

Ironclad rules or extremely high expectations for how you OR others should and shouldn't behave. When expectations fall short, being disappointed, frustrated, anxious, or angry.

Example: “She should have planned ahead, so it's her problem” “I should have realized that it was not going to go well”

Emotional Reasoning

Taking our emotions as evidence for the truth. Believing that whatever you're feeling at the time is true, regardless of the evidence.

Example: I feel stupid and boring; I am stupid and boring.

Fallacy of Fairness

Thinking that everything should be fair and feeling resentful and angry when it isn't. It may sound obvious to say, but “life isn't always fair.” People who go through life focusing on whether something is ‘fair’ or not, end up feeling resentful, angry, and unhappy.

Example: “He did something just as bad, but I got a worse consequence. That's not fair”

Always being right

Needing to always be right means others have to be wrong if they do not agree with you. It can lead to aggressive challenging of other people or discounting their thoughts and feelings. No one really likes that. They will avoid you.

Example: “I'm right and you're wrong, so just admit it!”

Challenging Unhelpful Thoughts Worksheet

Depression, low self-esteem and anxiety are often the result of unhelpful, negative or irrational thoughts. It is important to challenge these thoughts in order to change how we feel about ourselves, others and the world.

Answer the following questions about one of your unhelpful, irrational or negative thoughts:

- How much do I believe this thought? (rate on a scale of 0-100% _____)
- How does that thought make me feel? Angry___ Sad___ Anxious___ Other___
- How strong is the feeling? (rate on a scale of 0-100 _____)
- What is the evidence that makes this thought seem true?
- What is the evidence that contradicts this thought?
- Do I have need more evidence in order to properly evaluate the situation?
- Am I confusing a habit with a fact? Does the belief seem true because I have said this to myself so many times?
- What would I tell a friend if they had this same thought?
- What would be a different, more positive way to look at the situation?
- How much do I believe my original thought now? (rate on a scale of 0-100%_____)
- What am I feeling now? Angry___ Sad___ Anxious___ Other _____
- How strong is the feeling? (rate on a scale of 0-100%_____)

Countering Negative Thoughts

Come up with a rational counterstatement for each of the negative thoughts below.

Negative Thought	Rational Counterstatement
I got into trouble at work. They'll probably want to fire me soon because I can't do my job right.	Example: I made a mistake at work, but everyone does that from time to time. I usually get a lot of positive feedback about my work. I'll be careful not to make that same mistake again.
My husband was angry yesterday and he yelled at me for not feeding the dog. I'm so irresponsible.	
How will I ever get a date? Everyone else seems like more fun than me.	

Next, come up with three examples of negative thoughts and rational counterstatements from your own life:

Negative Thought	Rational Counterstatement

Socratic Questions

Thoughts are like a running dialogue in your brain. They come and go fast. So fast, in fact, that we rarely have the time to question them. Because our thoughts determine how we feel, and how we act, it's important to challenge any thoughts that cause us harm.

Spend a moment thinking about each of the following questions, and record thorough responses. Elaborate, and explain "why" or "why not" in your responses.

Thought to be questioned: _____

What is the evidence for this thought? Against it? _____

Am I basing this thought on facts, or on feelings? _____

Is this thought black and white, when reality is more complicated? _____

Could I be misinterpreting the evidence? Am I making any assumptions? _____

Socratic Questions

Might other people have different interpretations of this same situation? What are they?

Am I looking at all the evidence, or just what supports my thought?

Could my thought be an exaggeration of what's true?

Am I having this thought out of habit, or do the facts support it?

Did someone pass this thought / belief to me? If so, are they a reliable source?

Is my thought a *likely* scenario, or is it the *worst case* scenario?

Stuck Point Help Sheet

What is a stuck point?

Stuck points are thoughts that you have that keep you stuck from recovering.

- These thoughts may not be 100% accurate.
- Stuck points may be:
 - Thoughts about your understanding of why the trauma happened
 - Thoughts about yourself, others, and the world that have changed dramatically as a result of the trauma.
- Stuck points are concise statements (must be longer than one word – “trust” is not a stuck point).
- Stuck points can often be formatted in an “if..., then...” structure. For example, “If I let others get close, then I will get hurt.”
- Stuck points often use extreme language, such as “never”, “always.”

What is NOT a stuck point?

- **Behaviors:**
For example, “I fight with my daughter all the time” is not a stuck point, because it is describing a behavior. Instead consider what thoughts you have when you are fighting with your daughter.
- **Feelings:**
For example, “I am nervous whenever I go on a date” is not a stuck point, because it is describing an emotion. Instead consider what you are telling yourself that is making you feel nervous.
- **Facts:**
For example, “I witnessed people die” is not a stuck point, because this is something that actually happened. Instead consider what thoughts you had as this happened and what you think about it now.
- **Questions:**
For example, “What will happen to me?” is not a stuck point, because it is a question. Instead consider what answer to your question is at the back of your mind, such as “I will not have a future.”
- **Moral statements:**
For example, “The military should take care of soldiers” is not a stuck point, because it reflects an ideal standard of behavior. Instead consider how this statement pertains to you specifically, such as “The military failed me” or “I can’t trust the government.”

Examples of Stuck Points

1. If I had done my job better, then other people would have survived.
2. Other people were killed because I messed up.
3. Because I did not tell anyone, I am to blame for the abuse.
4. Because I did not fight against my attacker, the abuse is my fault.
5. I should have known he would hurt me.
6. It is my fault the accident happened.
7. If I had been paying attention, no one would have died.
8. If I hadn't been drinking, it would not have happened.
9. I don't deserve to live when other people lost their lives.
10. If I let other people get close to me, I'll get hurt again.
11. Expressing any emotion means I will lose control of myself.
12. I must be on guard at all times.
13. I should be able to protect others.
14. I must control everything that happens to me.
15. Mistakes are intolerable and cause serious harm or death.
16. No civilians can understand me.
17. If I let myself think about what has happened, I will never get it out of my mind.
18. I must respond to all threats with force.
19. I can never really be a good, moral person again because of the things that I have done. I am unlovable.
20. Other people should not be trusted.
21. Other people should not trust me.
22. If I have a happy life, I will be dishonoring my friends.
23. I have no control over my future.
24. The government cannot be trusted.
25. People in authority always abuse their power.
26. I am damaged forever because of the rape.
27. I am bad because I killed others.
28. I am unlovable because of [the trauma].
29. I am worthless because I couldn't control what happened.
30. I deserve to have bad things happen to me.

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Facts and Statistics on Prevalence of Partner Abuse

Victimization

- Overall, 24% of individuals assaulted by a partner at least once in their lifetime (23% for females and 19.3% for males)
- Higher overall rates among dating students
- Higher victimization for male than female high school students
- Lifetime rates higher among women than men
- Past year rates somewhat higher among men
- Higher rates of intimate partner violence (IPV) among younger, dating populations
“highlights the need for school-based IPV prevention and intervention efforts”

Perpetration

- Overall, 25.3% of individuals have perpetrated IPV
- Rates of female-perpetrated violence higher than male-perpetrated (28.3% vs. 21.6%)
- Wide range in perpetration rates: 1.0% to 61.6% for males; 2.4% to 68.9% for women,
- Range of findings due to variety of samples and operational definitions of PV

Emotional Abuse and Control

- 80% of individuals have perpetrated emotional abuse
- Emotional abuse categorized as either expressive (in response to a provocation) or coercive (intended to monitor, control and/or threaten)
- Across studies, 40% of women and 32% of men reported expressive abuse; 41% of women and 43% of men reported coercive abuse
- According to national samples, 0.2% of men and 4.5% of women have been forced to have sexual intercourse by a partner
- 4.1% to 8% of women and 0.5% to 2% of men report at least one incident of stalking during their lifetime
- Intimate stalkers comprise somewhere between one-third and one half of all stalkers.
- Within studies of stalking and obsessive behaviors, gender differences are much less when all types of obsessive pursuit behaviors are considered, but more skewed toward female victims when the focus is on physical stalking

Facts and Statistics on IPV Context

Bi-directional vs. Uni-directional

- Among large population samples, 57.9% of IPV reported was bi-directional, 42% unidirectional; 13.8% of the unidirectional violence was male to female (MFPV), 28.3% was female to male (FMPV)
- Among school and college samples, percentage of bidirectional violence was 51.9%; 16.2% was MFPV and 31.9% was FMPV
- Among respondents reporting IPV in legal or female-oriented clinical/treatment seeking samples not associated with the military, 72.3% was bi-directional; 13.3% was MFPV, 14.4% was FMPV
- Within military and male treatment samples, only 39% of IPV was bi-directional; 43.4% was MFPV and 17.3% FMPV
- Unweighted rates: bidirectional rates ranged from 49.2% (legal/female treatment) to 69.7% (legal/male treatment)
- Extent of bi-directionality in IPV comparable between heterosexual and LGBT populations
- 50.9% of IPV among Whites bilateral; 49% among Latinos; 61.8% among African-Americans

Motivation

- Male and female IPV perpetrated from similar motives – primarily to get back at a partner for emotionally hurting them, because of stress or jealousy, to express anger and other feelings that they could not put into words or communicate, and to get their partner's attention.
- Eight studies directly compared men and women in the power/control motive and subjected their findings to statistical analyses. Three reported no significant gender differences and one had mixed findings. One paper found that women were more motivated to perpetrate violence as a result of power/control than were men, and three found that men were more motivated; however, gender differences were weak
- Of the ten papers containing gender-specific statistical analyses, five indicated that women were significantly more likely to report self-defense as a motive for perpetration than men. Four papers did not find statistically significant gender differences, and one paper reported that men were more likely to report this motive than women. Authors point out that it might be particularly difficult for highly masculine males to admit to perpetrating violence in self-defense, as this admission implies vulnerability.
- Self-defense was endorsed in most samples by only a minority of respondents, male and female. For non-perpetrator samples, the rates of self-defense reported by men ranged

from 0% to 21%, and for women the range was 5% to 35%. The highest rates of reported self-defense motives (50% for men, 65.4% for women) came from samples of perpetrators, who may have reasons to overestimate this motive.

- None of the studies reported that anger/retaliation was significantly more of a motive for men than women's violence; instead, two papers indicated that anger was more likely to be a motive for women's violence as compared to men.
- Jealousy/partner cheating seems to be a motive to perpetrate violence for both men and women.

Facts and Statistics on IVP Impact on Victims, Children and Families

Impact on Partners

- Victims of physical abuse experience more physical injuries, poorer physical functioning and health outcomes, higher rates of psychological symptoms and disorders, and poorer cognitive functioning compared to non-victims. These findings were consistent regardless of the nature of the sample, and, with some exceptions were generally greater for female victims compared to male victims.
- Physical abuse significantly decreases female victims' psychological well-being, increases the probability of suffering from depression, anxiety, post-traumatic stress disorder (PTSD) and substance abuse; and victimized women more likely to report visits to mental health professionals and to take medications including painkillers and tranquilizers.
- Few studies have examined the consequences of physical victimization in men, and the studies that have been conducted have focused primarily on sex differences in injury rates.
- When severe aggression has been perpetrated (e.g., punching, kicking, using a weapon), rates of injury are much higher among female victims than male victims, and those injuries are more likely to be life-threatening and require a visit to an emergency room or hospital. However, when mild-to-moderate aggression is perpetrated (e.g., shoving, pushing, slapping), men and women tend to report similar rates of injury.
- Physically abused women have been found to engage in poorer health behaviors and risky sexual behaviors. They are more likely to miss work, have fewer social and emotional support networks are also less likely to be able to take care of their children and perform household duties.
- Similarly, psychological victimization among women is significantly associated with poorer occupational functioning and social functioning.
- Psychological victimization is strongly associated with symptoms of depression and suicidal ideation, anxiety, self-reported fear and increased perceived stress, insomnia and poor self-esteem
- Psychological victimization is at least as strongly related as physical victimization to depression, PTSD, and alcohol use as is physical victimization, and effects of psychological victimization remain even after accounting for the effects of physical victimization.
- Because research on the psychological consequences of abuse on male victims is very limited and has yielded mixed findings (some studies find comparable effects of psychological abuse across gender, while others do not) it is premature to draw any firm conclusions about this issue.

Effects of Partner Violence and Conflict on Children

- Significant correlation between witnessing mutual PV and both internalizing (e.g., anxiety, depression) and externalizing outcomes (e.g., school problems, aggression) for children and adolescents
- Exposure to male-perpetrated PV: Worse outcomes in internalizing and externalizing problems, including higher rates of aggression toward family members and dating partners, compared to no exposure
- Children and teens exposed to female-perpetrated PV significantly more likely to aggress against peers, family members and dating partners compared to those not so exposed
- Results mixed regarding additive effect of exposure to PV and experiencing direct child abuse
- Witnessing PV in childhood correlated with trauma symptoms and depression in adulthood
- Child abuse correlated with family violence perpetration in adulthood
- Children more impacted by exposure to conflict characterized by contempt, hostility and withdrawal compared to those characterized only by anger
- Greater impact when topic discussed concerns the child (e.g., disagreements over child rearing, blaming the child)
- High inter-parental conflict/emotional abuse leads to a decrease in parental sensitivity, warmth and consistent discipline; and an increase in harsh discipline and psychological control
- Neurobiological and physical functioning mediate relationship between inter-parental conflict and negative child outcomes
- Maternal behaviors somewhat more affected than paternal behaviors, but findings are equivocal, given difficulty in disaggregating male and female perpetrated conflict from couple level operationalizations
- Greater effects found for mother-child relationships and child outcomes through the toddler years; greater effects found for father-child relationships and child outcomes during the school-age years
- Family systems theory useful in understanding how discord in one part of the family can impact functioning in the family as a whole, even if it poses some methodological and explanatory challenges

Facts and Statistics on Assessment and Treatment

Risk Assessment

- Little agreement in the literature with regard to the most appropriate approach (actuarial, structured clinical judgment) nor which specific measure has the strongest empirical validation behind it, leaving clinicians and policy makers with little clear guidance
- Review yielded studies reporting on the validity and reliability of eight IPV specific actuarial instruments and three general actuarial risk assessment measures.
- Range of area under the curve (AUC) values reported for the validity of the Ontario Domestic Assault Risk Assessment (ODARA) predicting recidivism was good to excellent (0.64 – 0.77)
- The single study that reported on the Domestic Violence Risk Appraisal Guide (DVRAG) reported an AUC = 0.70 ($p < .001$). The inter-rater reliability for both instruments was excellent
- The Domestic Violence Screening Inventory (DVSI) and Domestic Violence Screening Inventory – Revised (DVSI-R) were found to be good predictors of new family violence incidents and IPV recurrence (AUC range 0.61 – 0.71)
- Three studies examined the Psychopathy Checklist – Revised (PCL-R) and Violence Risk Appraisal Guide (VRAG), neither of which are IPV specific, reporting AUCs ranging from 0.66 – 0.71 and 0.67 – 0.75, respectively.
- The Level of Service Inventory – Revised (LSI-R) and Level of Service Inventory – Ontario Revision (LSI-OR) were discussed in four articles, reporting two AUC values of 0.50 and 0.73, both of which were predicting IPV recidivism
- Two structured professional judgment instruments were included in the review, the Spousal Assault Risk Assessment guide (SARA) and the Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER. The SARA research reports nine AUCs ranging from 0.52-0.65. The interrater reliability (IRR) for the SARA was excellent for total scores, good for the summary risk ratings, and poor for the critical items. Although neither of the articles examining the B-SAFER reported the predictive validity of the instrument one did report the IRR based on 12 cases with a mean interclass coefficient (ICC) of 0.57.
- The Danger Assessment (DA) has the largest body of literature behind it, but there are limitations in the research that inhibit a clear determination of the psychometric properties of the measure, thus far. Victim appraisals of the risk of future IPV show some evidence of predictive accuracy; however, further research is needed to determine the best means with which to collect the victim's reports and determining the conditions (e.g., stalking) and characteristics of victims that should be considered (e.g., PTSD, substance use).
- Overall, the literature reveals moderate postdictive/predictive accuracy across measures with little evidence to support one as being highly superior to others, particularly given the heterogeneity of perpetrators and victims, study limitations, and the small body of empirical literature to date.

- Several themes emerged when we examined the synthesized literature: (1) There is a relatively small body of empirical evidence evaluating IPV violence risk assessment measures. (2) The need for continued advancements in the methodological rigor of the research including prospective studies, research that compares multiple measures within single studies, and research that uses large samples and appropriate outcome indicators. In terms of clinical implications, the review demonstrates the considerable promise of several IPV risk assessment measures but generally reveals modest postdictive/predictive accuracy for most measures.
- Victim appraisals, while the research has a considerable ways to go, were found to have clinical relevance. However, preliminary evidence suggests that clinicians may want to be particularly cautious when working with some sub-groups when taking into account victims' perceptions (e.g., PTSD symptoms, substance use, stalking and severe abuse experienced) and supplement the woman's input with an additional structured assessment.
- When clinicians and administrators are faced with the challenge of determining which measure(s) to use to assess risk of IPV they should carefully consider the purpose of the assessment (Heilbrun, 2009). Assessors also should take into account the context, setting, and resources when evaluating which measure best suits their needs.
- Consideration must be given to the characteristics of the population to be assessed (e.g., age, gender, ethnicity, socio-economic status) and the extent to which a measure has been cross-validated in similar samples is required
- Assessors need to be clear about the outcome of concern (verbal abuse, physical abuse, severe violence, stalking, femicide) and knowledgeable about relevant base rates
- Based on the available literature, we are also unable to provide guidance on the clinical relevance and utility of these instruments with female perpetrators, male victims, and in same-sex relationships due to the lack of studies using relevant populations.

Effectiveness of Primary Prevention Efforts

- All studies incorporated a curriculum-based intervention, with the primary goal of lowering rates of PV
- Schools provided the setting for two-thirds of the interventions; the rest were conducted in community settings
- Of the five most methodologically-sound school based studies, only one, the Safe Dates Program, found a clear-cut positive outcome on PV behavior (emotional abuse, mild physical abuse and sexual coercion)
- In contrast, each of the five most methodologically-sound community-based studies was deemed effective in reducing PV; among them were two interventions targeting couples and one family-based intervention involving parents and their adolescent children
- Although outcomes are mixed, especially for the school-based studies, and no studies were replicated, the authors suggest that "because prevention is generally cost-effective, programming is badly needed to prevent IPV before it begins."

Effectiveness of Intervention Programs for Perpetrators and Victims

- Authors reviewed studies all utilized either a randomized or quasi-experimental design
- Mixed evidence for the effectiveness of perpetrator interventions
- Evidence that group or couples format can be effective, but many studies flawed
- More promising results for programs with alternative content (e.g., programs that encourage a strong therapist-client relationship and group cohesion, use some form of Motivational Interviewing technique)
- Inconsistent effects for brief interventions
- Structured interventions found to reduce rates of re-victimization compared to no-treatment controls when they include supportive advocacy
- Cognitive-behavioral treatment (CBT) most effective in reducing the deleterious effects of PV on victims and enhancing their emotional functioning
- Little evidence to indicate the superiority of one type of intervention over another. Thus, there is no empirical justification for agencies, state organizations, judges, mental health professionals, or others involved in improving the lives of those impacted by IPV to limit the type of services offered to clients, or to restrict the theoretical and ideological underpinnings of such methods.

John Hamel, LCSW conceived and supervised the project. The journal's former Associate Editors, Jennifer Langhinrichsen-Rohling, Ph.D., and Denise Hines, Ph.D., provided editorial assistance.

Fact Sheet 7 Impacts of family and domestic violence on children

There are many ways that children are exposed to family and domestic violence – many not including hearing or seeing the violence. For this reason, when it occurs in a family with children, family and domestic violence is *always* child abuse.

A recent review by the Australian Domestic Violence Clearinghouse found that ‘more than two decades of international research definitively shows that infants, children and adolescents experience serious negative psychological, emotional, social and developmental impacts to their wellbeing from the traumatic ongoing experiences of domestic violence’ (Sety 2011). These impacts are often cumulative – that is, they amass over time.

Research also shows that family and domestic violence affects unborn children – family violence often commences or intensifies during pregnancy and is associated with increased rates of miscarriage, low birth weight, premature birth, foetal injury and foetal death.

Family and domestic violence does not predetermine outcomes for children and young people, but it does influence them significantly – particularly when exposure to the violence occurs in a child’s early years. Infants and young children exposed to family and domestic violence are more likely to miss key developmental experiences, which – because they are foundational – can have a cascading effect on their further developmental progress.

The effects of family and domestic violence vary from child to child. Furthermore, they are mediated or filtered by other factors, such as poverty or marginalisation on the basis of culture or race. The secondary effects of violence, for example unstable housing, lack of access to education, and poor access to ante and post-natal care, can also significantly impact on children’s safety and wellbeing.

In addition to physical injury and death at the hands of male family members, children manifest physical symptoms of stress or distress, for example bedwetting, stomach upsets and chronic illnesses.

The immediate emotional effects of experiencing family and domestic violence tend to differ with age.

Babies and toddlers who experience family and domestic violence often cry more than other infants and show signs of anxiety and irritability. They frequently have feeding and sleep difficulties. They are often underweight for their age and have delayed mobility. They often react to loud noises and are very wary of new people. They might be very demanding or very passive.

Preschool children lack the cognitive maturity to understand the meaning of what they observe and the verbal skills to articulate their feelings. They exhibit their emotional distress by ‘clinginess’, eating and sleeping difficulties, concentration problems, inability to play constructively and physical complaints. They sometimes have symptoms similar to post-traumatic stress disorder in adults, including re-experiencing events, fearfulness, numbing and increased arousal. Immature behaviour, insecurities and reduced ability to empathise with other people are common for this age group. Frequently, children have adjustment problems, for example, difficulty moving from kindergarten to school.

As they get older, children start to observe patterns or intentions behind violent behaviour. They often wonder what they can do to prevent it, and might attempt to defend themselves or their mother. Pre-adolescent school-aged children have the capacity to externalise and internalise their emotions. Externalised emotions might manifest in rebelliousness, defiant behaviour, temper tantrums, irritability, cruelty to pets, physical abuse of others, limited tolerance and poor impulse control. Internalised emotions might result in repressed anger and confusion, conflict avoidance, overly compliant behaviour, loss of interest in social activities, social competence, and withdrawal, or avoidance of peer relations. Overall functioning, attitudes, social competence and school performance are often negatively affected, and children often have deficits in basic coping and social skills. The low self-esteem engendered by experiences of violence is exacerbated by these other effects.

Adolescents who have experienced family and domestic violence are at increased risk of academic failure, dropping out of school, delinquency, eating disorders and substance abuse. They frequently have difficulty trusting adults and often use controlling or manipulative behaviour. Depression and suicidal ideation or behaviours are common. Adolescents are also at greater risk of homelessness and of engaging in delinquent and/or violent behaviour.

Children's anger at their mother tends to increase with age. Older children and adolescents commonly see their mother as causing or being complicit in the violence, or blame her for 'failing' to protect them or for not taking them away from the abusive situation.

Table 1: Impacts of family and domestic violence on children

Age of child	Impacts of family and domestic violence
Babies and toddlers	Often cry more than other babies and show signs of anxiety or irritability; frequently have feeding and sleep difficulties; are often underweight for their age; may have delayed mobility; often react to loud noises and are wary of new people; may be very demanding or very passive; and may acquire physical injuries from being held in a mother's arms whilst the mother is being assaulted.
Preschoolers	'Clinginess'; eating and sleeping difficulties; concentration problems; inability to play constructively; physical complaints; fearfulness; numbing; increased arousal; and adjustment problems (for example, when moving from kindergarten to school).
School age/ pre-adolescent	Rebelliousness; defiant behaviour; temper tantrums; irritability; cruelty to pets; physical abuse of others; limited tolerance; overly complaint behaviour; loss of interest in social activities; withdrawal; avoidance of peer relations; school performance affected negatively; and self-harm.
Adolescents	Increased risk of academic failure; dropping out of school; delinquency/ offending; eating disorders; substance misuse; depression; suicide ideation, difficulty trusting adults, use of controlling behaviours, homelessness; violent behaviour; violence towards a parent (particularly their mother) may appear at this age; and early pregnancy.

Factors contributing to children's ability to cope with the violence

While the detrimental impacts for children living and experiencing family and domestic violence are well documented, not all children are adversely affected or affected in the same way. It is important to consider how children have coped with the violence, what skills and understanding they have developed, and what resilience factors have assisted their coping.

Factors contributing to a child's ability to cope with the violence include:

- the mother's responses to the violence and the supports that she receives from family, friends, community and the broader service system when seeking assistance for the violence;
- the availability and responsiveness of a support system for the child within the family structure;
- the availability and responsiveness of a support system outside of the family structure;
- strong relationships with friends, peers, and community;
- involvement in extracurricular school activities or cultural activities; and
- the child's own ability and strengths to handle stressful and frightening situations.

Responsibility for protecting children

When children are not safe due to family and domestic violence, this is often attributed to the mother for not leaving the relationship or not managing the perpetrator's behaviour or taking active steps to protect the child. This effectively holds the mother responsible for protecting the child from the perpetrator's use of violence. It contributes to the pervasiveness of 'mother blame' that permeates the service system.

Holding mothers responsible for the safety of children has the effect of relieving the perpetrator of any accountability for the impacts of the violence on children. Perpetrators become invisible to the service system when the sole responsibility for keeping children safe is placed with the mother. This invisibility within the service system allows perpetrators to continue to use violence against women and children with impunity. Service providers inadvertently collude with the perpetrator when they fail to hold them accountable for the impact they have on the safety and wellbeing of children.

References

Victorian Department of Human Services 2013, *Assessing children and young people experiencing family violence: A practice guide for family violence practitioners*, Victorian Government, Melbourne.

Department for Child Protection 2013, *Perpetrator accountability in Child Protection Practice – A resource for child protection workers about engaging and responding to men who perpetrate family and domestic violence*, Government of Western Australia, Perth.

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Sety M 2011, *The Impact of Domestic Violence on Children: A Literature Review*, Sydney, New South Wales.

COGNITIVE COPING

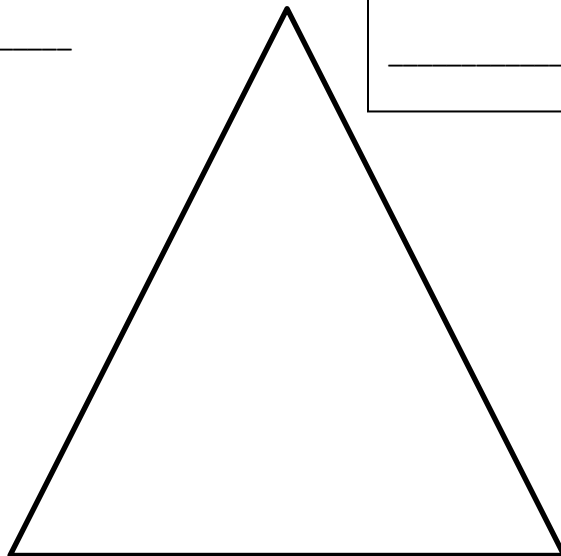
Triggering Situation

Initial **thought**:

Emotion associated with
thought

Feeling word: _____

Sensations in my body:



Behavior associated with
thought

Rate: 1—2—3—4—5—6—7—8—9—10

Any change in the intensity of
the old **emotion**?

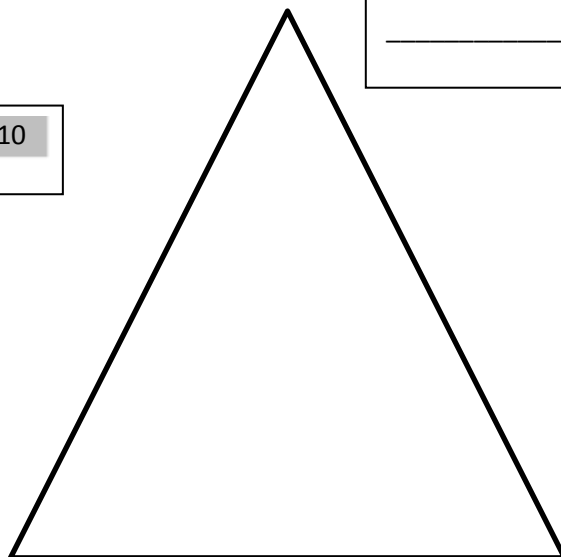
Rate: 1—2—3—4—5—6—7—8—9—10

New **thought**:

Is there a new **emotion**
associated with new thought?

Feeling word: _____

Sensations in my body:



Behavior associated with new
thought

Rate: 1—2—3—4—5—6—7—8—9—10

Functional Behavior Analysis – Parent Handout

Remember: All behavior makes sense, or “works” for your child in some way. We just need to find out exactly how the problem behavior “works” and then change your child’s environment so that 1) that behavior doesn’t work anymore, and 2) your child has a new, appropriate behavior that works even better!

STEP ONE: Learn why the behavior is happening. Fill out the boxes below using the most recent example. Try to capture all the details!

	Setting Events	A(ntecedents)	B(ehavior)	C(onsequences)
Target behavior			Clearly identify the behavior you are concerned about:	
Replacement behavior			Identify the “positive opposite” of the behavior—what would you like to see in that situation instead?	

STEP TWO: Figure out strategies to help replace the problem behavior with something better (in other words, make the replacement behavior “work” better than the problem behavior!). Try to start with “positive” strategies (like praise and rewards) and use consequences like punishment only when absolutely needed.

	Setting Events	A(ntecedents)	B(ehavior)	C(onsequences)
Target behavior	<p>Can you change the situation?</p> <p>Ideas:</p>	<p>Remove, minimize or change antecedents that might be contributing to or triggering the problem behavior.</p> <p>Ideas:</p>	<p>Track it! Start counting how often it happens so you’ll know if your strategies work!</p> <p>Ideas:</p>	<p>Eliminate or reduce any consequences that seem to be rewarding the behavior (is s/he getting his/her way?)</p> <p>Move reinforcing events (rewards, attention, etc.) to the box below.</p> <p>Ideas:</p>
Replacement behavior	<p>Can you learn what helps by looking at the times s/he does what you want?</p> <p>Ideas:</p>	<p>Find ways to set him/her up for success:</p> <ul style="list-style-type: none"> - Clarify expectations - Simple instructions - Remind - Practice - Anticipate & remove obstacles <p>Ideas:</p>	<p>Figure out what you’d like your child to do in this situation instead.</p> <p>Make sure s/he has the skills to do what you want—if not, practice with him! (Role play!)</p> <p>AND make sure your expectations are appropriate for age.</p> <p>Ideas:</p>	<p>Add reinforcing events here! (Praise, attention, rewards, special time together, etc.)</p> <p>Ideas:</p>

My Strengths and Qualities

Things I am good at:

1

2

3

Compliments I have received:

1

2

3

What I like about my appearance:

1

2

3

Challenges I have overcome:

1

2

3

I've helped others by:

1

2

3

Things that make me unique:

1

2

3

What I value the most:

1

2

3

Times I've made others happy:

1

2

3

Strengths Exploration

Those who know their strengths and use them frequently tend to have more success in several areas. They feel happier, have better self-esteem, and are more likely to accomplish their goals.

To use your strengths effectively, it's important to have a clear idea of what they are, and how they can be used. Some of your greatest strengths might be easy to recognize, while others go unnoticed because they feel ordinary to you (even if they aren't).

In this worksheet you will identify your strengths and ways in which you are already using them. Additionally, you will explore *new* ways to use your strengths to your advantage.

Circle your strengths from the choices below, or add your own at the bottom.

Wisdom	Artistic Ability	Curiosity	Leadership
Empathy	Honesty	Open Mindedness	Persistence
Enthusiasm	Kindness	Love	Social Awareness
Fairness	Bravery	Cooperation	Forgiveness
Modesty	Common Sense	Self-Control	Patience
Gratitude	Love of Learning	Humor	Spirituality
Ambition	Creativity	Confidence	Intelligence
Athleticism	Discipline	Assertiveness	Logic
Optimism	Independence	Flexibility	Adventurousness

Strengths Exploration



Relationships

romantic relationships, friendships, and family

List the strengths you possess that help you in your relationships.

Describe a *specific* time your strengths were able to help you in a relationship.

Describe two new ways you could use your strengths in relationships.

1

2

Strengths Exploration



Profession

past or present work, school, or other professional endeavors

List the strengths you possess that help you in your profession.

Describe a *specific* time your strengths were able to help in your profession.

Describe two new ways you could use your strengths in your professional life.

1

2

Strengths Exploration



Personal Fulfillment

hobbies, interests, and pleasurable activities

List the strengths you possess that help you achieve personal fulfillment.

Describe a *specific* time your strengths were able to help you with personal fulfillment.

Describe two new ways you could use your strengths for personal fulfillment.

1

2

Positive Experiences

Write briefly about times when you have displayed each of the following qualities.

❖ **Courage**

❖ **Kindness**

❖ **Selflessness**

❖ **Love**

❖ **Sacrifice**

❖ **Wisdom**

❖ **Happiness**

❖ **Determination**

Self-Care Assessment

Self-care activities are the things you do to maintain good health and improve well-being. You'll find that many of these activities are things you already do as part of your normal routine.

In this assessment you will think about how frequently, or how well, you are performing different self-care activities. The goal of this assessment is to help you learn about your self-care needs by spotting patterns and recognizing areas of your life that need more attention.

There are no right or wrong answers on this assessment. There may be activities that you have no interest in, and other activities may not be included. This list is not comprehensive, but serves as a starting point for thinking about your self-care needs.

1	I do this poorly	I do this rarely or not at all
2	I do this OK	I do this sometimes
3	I do this well	I do this often
★	I would like to improve at this	I would like to do this more frequently

1 2 3 ★ Physical Self-Care

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eat healthy foods
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Take care of personal hygiene
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exercise
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wear clothes that help me feel good about myself
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eat regularly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Participate in fun activities (e.g. walking, swimming, dancing, sports)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Get enough sleep
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Go to preventative medical appointments (e.g. checkups, teeth cleanings)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rest when sick
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overall physical self-care

Self-Care Assessment

1 2 3 ★ Psychological / Emotional Self-Care

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Take time off from work, school, and other obligations |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Participate in hobbies |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Get away from distractions (e.g. phone, email) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Learn new things, unrelated to work or school |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Express my feelings in a healthy way (e.g. talking, creating art, journaling) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Recognize my own strengths and achievements |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Go on vacations or day-trips |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do something comforting (e.g. re-watch a favorite movie, take a long bath) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Find reasons to laugh |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Talk about my problems |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Overall psychological and emotional self-care |

1 2 3 ★ Social Self-Care

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Spend time with people who I like |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Call or write to friends and family who are far away |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have stimulating conversations |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Meet new people |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Spend time alone with my romantic partner |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ask others for help, when needed |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do enjoyable activities with other people |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have intimate time with my romantic partner |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Keep in touch with old friends |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Overall social self-care |

Self-Care Assessment

1 2 3 ★ Spiritual Self-Care

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Spend time in nature |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Meditate |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pray |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Recognize the things that give meaning to my life |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Act in accordance with my morals and values |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Set aside time for thought and reflection |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Participate in a cause that is important to me |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Appreciate art that is impactful to me (e.g. music, film, literature) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Overall spiritual self-care |

1 2 3 ★ Professional Self-Care

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Improve my professional skills |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Say "no" to excessive new responsibilities |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Take on projects that are interesting or rewarding |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Learn new things related to my profession |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Make time to talk and build relationships with colleagues |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Take breaks during work |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Maintain balance between my professional and personal life |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Keep a comfortable workspace that allows me to be successful |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Advocate for fair pay, benefits, and other needs |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Overall professional self-care |

My Support System

TODAY

Family Members I am close to right now:

- 1.
- 2.
- 3.

Friends I am in touch with right now:

- 1.
- 2.
- 3.

Professionals in my life now (counselor, therapist, psychiatrist, lawyer):

- 1.
- 2.
- 3.

Other Support I have in my life right now (sponsor, 12-step group):

- 1.
- 2.
- 3.

IN THE FUTURE

Family Members I would like to be close with in the future:

- 1.
- 2.
- 3.

Friends I would like to be in touch with in the future (include possibilities like “girlfriend” or “sober friends”):

- 1.
- 2.
- 3.

Professionals I would like to have in the future (counselor, therapist, psychiatrist, lawyer):

- 1.
- 2.
- 3.

Other Support I would like to have in the future (sponsor, 12-step group):

- 1.
- 2.
- 3.

Relationship Conflict Resolution

Focus on the problem, not the person.

When a disagreement turns to personal insults, raised voices, or mocking tones, the conversation is no longer productive. Be careful to focus on the problem without placing blame on your partner. If a disagreement becomes personal, you should pause the conversation.

Use reflective listening.

Oftentimes during arguments we focus on getting our own point across rather than listening to our partner. Before responding to your partner, restate what they have said to you in your own words. Continue this process until your partner agrees that you understand. Next, share your side. Your partner should reflect back your ideas in their own words until they too understand. Using this technique will help both individuals feel listened to and understood, even if you disagree.

Use "I" statements.

When sharing a concern, begin your sentence with "I". For example: "I feel hurt when you don't tell me you'll be late". With this sentence format we show that we are taking responsibility for our own emotion rather than blaming our partner. The alternative sentence—"You never tell me when you're going to be late"—will often cause a partner to become defensive.

Know when to take a time-out.

When you and your partner are becoming argumentative, insulting, or aggressive, it's a good idea to take a time-out. Have a plan in place so you or your partner can call for a break when needed. Spend some time doing something alone that you find relaxing. When you've both calmed down, you and your partner can return to solving the problem. Be sure that you do return—it isn't a good idea to leave these issues unaddressed.

Work toward a resolution.

Disagreement is a normal part of a relationship. If it becomes clear that you and your partner will not agree, focus on a resolution instead. Try to find a compromise that benefits both individuals. Ask yourself if this disagreement really matters to your relationship, and let yourself move on if not.

Relationship Growth Activity

Discovery Questions

Instructions: Sometimes in relationships we become so focused on the problems that we forget to see our partner as a person. You can strengthen your relationship by learning more about your partner, and discussing their thoughts and feelings.

Take turns selecting a question from each section below to ask your partner. If you believe you know all of the answers in a section, see if you can answer each one correctly!



The Fun Things

What was your partner's favorite TV show when they were a child?

Where would your partner most like to visit on a vacation?

What song is your partner into right now?

Are there any movies your partner is excited to see?

Has your partner ever read a book that had a major impact on their life?



About Us

When did your partner realize they were interested in you? Was there a specific moment?

What motivates your partner to keep working on your relationship?

What does your partner want your relationship to look like in 5 years?

When was a moment that your partner felt happy about your relationship?

What is your partner's favorite thing to do, or place to go, as a couple?



Hopes & Dreams

How does your partner hope to change over the next year? 5 years? 20 years?

What are three realistic goals your partner has for their lifetime?

What is the happiest life your partner can imagine?

What is one goal your partner has for their career, family, and their personal growth?

What are five things your partner would place on their bucket list?

Relationship Growth Activity

Discovery Questions



Work Life

What's something your partner likes about their job? What's something they dislike?

Who are your partner's best friends at work, and why?

What is the most challenging task your partner has to do at their job?

Besides a paycheck, what does your partner get from their work? (E.g. respect or pride)

What's a typical day at work like, from beginning to end?



Emotions

When in your partner's life did they feel the most scared?

Overall, how has your partner been feeling during the past week?

Does your partner view themselves as a happy person? If not, how do they view themselves?

What is something that can consistently make your partner happy?

How does your partner relax after a stressful day?



Other Relationships

Outside of your relationship, who does your partner feel that they can talk to about problems?

Who is someone that your partner has a negative feeling about, or distrusts?

What is your partner's longest friendship? How have they maintained their friendship?

Who does your partner feel closest to in their family?

Does your partner prefer to spend time alone, or with others?

Clarification Letter Do's and Don'ts

When writing a clarification letter, it is important that you be direct and honest about your IPV behaviors and how they negatively impacted others. This is your opportunity to take ownership for your behaviors, convey humility and make a commitment to not repeating the IPV behaviors.

DO	DON'T
Write a clear, honest description of specific IPV behaviors you engaged in	Make excuses for your IPV behavior
Take responsibility for what you did	Blame others for how you behaved
Tell your partner, children, other IPV victims that they are not to blame	Blame others for the consequences that resulted from your behaviors
Take responsibility for any consequences that occurred due to your behavior – effects on the family (e.g., separation, legal consequences)	Talk about how your life has been negatively impacted because of what happened
Apologize for your behaviors and for the consequences of your behaviors	Try to elicit pity from your IPV victims
Be open to and accept any and all feedback without challenging it	Challenge feedback provided by your victim(s)
Convey your willingness to discuss events and answer questions – this shows an openness to talk about difficult topics	Get angry or upset if the victim has questions or wants to bring up other instances of IPV behavior
Explain your plans for preventing future IPV and share what you have learned that help. Make a commitment to non-violent behavior and commit to healthy interpersonal behaviors	Make promises about never engaging in aggressive or violent behavior again. Instead, talk about your commitment to engage in healthy behaviors by using the skills you have learned
Thank the victim for reading/listening	Minimize victim perspective

During this week I felt...

1. Defensive.

A Great Deal Definitely A Little Not at all

2. Hurt.

A Great Deal Definitely A Little Not at all

3. Unappreciated.

A Great Deal Definitely A Little Not at all

4. Unattractive.

A Great Deal Definitely A Little Not at all

5. Sad.

A Great Deal Definitely A Little Not at all

6. Lonely.

A Great Deal Definitely A Little Not at all

7. Criticized.

A Great Deal Definitely A Little Not at all

8. Worried.

A Great Deal Definitely A Little Not at all

9. Misunderstood.

A Great Deal Definitely A Little Not at all

10. Like leaving.

A Great Deal Definitely A Little Not at all

What triggered these feelings?

1. I felt excluded.

A Great Deal Definitely A Little Not at all

2. I felt that my partner was not attracted to me.

A Great Deal Definitely A Little Not at all

3. I was not important to my partner.

A Great Deal Definitely A Little Not at all

4. I felt no affection toward my partner.

A Great Deal Definitely A Little Not at all

5. I definitely felt rejected.

A Great Deal Definitely A Little Not at all

Gottman Institute Relationship Tips

Increasing Conflict

1. Harsh Startup

A “harsh startup” refers to the most obvious sign that a conversation about a conflict isn’t going to go well. If the discussion begins with sarcasm or some other negative form of communication (e.g. a criticism or expression of contempt), it’s most likely not going to end well.

Research shows that you can predict the way a conversation will go 96% of the time based just on the initial three minutes. It turns out that the prediction often holds for the marriage, too.

2. The Four Horsemen

Dr. Gottman recognized four forms of negativity that he considered so devastating to a relationship that he referred to them as the Four Horsemen of the Apocalypse. These are:

- Criticism
- Contempt
- Defensiveness
- Stonewalling

They tend to progress in that order during a doomed conversation, as well.

3. Flooding

This term describes the overwhelming and sudden nature a partner’s negativity can take, usually in the form of contempt or criticism, though defensiveness can have this effect, as well.

Flooding and the two predictive traits we just mentioned tend to show up together. Habitual harsh startups lead to the Four Horsemen, which in turn brings on frequent flooding. By themselves, none of these factors are to be taken lightly. However, when they occur during the same conflict, their impact is multiplied.

4. Body Language

When someone is the target of flooding, their heart rate will actually speed up, even past 100 beats per minute. It’s not uncommon for them to reach 165. The body may produce adrenaline or use other hormones to help cope with the event. Blood pressure can skyrocket. All of these physical sensations make it almost impossible for the person to have a productive conversation.

5. Failed Repair Attempts

Despite their powerful effects, flooding and the Four Horsemen usually don’t ruin a marriage overnight. One of the reasons Dr. Gottman is able to predict divorce when he sees these things happening early on is because he can also assess the patterns their disagreements tend to take. The most important aspect for predicting whether or not the marriage will end is the attempts the couple makes at de-escalating tension. Failure to do so is a reliable sign divorce is in their futures.

6. Bad Memories

During his interviews with couples, Dr. Gottman asks about their histories. Couples who have fond memories also tend to be in a happy marriage. They experience positive feelings when remembering how they felt early on and how exciting it was when they first met. No couple has a perfect history, but successful ones look back on their struggles and draw strength from them, using them as a source of pride.

Reducing Conflict

Soften Startup. How a partner raises an issue in the first three minutes of the conversation is crucial to resolving relationship conflicts. If most of your arguments start softly, your relationship is far more likely to be stable and happy.

Complain but don't blame. No matter how "at fault" you feel that your partner is, approaching them with criticisms and accusations is not productive. According to Dr. Gottman, it's all about approach!

- Instead of [blaming your partner](#) with "You said you would clean the backyard today and it's still a mess," try a simple complaint: "Hey, there are still some fallen leaves in the gutter and tennis balls everywhere. We agreed you'd rake and clean up after Buster. I'm really upset about this."

Make statements that start with "I" instead of "You." When you start sentences with "I" you are less likely to seem (or be!) critical, immediately putting your partner into a defensive position. Instead of saying "You are not listening to me," you can say, "I don't feel like you are listening right now." Instead of "You're so careless with money," say, "I think that we should try to save more."

- Focus on how you're feeling, not on accusing your spouse! Both of you will stand to gain something from the conversation – the two of you will likely feel that you are hearing and understanding each other more.

Describe what is happening, but don't evaluate or judge. Instead of accusing or blaming your partner, simply describe what you see in the situation. Though you may be at the end of your leash, keeping yourself in check will be worth it in the end! Instead of violently attacking with accusations, such as "You never watch the baby," try saying, "I seem to be the only one chasing after Charlie today. I'm really exhausted – could you help out with him?"

- Instead of lashing back out at you, your partner is more likely to consider your point of view and deliver the results you are hoping for with this approach. Be clear. No matter how long you have been with your partner or how well they know you, no matter how convenient it would be, you cannot expect them to read your mind.

Be polite and appreciative. Just because you are in conflict with your partner, does not mean that your respect and affection for them has to diminish! Adding phrases such as “please” and “I appreciate it when you...” can be helpful to maintaining warmth and emotional connection even during a difficult conversation. Which is, of course, exactly where you need it most.

Don’t store things up! We’ve all been there: exhausted and overwhelmed, feeling like we are drowning in a whirlpool of problems... in this state, one issue leads to another, and we suddenly find ourselves bringing up a laundry list of issues (which all somehow feel related!

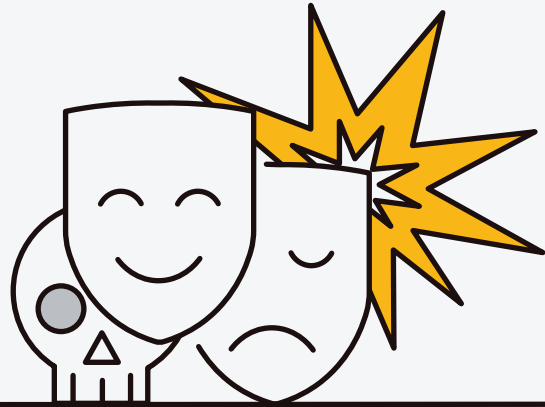
Generally, the issues we bring up in such conversations don’t feel so related to our partners. Flooded with emotion, both partners are entirely incapable of reaching a resolution. As we all know, not doing the laundry regularly leaves you with an enormous mess. Don’t wait forever to bring up an issue with your partner, and your conflict discussions will be far more productive. Don’t let the situation escalate!

THE FOUR HORSEMEN

AND HOW TO STOP THEM WITH THEIR ANTIDOTES

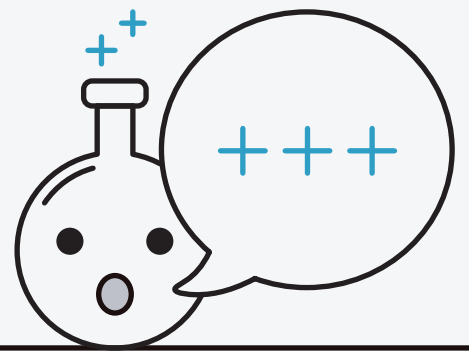
CRITICISM

Verbally attacking personality or character.



GENTLE START UP

Talk about your feelings using "I" statements and express a positive need.



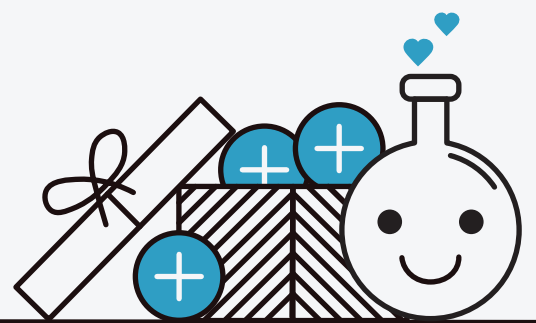
CONTEMPT

Attacking sense of self with an intent to insult or abuse.



BUILD CULTURE OF APPRECIATION

Remind yourself of your partner's positive qualities and find gratitude for positive actions.



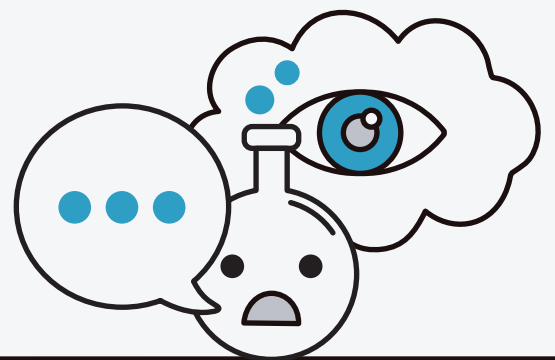
DEFENSIVENESS

Victimizing yourself to ward off a perceived attack and reverse the blame.



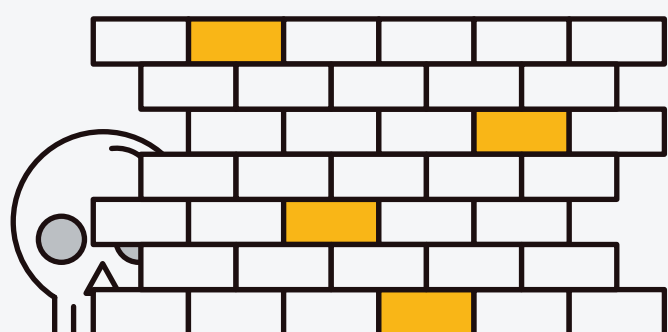
TAKE RESPONSIBILITY

Accept your partner's perspective and offer an apology for any wrongdoing.



STONEWALLING

Withdrawing to avoid conflict and convey disapproval, distance, and separation.



PHYSIOLOGICAL SELF-SOOTHING

Take a break and spend that time doing something soothing and distracting.



Fair Fighting Rules

Before you begin, ask yourself why you feel upset.

Are you truly angry because your partner left the mustard on the counter? Or are you upset because you feel like you're doing an uneven share of the housework, and this is just one more piece of evidence? Take time to think about your own feelings before starting an argument.

Discuss one issue at a time.

"You shouldn't be spending so much money without talking to me" can quickly turn into "You don't care about our family". Now you need to resolve two problems instead of one. Plus, when an argument starts to get off topic, it can easily become about everything a person has ever done wrong. We've all done a lot wrong, so this can be especially cumbersome.

No degrading language.

Discuss the issue, not the person. No put-downs, swearing, or name-calling. Degrading language is an attempt to express negative feelings while making sure your partner feels just as bad. This will just lead to more character attacks while the original issue is forgotten.

Express your feelings with words and take responsibility for them.

"I feel angry." "I feel hurt when you ignore my phone calls." "I feel scared when you yell." These are good ways to express how you feel. Starting with "I" is a good technique to help you take responsibility for your feelings (no, you can't say whatever you want as long as it starts with "I").

Take turns talking.

This can be tough, but be careful not to interrupt. If this rule is difficult to follow, try setting a timer allowing 1 minute for each person to speak without interruption. Don't spend your partner's minute thinking about what you want to say. Listen!

No stonewalling.

Sometimes, the easiest way to respond to an argument is to retreat into your shell and refuse to speak. This refusal to communicate is called stonewalling. You might feel better temporarily, but the original issue will remain unresolved and your partner will feel more upset. If you absolutely cannot go on, tell your partner you need to take a time-out. Agree to resume the discussion later.

No yelling.

Sometimes arguments are "won" by being the loudest, but the problem only gets worse.

Take a time-out if things get too heated.

In a perfect world we would all follow these rules 100% of the time, but it just doesn't work like that. If an argument starts to become personal or heated, take a time-out. Agree on a time to come back and discuss the problem after everyone has cooled down.

Attempt to come to a compromise or an understanding.

There isn't always a perfect answer to an argument. Life is just too messy for that. Do your best to come to a compromise (this will mean some give and take from both sides). If you can't come to a compromise, merely understanding can help soothe negative feelings.

The Gottman Institute: A Research Based Approach to Relationships

Take the Love Quizzes and Get Your Score:

How Well Do You Connect Emotionally With Your Partner?

<https://www.gottman.com/blog/well-connect-emotionally-partner/>

Do You Trust Your Partner?

<https://www.gottman.com/blog/do-you-trust-your-partner/>

Do You and Your Partner have Shared Goals?

<https://www.gottman.com/blog/do-you-and-your-partner-have-shared-goals/>

How Well Do You Repair Your Relationship?

<https://www.gottman.com/blog/how-well-do-you-repair-your-relationship/>

How Much to You Love and Admire Your Partner?

<https://www.gottman.com/blog/how-much-do-you-admire-and-respect-your-partner/>

How Well Do You Truly Know Your Partner?

<https://www.gottman.com/blog/do-you-truly-know-your-partner/>

Signs It's Time to Leave Your Relationship?

<https://www.gottman.com/blog/signs-time-leave-your-relationship/>

What is the State of Your Sex Life Lately?

<https://www.gottman.com/blog/quiz-what-is-the-state-of-your-sex-life/>

What is the State of Compromise in Your Relationship?

<https://www.gottman.com/blog/quiz-what-is-the-state-of-compromise-in-your-relationship/>

Do You and Your Partner Accept Each Other's Influence?

<https://www.gottman.com/blog/quiz-do-you-and-your-partner-accept-each-others-influence/>

Relationship Growth Activity

Discovery Questions

Instructions: Sometimes in relationships we become so focused on the problems that we forget to see our partner as a person. You can strengthen your relationship by learning more about your partner, and discussing their thoughts and feelings.

Take turns selecting a question from each section below to ask your partner. If you believe you know all of the answers in a section, see if you can answer each one correctly!



The Fun Things

What was your partner's favorite TV show when they were a child?

Where would your partner most like to visit on a vacation?

What song is your partner into right now?

Are there any movies your partner is excited to see?

Has your partner ever read a book that had a major impact on their life?



About Us

When did your partner realize they were interested in you? Was there a specific moment?

What motivates your partner to keep working on your relationship?

What does your partner want your relationship to look like in 5 years?

When was a moment that your partner felt happy about your relationship?

What is your partner's favorite thing to do, or place to go, as a couple?



Hopes & Dreams

How does your partner hope to change over the next year? 5 years? 20 years?

What are three realistic goals your partner has for their lifetime?

What is the happiest life your partner can imagine?

What is one goal your partner has for their career, family, and their personal growth?

What are five things your partner would place on their bucket list?

Relationship Growth Activity

Discovery Questions



Work Life

What's something your partner likes about their job? What's something they dislike?

Who are your partner's best friends at work, and why?

What is the most challenging task your partner has to do at their job?

Besides a paycheck, what does your partner get from their work? (E.g. respect or pride)

What's a typical day at work like, from beginning to end?



Emotions

When in your partner's life did they feel the most scared?

Overall, how has your partner been feeling during the past week?

Does your partner view themselves as a happy person? If not, how do they view themselves?

What is something that can consistently make your partner happy?

How does your partner relax after a stressful day?



Other Relationships

Outside of your relationship, who does your partner feel that they can talk to about problems?

Who is someone that your partner has a negative feeling about, or distrusts?

What is your partner's longest friendship? How have they maintained their friendship?

Who does your partner feel closest to in their family?

Does your partner prefer to spend time alone, or with others?

Guidelines for Giving Effective Consequences

In Advance

1. Be sure the child knows what consequences will occur before giving the consequence
2. Be sure that the consequences are reasonable -- Unreasonable consequences are not effective (If you take a child's favorite toy away for a month, the child forgets about it after a day or two and the consequence loses its meaning).
3. Be sure the consequences relate to the behavior and have meaning.
4. Be sure you are specific when you inform the child of any consequences
 - State child's name, "if you..., then you..."
 - State child's name, "you have lost...because you..."
 - If child continues after losing privilege/item the first time, child may be told about loss of a second privilege/item.

When giving your child the consequence:

1. Stay **calm**
2. Be clear about which **appropriate consequence** will be used for the child's misbehavior
3. **Warn** the child in advance
4. Give the consequence **immediately**
5. **Label** the behavior being punished (so your child knows why they are getting the consequence).
6. Provide the consequence **each time** the behavior occurs.

Praise/Recognition

Kids often get a lot of their parent's attention by misbehaving. One way to improve kids' behavior is to make sure parents give lots of attention to their kids when they are behaving well. We call this "Catch them being good!" One of the best ways to give attention for good behavior is to comment on it.

Tips for recognizing or praising positive behaviors:

- Say something right away if you can. The sooner the praise is given, the more effective it is.
- Be specific about what you liked. "Johnny, I like how you put away your dishes" is better than "Good job."
- Show warmth. A touch on the shoulder, eye contact, a smile, enthusiasm all make your praise more powerful.
- Avoid giving "back-handed" praise. This is where you praise good behavior but then follow it with something like "why can't you do that more often?" Staying purely positive is key.
- Focus on effort/behaviors they can control. "You worked very hard on that homework, I'm proud of you" is better than "You're the best/smartest." Also avoid focusing too much on physical characteristics like "You're the prettiest".

Find and praise "positive opposite" behaviors:

Use praise whenever you see your child being good. But one powerful way to get rid of problem behaviors is to praise the behavior you WISH your child did instead of the problem behavior, in the situations where you usually see problem behavior. For example, if the problem behavior is a child refusing to start their homework, the positive opposite might be starting homework right away when asked. If the behavior you wish for is something your child never does on their own, you may need to teach them the new behavior, be clear about what you expect from them in those situations, or praise small steps in the direction of the behavior you want.

Problem Behavior Examples	Positive Opposite Examples
Arguing when told to do homework	Doing homework when asked without arguing
Not cleaning out/putting away backpack when home from school	Empty out backpacks/put away items when home from school
Forgets/leaves behind essential items for after school activities	Is prepared with essential items for after school activities

Write down the top problem behaviors below on the left. Then, come up with "positive opposites" to praise on the right.

Problem behaviors	Positive opposite behaviors

Praise plan for this week

Positive opposite behaviors I will look for to praise:

- 1.
- 2.
- 3.

Specific situations I will look for this positive opposite:

- 1.
- 2.
- 3.

Any reminders or support I will use to make sure I follow through:

Possible challenges or obstacles that might come up & how I will overcome:

Track how it went!

Date							
Did I do it?							
How did it go?							

For review next week: Did the frequency of the problem behavior or positive opposite you worked on using praise seem to change?

Giving Effective Instructions

1. **Reduce distractions before giving an instruction.** (e.g., shut off TV/stereo.)
2. **Make eye contact.**
3. **Say child's name.**
4. **Use a firm voice.** Sound as if you expect to be listened to; businesslike; not angry or shrill.
5. **Be clear about what you want the child to do.**
Good instruction: "Sally, please pick up your dirty socks."
Bad instruction: "You are such a pig. How can you sleep in a room like that?"
If you give a direct instruction, it's more difficult for your child to ignore you.
6. **State the instruction as an instruction.**
Not a request, favor, or question.
Good instruction: "Please take out the garbage. It's time to go to bed, please put your pajamas on."
Poor instructions: "Will you take out the garbage for me. Don't you think it's time to go to bed now?"
7. **Give only one instruction at a time.**
If you give more than one, you increase the chance that your child will tune you out.
8. **Always praise/reward as soon as your child follows an instruction.** It makes it more likely that your child will listen to your next instruction & it makes listening more enjoyable for the child.
9. **Back up your instruction with consequences, if necessary.**
Never give an instruction unless you intend to do so!!!

Types of Discipline (Punishments)

1. Planned Ignoring:

PLAN to ignore behaviors such as whining, mock crying, temper tantrums, pouting, and verbal aggression when they are occurring. Label praise the opposite behavior. Start to pay attention to child IMMEDIATELY after child stops unwanted behavior.

2. Natural Consequences:

Help correct immature behaviors. These consequences would naturally happen without any adult intervention. Example: Overslept and missed school bus then child walks to school.

3. Logical consequences:

Consequences would occur due to adult intervention. Punishment logically fits the misbehavior. Example: Child deliberately breaks toy then parent does not buy replacement toy.

4. Removing privileges:

Should be a privilege that the child likes, often gets, and can be easily removed. Recommended time for removing a privilege: In general, shorter periods are better than longer ones. For example, 24 hours is better than one week. Examples: Playing video games, watching TV or favorite show, having friends over, going outside, riding bike, listening to radio, etc.

5. Time Out:

Temporarily removing the child from a stimulating environment or situation. For children that are seeking attention, removing it can be a significant punishment. A time-out is meant to remove the child from a situation where he or she is getting attention for inappropriate behavior.

Types of Rewards

1. Social (praise, smile, hugs)
2. Activity (games, TV, privileges, playing with toys)
3. Symbols (stars, points, coupons, tokens)
4. Material-things (toys, candy)
5. Combination (hugs and activity with parent, etc)

Principles for Using Rewards

- The reward is given consistently and is predictable.
- Always include praise.
- Make sure the child wants and likes the reward.
- Use different rewards because sometimes they lose their effectiveness.
- The reward must be earned – it comes after a positive behavior.
- Label the behavior -- be descriptive (e.g., Thank you for doing your chores right after you came home from school.)
- Reward frequently
- Withhold the reward for incorrect behavior.
- Make sure that you have the ability to provide the reward to the child
- Reward behaviors that come close to the behavior goal - it is necessary to reward effort.
- Use age-appropriate rewards

Removing Privileges/Losing Personal Things

Removing privileges can be used if your child tests your use of time-out or withholding attention. Loss of privileges is also an appropriate consequence by itself if your child fails to carry out an agreement made between you. Used in this way, it is probably the most appropriate method of discipline for older children and adolescents.

Directions

1. **Decide which behaviors will be dealt with by removing a privilege. List them here.**

2. **The privilege must be something you can actually deny your child.** For example, if you work and don't get home until after 5:00 p.m., you probably can't deny your youngster the privilege of watching TV in the afternoon. Ideally, the privilege taken away should not affect others. For example, if the child is to be denied TV, what effect will this have on other family members who wish to watch it? With these points in mind, list here those privileges your child would miss if they were taken away.

	Privilege	Time
a.	<hr/>	<hr/>
b.	<hr/>	<hr/>
c.	<hr/>	<hr/>
d.	<hr/>	<hr/>
e.	<hr/>	<hr/>

3. **The number of privileges lost and the length of time for which they are removed should be matched to the age of the child and the seriousness of the particular behavior.** Most parents make the mistake of taking away too many privileges for too long a time. This action turns what might have been a good learning experience into one of lingering hostility and resentment. We recommend that a privilege be removed for only 24 hours. In fact, parents often get better results if they use even briefer periods such as taking away a toy for a few hours or preventing the child from watching a favorite TV show for each episode of swearing or talking back. Next to each of the privileges you listed in 2, indicate the length of time that it will be removed.
4. **When taking away a privilege, be calm but firm.** If your child tried to ignore the restriction, remove an additional privilege. Finally, once the privilege has been lost, the punishment accepted, and the time spent, the privilege should be restored and the incident dropped. Avoid any further lectures or reminders.

"I" Statements

When a person feels that they are being blamed—whether rightly or wrongly—it's common that they respond with defensiveness. **"I" statements** are a simple way of speaking that will help you avoid this trap by reducing feelings of blame. A good "I" statement takes responsibility for one's own feelings, while tactfully describing a problem.

"I feel emotion word when explanation."

- ✓ "I feel..." must be followed with an emotion word, such as "angry", "hurt", or "worried".
- ✓ Careful wording won't help if your voice still sounds blaming. Use a soft and even tone.
- ✓ In your explanation, gently describe how the other person's actions affect you.

Examples

Blaming	"You can't keep coming home so late! It's so inconsiderate."
"I" Statement	"I feel worried when you come home late. I can't even sleep."

Blaming	"You never call me. I guess we just won't talk anymore."
"I" Statement	"I feel hurt when you go so long without calling. I'm afraid you don't care."

Practice

Scenario	A friend always cancels plans at the last minute. Recently, you were waiting for them at a restaurant, when they called to say they couldn't make it.
"I" Statement	

Scenario	You are working on a group project, and one member is not completing their portion. You have repeatedly had to finish their work.
"I" Statement	

Scenario	Your boss keeps dumping new work on you, with little instruction, and not enough time. Despite working overtime, you're weeks behind.
"I" Statement	

Passive, Aggressive, and Assertive Communication

Passive Communication

During passive communication, a person prioritizes the needs, wants, and feelings of others, even at their own expense. The person does not express their own needs, or does not stand up for them. This can lead to being taken advantage of, even by well-meaning people who are unaware of the passive communicator's needs and wants.

- Soft spoken / quiet
- Allows others to take advantage
- Prioritizes needs of others
- Poor eye contact / looks down or away
- Does not express one's own needs or wants
- Lack of confidence

Aggressive Communication

Through aggressive communication, a person expresses that only their own needs, wants, and feelings matter. The other person is bullied, and their needs are ignored.

- Easily frustrated
- Speaks in a loud or overbearing way
- Unwilling to compromise
- Use of criticism, humiliation, and domination
- Frequently interrupts or does not listen
- Disrespectful toward others

Assertive Communication

Assertive communication emphasizes the importance of *both* peoples' needs. During assertive communication, a person stands up for their own needs, wants, and feelings, but also listens to and respects the needs of others. Assertive communication is defined by confidence, and a willingness to compromise.

- Listens without interruption
- Clearly states needs and wants
- Willing to compromise
- Stands up for own rights
- Confident tone / body language
- Good eye contact

Examples

Scenario	A friend asks to borrow your car. This will be a big inconvenience for you.
Passive	Umm, yeah, I guess that's fine. Do you need me to fill the tank?
Aggressive	No way! Why would I let you borrow my car? You're crazy to even ask.
Assertive	I need my car that day, but I'll have time to drop you off.

Passive, Aggressive, and Assertive Communication

Practice

Scenario	Your boss asks you to stay late, while everyone else leaves. You're always the one who stays late, and tonight you have plans.
Passive	
Aggressive	
Assertive	

Scenario	Your partner left a mess in the kitchen, and you're too busy to clean.
Passive	
Aggressive	
Assertive	

Scenario	You're at a restaurant, and the server brought you the wrong dish.
Passive	
Aggressive	
Assertive	

Scenario	A friend showed up at your house uninvited. Usually you would be happy to let them in, but this time you're busy.
Passive	
Aggressive	
Assertive	

Assertive Communication



Assertive Communication: A communication style in which a person stands up for their own needs and wants, while also taking into consideration the needs and wants of others, without behaving passively or aggressively.

Traits of Assertive Communicators

- Clearly state needs and wants
- Eye contact
- Listens to others without interruption
- Appropriate speaking volume
- Steady tone of voice
- Confident body language

Assertiveness Tips

Respect yourself. Your needs, wants, and rights are as important as anyone else's. It's fine to express what you want, so long as you are respectful toward the rights of others.

Express your thoughts and feelings calmly. Giving the silent treatment, yelling, threatening, and shaming are all great examples of what not to do. Take responsibility for your emotions, and express them in a calm and factual manner. Try starting sentences with "I feel..."

Plan what you're going to say. Know your wants and needs, and how you can express them, before entering a conversation. Come up with specific sentences and words you can use.

Say "no" when you need to. You can't make everyone happy all the time. When you need to say "no", do so clearly, without lying about the reasons. Offer to help find another solution.

Examples of Assertive Communication

"I've been feeling frustrated about doing most of the chores around the house. I understand that you're busy, but I need help. How can we make this work?"

The speaker takes responsibility for their feelings without blaming, and clearly describes their needs.

"I won't be able to take you to the airport on Friday. I've had a long week, and I want to rest."

The speaker respects their own needs and wants by clearly saying "no".

"I'm having a hard time sleeping when your music is on. What if you use headphones, or I can help you move the speakers to another room."

The speaker describes their needs, while also considering the needs and wants of the other person.

Assertive Communication

Practice

Tip: Before responding, consider what your wants and needs might be in each situation.

Your Partner: "I know you have plans for the weekend, but I really need you to watch the kids. I have a friend coming to town, and we made plans."

Assertive Response:

Situation: You've just received your food at a restaurant, and it was prepared incorrectly. Your sandwich seems to have extra mayo, instead of no mayo.

Assertive Statement:

Your Friend: "Hey, can I borrow some money? I want to buy these shoes, but I left my wallet at home. I'll pay you back soon, I swear. It won't be like last time."

Assertive Response:

Situation: Your neighbor is adding an expansion to their house, and the crew starts working, very loudly, at 5 AM. It has woken you up every day for a week.

Assertive Statement:

How to Communicate in a Supportive Way

The Active Listener...

✓ Gives the speaker the floor.

✓ Looks interested...

Good eye contact

Stops to listen

Indicates understanding..."Uh-huh"

✓ Asks CLARIFYING QUESTIONS...

"What do you mean when ...?"

"Tell me more about...?"



✓ Reflects FEELINGS...

"It sounds as though you feel..."

"Wow! It sounds like that makes you feel..."

"It looks to me like you are...."

✓ Paraphrases...

"I hear you saying..." "So, in other words..."

"It seems...is that right?"



The Active Listener Does NOT...

Interrupt

Give unwanted advice

Engage in another activity

Make judgments

Talk about him/herself


Argue

Discount what's being said

Criticize

Space out

Use "I" Messages



Be brief.
Be clear.
Be

#1 Describe the behavior you are concerned about--

"When we..."

#2 Make your I-statement--

"I feel disappointed..."

#3 State the consequences or results--

"...because..."

Not like this--

"When you don't listen to me I feel angry, because you never pay attention to what I am saying."

Instead, try this--

"When you don't listen to me I feel angry, because I miss the chance to get your advice about my worries and problems."

Reflections

Communication Skill

Using a technique called **reflection** can quickly help you become a better listener. When reflecting, you will repeat back what someone has just said to you, but in your own words. This shows that you didn't just hear the other person, but you are trying to understand them.

Reflecting what another person says can feel funny at first. You might think the other person will be annoyed at you for repeating them. However, when used correctly, reflections receive a positive reaction and drive a conversation forward. **Here's an example:**

Speaker: "I get so angry when you spend so much money without telling me. We're trying to save for a house!"

Listener: "We're working hard to save for a house, so it's really frustrating when it seems like I don't care."

✓ Quick Tips

The tone of voice you use for reflections is important. Use a tone that comes across as a statement, with a bit of uncertainty. Your goal is to express: "I think this is what you're telling me, but correct me if I'm wrong." Your reflections don't have to be perfect. If the other person corrects you, that's good! Now you have a better understanding of what they're trying to say.

Try to reflect emotions, even if the person you're listening to didn't clearly describe them. You may be able to pick up on how they feel by their tone of voice or body language.

Switch up your phrasing, or your reflections *will* start to sound forced. Try some of these:

- "I hear you saying that..."
- "It sounds like you feel..."
- "You're telling me that..."

Focus on reflecting the main point. Don't worry too much about all the little details, especially if the speaker had a lot to say.

Reflections

Communication Skill

Practice

"I was in a bad mood yesterday because work has been so stressful. I just can't keep up with everything I have to do."

Reflection:

"I feel like I'm doing all of the work around the house. I need you to help me clean and do the dishes more often."

Reflection:

"I've been worried when you don't answer your phone. I always think something might've happened to you."

Reflection:

"I don't understand what she wants from me. First she says she wants one thing, then another."

Reflection:

Interpersonal Effectiveness Skills

Learning to get along with others while also asserting your own needs is essential to healthy relationships. It can be difficult to balance your own needs and the needs of others. How can you get what you need without being aggressive or neglecting of the needs of others? There are three sets of skills you will learn to help achieve this goal: objective effectiveness, relationship effectiveness, and self-respect effectiveness.

Objective Effectiveness (D.E.A.R. M.A.N.)

What is the goal of an interaction? *Objective effectiveness* is about getting what you want out of a situation. The acronym D.E.A.R. M.A.N. will remind you how to clearly express your needs or desires.

Describe	Use clear and concrete terms to describe what you want. <i>Don't say:</i> "Could you please clean?" <i>Do say:</i> "Could you do the dishes before going to bed?"
Express	Let others know how a situation makes you feel by clearly expressing your feelings. Don't expect others to read your mind. Try using this line: " <i>I feel ___ because ___.</i> "
Assert	Don't beat around the bush—say what you need to say. <i>Don't say:</i> "Oh, well, I don't know if I can cook tonight or not." <i>Do say:</i> "I won't be able to cook because I'm working late."
Reinforce	Reward people who respond well, and reinforce why your desired outcome is positive. This can be as simple as a smile and a " <i>thank you</i> ".
Mindful	Don't forget the objective of the interaction. It can be easy to get sidetracked into harmful arguments and lose focus.
Appear	Appear confident. Consider your posture, tone, eye contact, and body language.
Negotiate	No one can have everything they want out of an interaction all the time. Be open to negotiation. <i>Do say:</i> "If you wash the dishes, I'll put them away."

Interpersonal Effectiveness Skills

Relationship Effectiveness (G.I.V.E.)

Relationships aren't only about getting what we need—they're also about the other person. The acronym *G.I.V.E.* will help you achieve *relationship effectiveness* by fostering positive interactions.

Gentle	Don't attack, threaten or express judgment during your interactions. Accept the occasional "no" for your requests.
Interested	Show interest by listening to the other person without interrupting.
Validate	Be outwardly validating to the other person's thoughts and feelings. Acknowledge their feelings, recognize when your requests are demanding, and respect their opinions.
Easy	Have an easy attitude. Try to smile and act lighthearted.

Self-Respect Effectiveness (F.A.S.T.)

Sometimes in relationships you might find yourself betraying your own values and beliefs to receive approval or to get what you want. The acronym *F.A.S.T.* will help you achieve *self-respect effectiveness*.

Fair	Be fair. Not only to others, but also to yourself.
Apologies	Don't apologize unless it's warranted. Don't apologize for making a request, having an opinion, or disagreeing.
Stick to Values	Don't compromise your values just to be liked or to get what you want. Stand up for what you believe in.
Truthful	Avoid dishonesty such as exaggeration, acting helpless as a form of manipulation, or outright lying.

Problem Solving Worksheet

Problem: Identify a problem. <i>You need to some control over the problem.</i>	
---	--

Goal: <i>What do you hope to accomplish? Goal has to involve something YOU can do.</i>	
--	--

Possible Solutions: Brainstorm all possible solutions first, and then consider short and long term consequences of your possible solutions - how much time/money/effort it would take; do you have control over a given solution?

ALL Possible Solutions	Good things about this solution*	Bad things about this solution*

Choose one solution to try this week. Break the solution into smaller activities. Make sure you can do the first one or two activities in the next week.

Chosen Solution:

Activities: *(Your activities need to be based on your chosen solution)*

1

2

3

4

5

6

7

8

***Remember to consider the 5 rules (Realistic/Achievable, Stated specifically, Desirable, Measurable, and Timely) with the client.**

Identify possible barriers that may prevent you from trying the activities for your solution.

Inside Barriers: *(Thoughts and feelings that might make it hard for you to do your activities)*

Outside Barriers: *(Things, people, places, situations that might make it hard to do your activities)*

Homework Plan: *(Be specific: what, when, how long, reminder and be sure to rate your feelings before and after each activity)*

My Healthy Support System

What is a support system?

A network of people who can give practical help and emotional support. Different people can offer different types of support.

Who can be in a support system?

Family members, friends, work associates, people with whom I share interests and with whom I do activities. Professional health care and behavioral health providers can also be part of a support system.

Who is in your support system and what type of support can they give you?

[illegible]

Whose support system are you in? What type of support can you give?

[illegible]

Who would you like to be in your support system?

[illegible]

Small Talk and Building Relationships Tips

MAKING SMALL TALK

Be a good listener. The most likable people are the ones who listen and actually hear what others are saying. The key is to really be interested in the other person and focus more on them than on yourself when talking. Practice listening noises (“uh huh”, “oh”, “that’s cool”) or statements to show you heard them (“so you like the Mariners”). REMEMBER what you’ve heard and ask about it later (“How was that concert you went to?”).

Ask questions. Almost everyone likes to talk about themselves, or to feel like others are interested in them. Safe questions include, “What kind of music do you like?” “What do you like to do for fun?” “What kind of work do you do?” “What groups do you belong to?” Try to identify a common interest or experience!

Make eye contact when listening. If you don’t, people will think you aren’t interested or aren’t paying attention. Plus, you get important information by watching people when they talk (like how interested they are). You don’t have to have a staring contest, but try to make SOME eye contact.

Be yourself. Trying too hard to impress others rarely works out. Be genuine, and try to appear calm, confident and positive.

Be positive and kind. When you’re nice to people, they will usually be nice back. Also, people are drawn to those who are upbeat and positive.

FORMING HEALTHY RELATIONSHIPS

Find common ground. Ask about or point out common interests or experiences. (“I think I’ve seen you here before” “You like [band name from shirt]? Me too!”)

Invite them to do something together. Plan to meet up or do something fun.

Say hi. When you see them, say hi! Try to use their name (“Hi, Jack!”), ask how they’re doing (“How’s it going?”) and check in on things you know are important to them (“How did that meeting go?”).

Take turns in shared activities. Letting other people go first or calmly waiting until they have taken their turn makes activities way more fun for everyone. They will like to do things with you.

Join a group or organization. This is truly one of the best and easiest ways to make friends. Join a group related to one of your interests (outdoors, sport, church) or a social group of some kind. When you see the same people regularly and do fun things together, it can be easier to spark a friendship (though you’ll still need to talk to them and invite them to spend time outside of group at some point to cement the friendship).

GENERAL TIPS

Give compliments. “I like your tattoo/shirt/haircut.” “Nice kick.” “You’re good at this—could you show me how to do it like that?”

Be polite. Please and thank you. Taking turns. Being patient. Respecting personal space. Not being rough.

Don’t be too bossy—let friends make some decisions. “What do you feel like doing?”

My Relapse Prevention Plan

My goals after IPV treatment are:

- 1.
- 2.
- 3.
- 4.

Triggers (situations):

Red flags for sliding back into old patterns:

Thoughts

Feelings

Behaviors

Check in on risk factors:

Stable dynamic

Acute dynamic

Plan of action:

Who? (people I can turn to for help)

What? (steps to take)

When? (now or later)

IVP Treatment Documentation of Cognitive and Behavioral Change

Describe the connection between thoughts, feelings and behaviors using a CBT-based model (e.g., Cognitive Triangle; Antecedents, Behaviors, Consequences; Chain Analysis) as applied to at least two episodes where you engaged in intimate partner violence.

Answers:

List at least 3-5 beliefs, attitudes, cognitions, or attributions that facilitated your intimate partner violence. Describe your current beliefs that inhibit and/or do not support or facilitate intimate partner violence. Describe specifically.

Answers:

Describe the emotional regulation or coping skills you have learned to manage intense distressing emotions that are frequently connected to intimate partner violence (e.g., anger, frustration, jealousy, resentment, insecurity). Describe at least 3 recent incidents where you experienced the emotions and successfully used a coping skill to lower the intensity of your emotional reactions so you could respond effectively. Describe in detail.

Answers:

List the skills you have learned and use to achieve your goals in ways that do not involve intimate partner violence, threats, coercion, violence toward others, anti-social behavior. Give at least 3 examples of recent situations where you effectively used one or more of these skills. Describe in detail.

Answers: