Recommendations for Community Domestic Violence Interventions Providers:
How to Motivate Non-fatal Domestic Male Abusers to Complete Treatment

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How to Motivate Non-fatal Domestic Male Abusers to Complete Treatment

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Abstract

Recommendations for Community Domestic Violence Interventions Providers:
How to Motivate Non-fatal Domestic Male Abusers to Complete Treatment

Glenn Amundson

Under the Supervision of Dr. Susan Hilal

Statement of the Problem

Statistics state that 21% to 34% of all women in the United States will be a victim of intimate male violence at some point in their life (Beeble, Byee, & Sullivan, 2007). To better grasp the gravity of these numbers, it is estimated that 8.7 million women per year will be severely beaten by their intimate partner (Day, Chung, O'Leary, & Carson, 2009). Statistics will support the fact that gender violence in the family is asymmetrical. According to the National Institute of Justice, women are far more likely to be the victims of violence than men (National Institute of Justice, 2010a). There are many community interventions for men who batter. One research article on community domestic abuse programs found that only 10% of the participants who were referred to a batterer treatment program actually completed the program (Taft, Murphy, Elliott, & Morrell, 2001). The quandary for professionals in the criminal justice field is how to motivate male batterers to participate in and complete their assigned abuse program.

Methods and Procedures

The focus of this paper is address ways to motivate male batterers to participate and then complete a domestic abuse program. An intervention called motivational interviewing has been useful in motivating people with gambling, medical, and smoking issues to engage and complete their assigned therapeutic intervention (Rollnick, Miller, & Butler, 2007) and it is suggested that this same approach will apply to male batterers. Secondary research and statistics support the assumption that motivational interviewing can be a valuable tool in the treatment of male

batterers in community interventions. Data gathered from articles, books, scholarly journals, lectures, and government web sites is used to demonstrate the problem of engaging non-fatal or low-risk domestic abuse batterers in their chosen community–based program. Theories from the criminal justice field such as the rational choice theory, feminist approach, and the restorative justice model is discussed because they are the foundation for many community domestic programs. This seminar paper concludes by offering recommendations on how community domestic violence intervention providers can use a holistic approach to treating and supervising non-fatal batterers in their own community.

Summary of Results

The evidence presented in this seminar paper highlights the complicated job community probation and parole agents have in the management of domestic abuse batterers. The agent's job is similar to that of a juggler spinning plates on poles. Without some active intervention from the juggler the end result can be smashing. Probate and parole agents need to be actively involved in the management of batterers in the community. Domestic abuse interventions alone are not enough to curb violence in the family; the batterer's drug and alcohol problems, work or school, his living situation, peer relationship (or isolation), survival issues (food, transportation, money), and mental health and/or medical issues need to be addressed. The literature review points out that motivational interviewing as an intervention can be used across a wide range of everyday human tribulations. If there is one recommendation the reader should take from this seminar paper it is that it should be compulsory for community correction agencies to provide probation and parole agent training in the signs of domestic violence and motivational interviewing. Community corrections can make in difference in the lives of domestic violence victims.

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SECTION I: INTRODUCTION

Introduction:

Historically, the criminal justice system viewed domestic violence as a private family matter. Violence in the family existed for years with little interference from law enforcement. Beginning in the early 1970's, the Women's Movement brought to the public view the devastating affects of violence in the family. The 1994 Violence Against Women Act compelled the criminal justice system to take a stronger stand on domestic violence (Mignon, Larson, & Holms, 2002). This position lead to the development of five common interventions to tackle domestic violence: arrests, protective orders, court interventions, prosecution, and batterer intervention programs (NIJ, 2010b). The effectiveness of these interventions focused on outcome measures (decrease in incidents of domestic abuse events). Examining the research on the success rates of community-based batterer interventions, another measure of effectiveness is the involvement and retention of batterers in these programs. Batterers need to be actively involved in programming if they are to benefit from treatment.

Statement of the Problem:

Bureau of Justice Statistics (BJS) (2009) data found that in the year 2008, approximately 552,000 females (age 12 or older) were the victim of a non-fatal violent crime (rape/sexual assault, robbery, or aggravated or simple assault) by their intimate partner. The BJS agency further surveyed the general public regarding their attitude towards the level of crime in the United States. For the year 2009, seventy-four percent of the public felt that the level of crime increased over previous years (although in reality the crime rate decreased). Furthermore, for the year 2006, sixty-five percent of the population surveyed felt the way to address crime in their neighborhood was by attacking the social problem versus thirty-one percent who believed in spending more money on law enforcement (BJS, 2010a).

In 2009, domestic violence deaths reached a 10-year high in the state of Wisconsin. According to the Wisconsin Coalition Against Domestic Violence (2010) web site, 59 deaths were attributed to acts of domestic violence. This increase in domestic violence homicide is worrisome to law enforcement because overall, efforts to reduce violent crimes have been effective. According to a recent report by the U.S. Census Bureau (2010), the overall crime rate (as measured by "crimes of violence") across the nation between the years 1995 and 2007 fell by forty percent. In Milwaukee, Wisconsin the overall violent crime rate decreased by twenty percent over the last two years (2008 – 2009) due to improved communication, better use of crime-analysis, and increased reliance on data-driven deployment (Milwaukee Police Department, 2010). The same law enforcement strategy that resulted in a decrease of crime on the streets will not work with domestic violence because the abuse occurs in the privacy of one's home. Milwaukee Police Chief Flynn summarized this dilemma best: "I can put cops on the streets where crime occurs but I can't put them inside homes to deter family violence" (MPD, 2009).

The criminal justice community needs to address batterer's destructive behaviors outside the prison walls. The criminal system is "running in place" (Roth, 1994) by sending low-risk batterers to prison when addressing violence in the family. Prisons are not equipped to address low-risk male offender's issues with power and control. Prisons may actually end up reinforcing the concept that control and intimidation are effective methods of getting what you want in life. The trouble facing the criminal justice system when addressing domestic violence is that punishment may reinforce the belief that force and violence are the ways to control others (Mignon et al., 2002).

In 1974 Martinson published a report on the effectiveness of correctional programs, as

measured by recidivism. He reviewed research studies at the time and found that correctional

rehabilitative efforts had no appreciable effect on recidivism. Martinson's "nothing works"

attitude contributed to the deterrence approach that "something that deters rather than cures" (p.

246) is what is needed in the correctional field. What the United States government officials

found out was that locking up criminals did not make cities safer. Martinson's "nothing works"

paper lead to the judicial system using tactics such as "three strike and you're out" sentences to

protect communities. This change in thinking resulted in not only an explosion in the prison

population but the number of offenders under community supervision. According to a 2009

Pew Center on the States report, people on probation or parole have inflated the American

corrections system to more than 7.3 million, or 1 in every 31 U.S. adults. In the State of

Wisconsin, for the year 2009, the total number of probation or parole population was 71,282 as

compared to the total prison and jail population of 39,360 (Pew Center on the States, 2009).

Stemen (2007) found that sentencing offenders, especially non-violent offenders, to prison

provided little deterrence in the prevention of crime. Prison works as crime prevention tactics if

the objective is to remove offenders from the streets. Community corrections can be the leader in

lowering the prison population by providing treatment to non-violent batterers in their home

community.

Abadinsky (2006) quoted behaviorist B.F. Skinner (1972) as saying "What's wrong with

punishment is that they work immediately, but give no long term results. The response to

punishment is either the urge to escape, to counterattack or a stubborn apathy. These are the bad

effects you get in prison or schools, or wherever punishments are used." (p.287) Batterers choose

their behaviors in order to maintain control over partners. Locking up domestic abuse batterers,

especially low-risk batterers in the beginning stages of family violence, may not be the preferred

restorative intervention to change their behaviors.

There are many community-based batterers programs that have merit. This seminar paper will present three programs for further review. The question for community-based domestic abuse intervention providers is how to motivate male batterers to complete treatment. This seminar paper is suggesting that one answer to this question is an intervention called motivational interviewing.

Purpose of Research:

The significance of this research project is to establish "what works" to end violence in the family. One way to cut down on recidivism, especially for non-fatal male batterers, is the successful completion of a community-based domestic abuse program. This seminar paper presents three community-based programs whose goal is to change batterer's behaviors: the Lexington County Sheriff's Department program, Sojourner Family Peace Center "Beyond Abuse" program, and the Washington County Community "Sentencing Circles" program. Each of the three interventions are based on sound theory with proven success and each have their own strengths and weaknesses. One strength common to all three programs is they have proven track records for those participants who complete their program. One weakness common to all three interventions is attracting and maintaining treatment-resistant participants in their intervention.   Therefore, motivational interviewing is recommended as a tool group leaders can use to improve the retention and engagement of male batterers in treatment and boost the incentive for behavioral change.

The argument presented in this research proposal is that motivational interviewing, in conjunction with a community-based intervention, can improve treatment outcomes for low-risk male batterers. Motivational interviewing is not an intervention that will replace existing

community batterer's programs, it will make them better.

Limitations of the Research:

There are limitations when researching the complex phenomenon of violence in the home. To better visualize why there are limitations to research in the field of domestic violence, the reader should picture the category of male batterers of domestic violence as an iceberg. What one sees is only the top third of the iceberg, the other two thirds is hidden from view. Crowe, Sydney, DeMichele, Keilitz and Neal (2009) estimate that only ten percent of all domestic abuse cases are brought to the attention of the criminal justice system. Also, even these events that are reported to law enforcement, there is no one nationwide organization to collect this information (Newton, 2001). When investigating the effectiveness of domestic abuse interventions, researchers are focusing on a small percentage of the total population of male batterers. The limitation is that many of the subjects in research studies may not represent the true attributes of all male batterers (Wallach & Sela, 2008). One community-based domestic abuse program may be effective for one type of male batterers (race, social status, education, economics) but not others. The criminal justice system designs programs for people who enter the legal system (the top third of the iceberg). The other batterers (the two-thirds of the iceberg) who remain undetected or are able to avoid the legal system may have different attributes. The thesis of the seminar paper is how to motivate male batterers to participate in their assigned domestic abuse program. The issue researchers should discover first is if the batterer's lack the motivation to partake in a domestic abuse program is due to an improper referral.

Other limitations to research in the field of domestic violence is the operational definition of what constitutes a "family" and what constitute "violence". A family can include spouses, ex-spouses, cohabitants, dating couples and same sex partners. If researchers accept this traditional

view of a family, how would one label violence to an adult sisters, female cousin, sisters-in-law, or mothers- in-law? Domestic violence can be a combination of physical, emotional, and sexual, economic abuse along with intimation or stalking. One researcher Newton, (2001) took a broad approach by defining family violence as any form of "emotional abuse, physical abuse, or sexual abuse between *people* who have at some time had an intimate or family relationship". If this is the reality when studying domestic violence, the validity and reliability of any research on the effectiveness of domestic abuse interventions should be questioned by the reader.

Another limitation to research in the field of domestic violence is the domestic abuse programs themselves. For example, this seminar paper focuses on one community program based on the Duluth Model. The Duluth Model is cognitive-behavioral program with a highly structured curriculum. What Day and colleagues (2009) found in researching the effectiveness of community domestic abuse programs is that many advertise the Duluth Model when in reality, they fail to accurately deliver a true Duluth Model to their participants. The same dilemma is true to restorative justice field (Umbreit, Vos, & Coates, 2005) and motivational interviewing (Rosengren, 2009).

Bill Woodard, M.P.A (personal communication, March 26, 2010), Director of Training and Technical Assistance for the Center of Study and Prevention of Violence, University of Colorado, found in his examination of research studies on domestic violence programs that many do not hold true to a "true research design". As an opinion statement, many studies appear to alter their statistical structure to gain favorable outcome results (Type I error). Corvo, Dutton and Chen (2008) also found either little or no positive affects from domestic abuse interventions due to questionable research design. These research limitations in the field of domestic violence make it difficult to establish what intervention is effective in changing a batterer's behaviors.

A better evidence-based approach is needed when researching domestic abuse interventions.

Conclusion:

Domestic violence in the form of physical, emotional and sexual abuse occurs to a defenseless population in places away from the public view. Women and children suffer tremendous trauma that can have long-lasting effects. Most male batterers charged with acts of domestic violence are released on community supervision in lieu of or following periods of incarceration (Crowe et al., 2009). This seminar paper explores how to make community-based batterer's programs more effective, in the form of motivational interviewing, in changing batterer's behaviors. A community-based batterer's program is not sufficient alone to make long lasting changes in behaviors.

SECTION II: REVIEW OF THE LITERATURE

Introduction:

Domestic violence is an important topic to study because of the harm it does to others, the financial cost of repairing this harm, and the hardship of recovery for the victims. A domestic batterer can be anyone, regardless of age, race, marital status, economic background or social ranking. With this being said, it should be made clear to the reader that domestic violence is a gender issue. Intimate partner violence made up twenty percent of all nonfatal violent crimes experienced by females in 2001 with simple assault being the most common type of crimes committed among intimate partners (Wallace, 2005). This section will explore domestic violence from the vantage point of the male batterer. A functional definition of domestic violence will be presented along with statistics on the effects of domestic violence. Next, the reader will be given a historical view of community corrections that will lay the ground work for an examination of three proven community domestic abuse interventions. The section will talk about the effectiveness of community interventions and other variables commonly associated with treatment programs. Lastly, an introduction to motivational interviewing will be given to prepare the reader for the following sections of the seminar paper.

Definition of Domestic Violence:

There are many terms that portray violence in the family setting. This paper will use the term domestic violence because many of the law enforcement agencies and the media label violence in the family as domestic violence. There are four factors that differentiate domestic violence from other forms of violence. Domestic violence takes place within ongoing relationships that are expected to be caring, compassionate, and nurturing; the victim wants to break away from the violence but also has a longing to belong to the family; love and attention

may coexist with violence and abuse; and ongoing family relationships create opportunities for repeat victimization (Mignon et al., 2002). All four factors contribute to the complexity of treating batterers in the community setting.

There is a link between family stressors and abusive behaviors (Renzetti, 2009). Living together as a family produces strain due to external and internal sources which, if not resolved through healthy coping strategies, can be the breeding ground for domestic violence. Internal sources that cause strain in a relationship can include: maintaining a household, children's relationships, feeling responsible for a partner's welfare, love and fear. External sources that cause strain in a relationship are: lack of money, lack of housing, lack of employment, community and religious pressures and lack of support from family (Click to Empower, 2010).

Many national organizations and governmental agencies serving victims of abuse have their own definition of domestic violence. Some of these definitions are:

- Domestic violence and emotional abuse are behaviors used by one person in a relationship to control the other. Partners may be married or not married; heterosexual, gay, or lesbian; living together, separated or dating (Domestic Violence Handbook, 2010).

- Domestic violence is a pattern of assaultive and coercive behaviors that one partner uses against a current or former intimate partner. It occurs in intimate relationships where the perpetrator and the victim are currently or previously have been dating, living together, married or divorced. They might have children in common or not (CE, 2010).

- Domestic violence refers to violence between spouses, or spousal abuse but can also include cohabitants and non-married intimate partners

(BJS, 2010c).

When talking about domestic violence, it should be made clear to the reader that the batterer's behavior(s) is a criminal offense (Abadinsky, 2006). Each state treats domestic violence as a criminal act differently. Mary Mentaberry (2007), executive director of the National Council of Juvenile and Family Court Judges, developed a handbook on current state legislation that addresses domestic violence. A good example of a state that has created criminal classification of domestic violence (felony charges) is Missouri. For more information on Missouri's new criminal guidelines regarding domestic violence, the reader is encouraged to access the Missouri Coalition Against Domestic and Sexual Violence (2006) web site.   In the state of Wisconsin, domestic violence is defined by Wisconsin State Statute (968.075) as "the intentional infliction of physical pain, injury or illness; intentional impairment of physical condition; sexual assault; or a physical act that causes the other person to reasonably fear that any of these actions will occur" (Wisconsin Department of Justice, 2009).

This seminar paper will follow the state of Wisconsin's definition of a batterer as the person who commits the act of domestic violence and has contact with a law enforcement as a result of this event, apart from whether an arrest is made or not. The victim of domestic violence is defined as a person who is the objective of the abuse and has contact with a law enforcement, regardless of whether an arrest is made or not. The state of Wisconsin considers a domestic abuse "incident" as a single occurrence of domestic violence that is reported to the district attorney's office. For example, in the year 2008 the total number of domestic abuse incidents reported to law enforcement and referred to the district attorney's office were 29,769 incidents, as compared to 29,6676 incidents of domestic abuse in the year 2007 (WDJ, 2009). Having clear definitions of domestic violence makes the comparison between localities, states and regions

easier because everyone is using the same measurement when comparing data. Referring back to the earlier example of comparing the category of batterers to that of an iceberg, many domestic violence incidents go unreported and thus, the actual number may be grossly misleading to the reader.

Statistics on Domestic Violence:

The reader can read tragic stories of family violence in the local newspaper or stories on the news station to appreciate the harm victims of domestic violence must be experiencing. Like many social problems, the full extent of domestic violence becomes "invisible" because the reader only has an estimation of the full specifics on this topic. Statistical information, especially from a number of sources, can add clarity to the study of domestic violence. For example, knowing the size, distribution and density of the whole batterer's population will give researchers (and the reader) a more realistic perspective of what domestic abuse program should be addressing for any given population (Rossi, Lipsey, & Freeman, 2004).

Domestic abuse statistics taken from the National Institute of Justice web site:

- Women experience more intimate partner violence than do men. Approximately 1.3 million women as compared to 835,000 men are physically assaulted by an intimate partner annually in the United States.

- Women are significantly more likely than men to be injured during an assault. For example, thirty-nine percent of female physical assault victims, compared with twenty-four percent of male physical assault victims, reported being injured during their most recent physical assault.

- Domestic violence homicides make up forty to fifty percent of all murders of women in the United States. In seventy to eighty percent of intimate partner homicides, no matter

which partner was killed, the man physically abused the woman before the murder.

- Most domestic violence batterers with prior official criminal records have also been involved in unreported nonviolent criminal behavior.

- Women who had children by age 21 were twice as likely to be victims of domestic violence as women who were not mothers. Men who had fathered children by age 21 were more than three times as likely to be batterers as men who were not fathers.

- While alcohol is not the cause of violence against women, there appears to be a significant relationship between male batterer's problem drinking and violence against female victims. Severe problem drinking of alcohol appears to increases the risk for lethal and violent victimization of women. More than two-thirds of the homicide and attempted homicide offenders used alcohol, drugs, or both during the incident.

- Child sexual abuse before the age of 13 is not by itself a risk factor for female domestic violence victimization, but girls who were victimized both before turning 12 and then again as adolescents between the ages of 13 and 17 were at greater risk of victimization as adults than any other women.

- Among families referred for child welfare investigations for child maltreatment, lifetime prevalence of domestic violence is forty-four percent and caregiver depression is associated with increased prevalence of domestic violence.

- The stress of living in severe poverty increases the risk for partner violence. Also, the higher one's income is, the lower are reported intimate violence rates. Reductions in Aid to Families with Dependent Children (AFDC) benefits have also been associated with an increase in intimate partner homicide.

- Homeless women are far more likely to experience violence of all sorts than American

women in general, ranging from two to four times more likely, depending on the violence type. Approximately one homeless woman in four is homeless mainly because of her experiences with violence (NIJ, 2010a).

Domestic abuse statistics taken from the 2008 Wisconsin Department of Justice report:

- In Milwaukee County, domestic abuse reported incidents (9,449 events) comprised approximately one-third (or 32%) of all reported crime incidents in the year 2006.

- Approximately half of all victims and batterers living outside the Milwaukee County (or 45%) were 18-29 years old. Twenty-four percent of victims were 30 – 39 years old. Nineteen percent of victims were 40 – 49 years old and approximately twelve percent of victims were 50 years of age and older.

- The most common relationship (again, outside Milwaukee County) between the offenders and victims was that of spouse/ex-spouse (29%), followed by partner/ex-partner from a dating relationship (25%). The third most common relationship between victims and offenders was that of cohabitant/ex-cohabitant (22%).

- During 2003 and 2004, the Wisconsin arrest rate of domestic abuse batterers (outside of Milwaukee County) was nearly sixty percent of all reported domestic violence incidents. For the year 2005, the arrest rate of batterers rose to sixty-eight percent and for the year 2006, the arrest rate increased seventy-one percent per reported domestic violence incident.

- The most common legal charge issued against domestic abuse batterers in Wisconsin for the year 2006 was disorderly conduct, followed by battery. The third most common legal charge issued in 2006 against a batterer was a municipal or ordinance violation. Looking at Milwaukee County, the most common legal charge issued for a domestic abuse

incident in 2006 was battery (44%), followed by disorderly conduct (23%) and knowingly violating a temporary restraining order (7%). Batterers sentenced in Milwaukee County for domestic violence usually (44% of the time) includes a behavioral requirement such as participation in a batterer program attendance (WDJ, 2009).

Examining statistics on domestic violence, community-based domestic abuse programs can focus on distinct batterer's attributes for their peculiar neighborhood. That is, male batterers who have low education completion level, young, unemployed, have a prior criminal records, untreated drug and substance abuse, and offences high in pathology may require a particular domestic abuse intervention (Woodward & Bechtel, 2008). National Institute of Justice researchers found that understanding the demographics differences among victims and batterers helps predict which intervention will be successful in specific groups of offenders (NIJ, 2010a).

Scope of Domestic Violence:

A batterer is not "out of control" as logic would lead one to think. The batterer's agenda is to get his victims to do what he wants. Batterers can be appeasing to neighbors, co-workers friends and police officers but abusive to their family member. A sentence from the Missouri Coalition Against Domestic and Sexual Violence (2010) web page states it best: "Individual men beat individual women to make those women do what they want". Domestic violence alters the dynamics of a healthy relationship to where the batterer has the power and control over their significant other. It takes a powerful external force to budge this dynamics to healthy interactions between family members.

There are four characteristics of risk factors that generate stress for families: macrosocial (characteristics of the larger society that promote violence against women), microsocial (encounters among people in the society, for example whether weapons are available),

psychosocial (characteristics of the individual, for example ways of expressing one's anger), and biological (characteristics and factors related to the human brain, for example hormones or malfunctioning neurotransmitters). Risks indicate that there is a set of presumed cause-effect interactions that place a women in danger of future victimization. Being at-risk for domestic violence suggests that situations that can be anticipated in the absence of interventions (McWhirter, McWhirter, McWhirter, McWhirter, 2004). A list of stressors provided by McWhirter and colleagues that place women at risk for domestic violence include: poverty, blended families, unemployment, being a single parent, latchkey families, military families, alcohol and/or drug abuse, history of interpersonal violence among family members, pregnant women, emotional abuse, psychological abuse, neglect, isolation, racism, society/community's attitude about domestic violence, and access to firearms. It is important to identify risk factors among the victims and offenders that contribute to domestic violence because it aids community professional in developing protective strategies for the victim. Developing policies and laws based on risk factors can create interventions that can decrease acts of violence in the family setting.

Historical View of Community Corrections:

Historically, there has been tension in the field of corrections over the mission of the criminal justice system. Should corrections invest their time and efforts in punishment or rehabilitation? These two goals are often viewed as contradictory to the public. A person commits a crime and thus, should be punished for their actions. In other words, *lex talionist* or an eye for an eye. Psychological and sociological theories of criminal behaviors gained distinction in the 1940s which lead towards the guiding principles of rehabilitation of the 1950s and 1960s. In the 1970s, rehabilitation lost favor and punishment or Andrew von Hirsch's "just

desserts" approach came to the forefront of corrections (Schmalleger, 2007). With the current fiscal status of the government, many states are looking hard at where to save money (or where to spend money). One step many state governments are taking to decrease their correctional budget is to rely more on community corrections (Abadinsky, 2006).

Community corrections have normally been viewed as having three primary goals: public safety, offender accountability and behavior change (Abadinsky, 2006). Successful probation and parole officers rely on their working relationship with the offender to facilitate a change in their thinking and behaviors. The dilemma for community corrections professionals is how to preserve this "get tough" persona while at the same nurture a relationship that will increase the offender's readiness to change.

Around the 1990s, community-based domestic abuse programs became a common strategy for working with men who batter (Douglas, Bathrick, & Perry, 2008). Keeping men in their home community offered them the social support required for positive life changes while at the same time allowed them to financially and emotionally support their family. With this in mind, community probation and parole agents had the duel responsibly to keeping the victim (and community) safe from harm and prompt behavioral change in the offender. Having a batterer attend a community-based domestic abuse program can be one means for behavioral change. Getting the batterer to invest in these services is one concern for community professionals. Motivational interviewing is one of the tools community professionals can use to achieve this mission.

Community Domestic Abuse Interventions:

On September 17, 2009, 65,321 victims of domestic violence were served by domestic abuse programs across the United States (National Network to End Domestic Violence, 2009).

In Wisconsin, on this same date, approximately 1,900 victims of domestic violence received services from domestic abuse programs. In many states, including Wisconsin, the criminal justice system approach to deal with violence in the family is the mandated arrest of the aggressor (usually the male), then prosecute the abuser, refer the offender to a batterer intervention program, and track the offender's progress back into the community (Pennington-Zoeliner, 2009). As the criminal justice system response to domestic violence shifted from deflecting batterers away from prison, community corrections has become the primary vehicle for the supervision and treating batterers.

Community-based domestic abuse programs can play a major role criminal justice system. The mission of domestic abuse programs is to teach batterers a new way of thinking with the expected end result of a change in their behaviors. An old idiom goes something like this: You can lead a horse to water but you can't make him drink. You can give batterers the opportunity to participate in treatment, but you cannot force-feed learning. It takes a major internal force for a batterer to change his destructive way of interacting in the family system.

Early domestic abuse programs viewed batterer's behaviors as a lack of impulse control and poor anger management. In recent years, the criminal justice system saw batterers as excreting power and control over intimate partner through violence and other coercive tactics. This new view on domestic violence required community interventions take a different approach in the treatment of batterers.

A batterer's program should hold the batterer responsible for the violence and teaching abusers how to choose and develop non-violent behaviors, emotions, and attitudes. Community domestic abuse programs vary greatly depending on the style of the group leaders, the theory behind the program, funding, and other treatment variables. Some states, such as Wisconsin,

require the group leaders to meet certain academic standards to teach domestic abuse

interventions (Dane County Commission on Sensitive Crimes, 2008). Most batterer's programs

vary between six to thirty-two weeks long. One common type of a community-based domestic

abuse program is educational in nature or uses the social learning theory. This approach to

domestic violence focuses on anger management training, communication skills, modeling pro-

social behaviors, and relaxation or bio-feedback skills. Some domestic abuse programs take more

of a semi-psychotherapeutic approach to treatment. This approach focuses on trust building,

forgiveness, and becoming more emphatic. This intervention is based on the social bonding

theory in the framework of the restorative justice model. A third type of domestic abuse program

focuses on the pro-feminist power and control approach. This approach incorporates cognitive-

restructuring techniques that teaches males to interact with females in respectful ways and to take

responsibility for their behaviors (Evans, 2004).

The requirements for a batterer to "successfully" complete a batterer's program varies.

Some programs rely on attendance as a way to measure competition. Other programs administer

a pre- and post-test with their program while other programs measure success by the batterer's

ability to be violent-free during the program sessions. Evans (2004) expresses a legitimate

concern when talking about the successfully completion of a program:

> All in all, not much is required from batterers; if they show up, pay their way, and
>
> manage to stay violence-free (or at least appear to be violence-free) for a certain
>
> (typically short) period of time, they will 'graduate' from the program (p. 6).

The problem facing researchers is that there are no widespread standards to judge a

batterer's change in thinking or behaviors upon graduation of a domestic abuse program. Bill

Woodward (personal communication, March 26, 2010) expressed his concerns when researching

the effectiveness of domestic abuse programs. The Institute of Behavioral Science Research (University of Colorado, Boulder) is conducting a major research study with male batterers in the United States Navy. The research project is called the San Diego Navy Spouse Assault and Treatment Experiment (Woodard, 2010) and its mission is to test the effectiveness of clinical interventions for spouse assault. The study has one control group (the batterers meet as a group but with no therapeutic intervention) and two treatment groups based on a cognitive behavioral approach. The study evaluated the male batterer's (900 couples) progress in their assigned intervention with follow-up interviews over a two-year period (at six month intervals). The researches outcome is assessed by using the victim and batterer's report of continued violence along with an assortment of other measures associated with incidences of domestic violence. Woodward found no significant statically differences, as far of outcome measures, among the three research groups. The good news is that the batterers in all three groups had a reduction in family violence upon graduation. The determining factor for this reduction in family violence, according to Woodard, was that the batterers were part of a larger "family" or organization, in this case the Navy. Having a "family" aware that a person has a problem and in treatment was the deciding factor in the decrease in domestic violence. This examples shows the usefulness of research when examining community interventions.

The Lexington County Sheriff's Department, in cooperation with the National Institute of Justice (Brame, Kaukinen, Gover, & Lattimore, 2009) researched the effectiveness of their community-based domestic abuse program. They based the foundation of their program after Sherman and Berk research study of 1984. Sherman and Berk set out to research the best method to intervene in domestic violence events in a large metropolitan city in Minnesota. The authors wanted to test if and how punishment will affect a batterer's behavior. Making reference

to the rational choice/deterrence theory, the Sherman and Berk (1984) study suggested that punishments will deter batterers from repeating a crime, especially if the punishment was certain, swift, and severe. Sherman and Berk found that a swift sanction of temporary incarceration could deter batterers in family violence cases. The study found that when police did not arrest the aggressor in a domestic violence incident, the person re-offended twenty-one percent of the time within a six month period. If the aggressor was arrested, the person re-offended fourteen percent of the time during the six month period. Based on this study, many police department across the United States started to arrest the aggressor as part of their policy on domestic abuse cases.

The Lexington County Sheriff's Department research study had three research goals and objectives. They were interested to see if no-contact orders: (1) increased victim knowledge about no-contact orders; (2) reduced contact between offenders and victims; and (3) increased victim safety and promoted well-being (Brame et al., 2009). During the course of their research project, the Lexington County Sheriff Department found a number of factors that limited the effectiveness of no-contact orders:

1) The victim lack of knowledge regarding no-contact orders.

2) Law enforcement's lax attitude towards enforcing these orders.

3) Prosecutors who were reluctant to prosecute offenders who violate these orders.

4) Judges who are reluctant to issue bench warrants permitting police to enforce the order.

Lexington County Sheriff Department researched their program by using an experimental design which included a treatment group and a control group. To the disappointment of the Sheriff's department, the research found no significance difference between the treatment group and control group outcome goals.   No-contact orders had no direct effect on stopping offenders

from contacting their victims. One thing the study did find was a significant difference between the treatment and control group when the professional from the Sheriff Department victim service office contacted the offender (and the victim). This professional is called the Dedicated Officer (similar to victim advocates) and having direct contact increased the victim's empowerment (and motivation) in enforcing the no-contact order and the offender's motivation to compliance with the conditions of the no-contact court order.

Many of the current policy and practice related to domestic abuse programming emerged from the feminist movement in the 1970s and 1980s (Corvo et al., 2008). The focus of violence in the family shifted from society's position of protecting the patriarchy rights of the male to the female's perspective of victimization. The criminal justice system responded to this shift by maintaining an "one-size-fits-all" approach to treatment. Corvo and colleagues found that early research on domestic violence proved that this "one-size-fits-all" treatment approach was not very effective in decreasing family violence. From this the Duluth Model was created in the early 1980s to specifically address the gender-based power inequities in the family through cognitive restructuring training and educations.

There are seven quality domestic abuse programs in the city of Milwaukee (WCDV, 2010). One domestic abuse program in Milwaukee is the Sojourner Family Peace Center. Established in 1978, the Sojourner Family Peace Center provided an emergency domestic violence shelter (37-bed capacity), programs (counseling, food, legal advocacy, employment help) for women victims of domestic and programming (Beyond Abuse) to batterers. In the year 2008, the Sojourner program touched 34,028 individuals (Sojourner Family Peace Center, 2010).

The Sojourner Family Peace Center's Beyond Abuse program takes a pro-feminist

approach and is designed for male batterers. In the year 2008, Beyond Abuse served 337 men.

Beyond Abuse assumed the Duluth Model (Power and Control Wheel) of helping batterers

modify their behaviors through a cognitive-restructuring therapy approach. That is, the abuser

maintains control over their partner through acts of coercion and intimidation. The Beyond

Abuse program teaches batterers non-controlling and non-abusive alternatives to their behaviors.

The Beyond Abuse program consists of 23 weekly education and support group sessions. The

program helps abusers:

    1) understand power and control issues in their relationship,

    2) gain the ability to identify their abusive behaviors,

    3) understand the effects of partner abuse on the children,

    4) provide abusers the ability to express responsibility for their own behaviors,

    5) demonstrate new skills regarding alternatives to controlling behaviors, and

    6) reduce or eliminate physical violence (SFPC, 2010).

There has been research regarding the reliability and validity of the Duluth Model. On a

positive note, the Duluth Model is easy to measure because the program is a structured

curriculum and focuses on concepts such as non-violence and non-threatening behaviors, respect,

support, trust, honesty, accountability and fairness. One of the common criticisms of researchers

when examining the effectiveness of the Duluth Model is that some programs fail to adhere to

the curriculum (Woodward & Becgtel, 2008).

Another approach to domestic abuse treatment is the restorative justice model.

Restorative justice takes a different perceptive on crime in that they see it as a violation between

 offender and victim rather than an issue to be addressed by the state. The goal of restorative

justice is restore the victim to their pervious level of functioning while at the same time hold the

batterer accountable. Restorative justice encompasses a variety of approaches and programs based on a core set of restorative principles. To make lasting behavioral changes, the batterer needs to gain a social connection or bonding with his family, community, and society.

A non-profit agency in Washington County, Minnesota called the Washington County Community Circles, Inc (2010) developed a batterer's intervention program based on restorative justice principles called Sentencing Circles. Sentencing Circles are the result of a community partnership where individual cases are referred by probation or parole agents to a community Sentencing Circle. The Sentencing Circle will hold an "Application Circle" to determine whether it will accept the case. If the applicant is accepted, additional Circles are held to develop a restorative sentence which is eventually approved by the victim and community (Coates, Umbreit, & Vos, 2004). According to the Washington County Community Circles web site (2010) the Circle process focuses on positive changes in the batterer rather than punishment.

Each Sentencing Circle has a volunteer leader called a Circle Keeper. Some of the major responsibilities of the Circler Keeper is to create an atmosphere of respect and set a tone of hope and optimism for constructive solutions (WCCC, 2010). According to the Minnesota Restorative Services Coalition web site, most (54 %) batterers referred to Sentencing Circles were a diversion from court. On the average, the recidivism rate for restorative justice programs is fourteen percent. The Circle Keeper for the Washington County program is Kay Longtin. According to Longtin (personal communication, March 26, 2010), in the year 2008, 28 domestic abuse batterers successfully completed the Sentencing Circle program in Washington County and only 2 offenders re-offended. Longtin contributes their program's success rate to the holistic and restorative nature of treating their program's participants.

All three community-based domestic abuse programs have a therapist or leader whose

job is to supervise and instruct the participants in their selected program. Each program is based on sound theory and a proven track record in the criminal justice field. One of the common issues with each program is recruiting and maintaining batterers in treatment. Motivational interviewing is one tool community probation or probation agents can use to engage the batterers in treatment and improve treatment outcome (reduction in the recidivism rate).

Effectiveness of Intervention Programs:

As mentioned in this seminar paper, the cost of domestic violence in the family is high. Many batterers are court-ordered into treatment with the hope that a program with "cure" them of their aggressive tactics with their loved one. There are a number of high qualities domestic abuse programs that tackle batterers' behaviors. In order to maximize the effectiveness of these programs, batterers must remain in treatment. Day and colleagues (2009) found one reason for a domestic abuse program to be ineffective is a lack of motivation on the part of the participant. Research by Taft and colleagues (2001) found that the dropout rate for offenders attending domestic abuse program range from forty percent to sixty percent within the first three months of treatment. Also, Taft and colleagues found that batterers who drop out of domestic abuse pograms have higher violence recidivism rates than those who compete treatment.

There are a number of factors that contribute to an offender dropping out of treatment: missing sessions or not completing homework assignment accelerates the drop out rate for treatment-resistant batterers. Also, low motivational readiness to change and problems establishing a therapeutic alliance with the group leaders negatively affects attendance (Musser, Semiantin, Taft, & Murphy, 2008). To make things more complex, many batterers often deny or minimize the effects of their abuse and believe that their violence was either justified or caused by external forces.

Woodward (personal communication, March 26, 2010) found two faults with community-based domestic abuse programs that have a major impact on the effectiveness of their program; poor initial risk assessment and mixing low- and high-risk offenders in the same group. Many domestic abuse programs are accepting cliental who are not appropriate for treatment, thus challenging the group leaders' ability to maintain coerciveness among the group membership. Also, the mixing of offenders increases the probability of the low-risk offenders picking up unwanted traits from the high-risk offenders. Proper preparation based on sound empirical research is an important part of designing an intervention for batterers that will be effective in eliciting behavioral change.

Neighbors, Walker, Roffman, Mbilinyi and Eddeson (2008) conducted a research study on how to improve the effectiveness of domestic abuse programs. They formed five guiding principles that will improve the effectiveness of community-based interventions. They are:

1) a strengths-based emphasis on developing enhanced skills and relationship behaviors;

2) training and practice in problem-solving, negotiation, listening, and non-abusive expression of feeling;

3) avoiding eliciting shame or defensiveness in clients;

4) promoting a collaborative working alliance between client and therapist; and

5) emphasizing a client-directed change process that includes active involvement in goal and agenda setting (p. 128).

The spirit of motivational interviewing model complements these five principles nicely.

Introduction to Motivational Interviewing:

Motivational interviewing is a treatment approach first developed by Bill Miller to be used in the field of substance abuse (Miller & Rollnick, 2002). "Motivation to change" has

been defined by Miller and Rollnick as the likelihood that a person will enter into, continue, and hold fast to a specific behavioral change plan. Raising one's motivational level increases the person's readiness to change unwanted behaviors. As more research on the motivational interviewing model occurred, the model was found to be successful in treating people with medical and mental health illnesses such as anxiety disorders, chronic disease management, and health related illnesses (Arkowitz & Miller, 2007). Recently, there is growing interest by researchers to see if motivational interviewing can be used in the field of domestic violence (Miller & Rollnick, 2002). Before beginning this discussion, it is important to learn how motivational interviewing was conceived.

Motivational interviewing was born from the works of therapist Carl Rogers. Rogers founded a therapeutic approach called "client-centered therapy". In client-centered therapy, the therapist's emphasis was on understanding client's internal frame of references and concerns. A client–centered therapist allowed the person to define their issues and then help them address these issues. Rogers saw people as being inherently good. He viewed mental illness, criminality and social ills as a departure from this view of people (Boeree, 2006). Rogers blames society for people's perverse behavior. Rogers thought that by conveying empathy, warmth, and acceptance would move the person towards self-actualization.

According to Rogers (1946), there are several important principles that a counselor must comply with before entering into a client-centered therapy relationship:

- The counselor operates on the principle that the client is basically responsible for himself and allows the individual to keep that responsibility.
- The counselor operates on the principle that the client has a strong innate drive to become mature, socially adjusted, independent, and productive.

- The counselor creates a warm and permissive atmosphere in which the individual is free to bring out any attitude and feelings which he may have, no matter how unconventional, absurd, or contradictory these attitudes may be.

- The counselor uses only those procedures and techniques in the interview which convey his deep understanding of the emotionalized attitudes expressed and his acceptance of them. This understanding is perhaps best conveyed by a sensitive reflection and clarification of the client's attitudes. The counselor's acceptance involves neither approval nor disapproval.

- The counselor refrains from any expression or action which is contrary to the preceding principles. This means refraining from questioning, probing, blame, interpretation, advice, suggestion, persuasion, and reassurance.

During the client-centered therapy process, the client is free to express his deepest fears and hopes. Through the therapy process, the person will gain a clearer perception of themselves and choose their own goals to replace their maladjusted goals. The client will <u>choose</u> to behave in a different fashion in order to reach these goals. Reaching for one's life goals is what Rogers calls the actualizing tendency (Boeree, 2006). Actualizing tendency is defined as one's built-in motivation to develop its fullest potential. Rogers would say all living things have this actualizing tendency. All of the intrigues parts of a society create incongruities between one's representation of "real self" (what I am) and one's "ideal self" (what I should be). The therapist uses the person's innate actualizing tendency or self-motivation to bridge the gap between their real self and ideal self. When this happens, the person is ready to make positive behavioral changes.

In 1957, Rogers polished his client-centered model during his association with the

University of Wisconsin – Madison and practiced client-centered therapy at a major state mental

health institution called Mendota Mental Health Institute. It was during this time Bill Miller met

up with Rogers at the University of Wisconsin and was introduced to client-centered therapy.

With this education and training, Miller (Miller & Rose, 2009) went on a sabbatical leave to

Bergen, Norway. It was in Norway when Miller's colleagues saw the potential client-centered

therapy would have in the field of substance abuse treatment. Miller met with young

psychologists as a mentor in working with difficult patients to elicit behavioral change. It was

during these sessions Miller began to piece together the notion of motivational interviewing.

The beginning conceptual motivational interviewing model focused on responding differently to

the client within the context of an empathic person-center style. The objective was for the client

to verbalize motivation for change on their own.

  Miller found the old ways of treating clients with substance abuse problems

nonproductive when looking at the high rate of relapse. The confrontational style of addiction

counseling created more resistance from the client. Miller thought that motivational

interviewing would allow the client, rather than the therapist, to argue for change.

  Miller went on another sabbatical in Australia and met Stephen Rollnick who encouraged

him to publish his work on motivational interview. Miller and Rollnick went on to write books

and articles on the motivational interviewing model. With this increased public awareness,

research studies on using motivational interviewing in the target problem areas of cardiovascular

rehabilitation, diabetes management, dietary change, hypertension, illicit drug use, infection risk

reduction, management of mental health disorders, gambling and substance abuse disorders

Miller & Rose, 2009).

  While Miller was teaching at the New Mexico University, he struck up a friendship with

Monte Roberts. Miller saw the effectiveness of Monte Robert's work with wild horses. Robert's approach avoids punishment and relies on the interconnectedness between the horse and himself to elicit behavioral change. Miller established a contrast between the confrontational styles of behavioral change and motivational interviewing. Confrontational approach places a heavy focus on having the person acknowledge that they have a problem and accept a label or diagnosis. The therapist's job is to present evidence of the client's problems and offer solutions. In motivational interviewing, there is a de-emphasis on labeling one's problems and more on personal choice and responsibility. The therapist's job is to focus on eliciting the client's own concerns (Laura Saunders, personal communication, March 18, 2010).

Miller and Rollnick (2002) found that motivational interviewing is similar to client-centered therapy in that the therapist allows the client to figure out the issues to be addressed in treatment. The major difference between client-centered therapy and motivational interviewing is that with motivational interviewing, the therapist is more forceful in helping the client recognize the direction for change.

As stated above, the central theme of motivational interviewing is to enhance a person's motivation by resolving their ambivalence about change. There are many ways to describe a person's ambivalence or resistance to change. According to Miller and Rollnick (2002) some people get "stuck" when considering change. This "stuckness" or stubbornness represents the person's resistance to change. External pressures force a person to change but this creates a contradictory decrease in the person's desire to change. People who are "stuck" in treatment perceive external pressures as a threat to their personal freedom. As a result, people will rebel by doing the opposite of what is expected of them.

In motivational interviewing (as with client-centered therapy), the therapist provides the

conditions for growth and change by communicating a position of empathy and unconditional positive regard. The motivational interviewing therapist creates an atmosphere where the client rather than the therapist becomes the main advocate for change as well as the primary agent of change. The goals of motivational interviewing are (Musser et al., 2008):

- Increase the batterer's readiness to change his abusive behaviors.

- To facilitate additional help seeking behavior from the batter.

- To promote cooperative and constructive behavior with supervision.

- To enhance involvement in treatment in the community.

- Build collaborative working alliance between therapist and client.

- Aid in the batterer's compliance with his homework.

People vary in their readiness for change. Motivational interviewing views ambivalence about change as a normal human condition. To prepare a person for change, motivational interviewing incorporates four vital elements: motivational interviewing principles, OARS (explained later in this section), change talk, and motivational interviewing sprit (Rosengren, 2009).

There are four basic principles of motivational interviewing (Miller & Rollnick, 2002):

- Principle 1: Express Empathy. Empathy involves a nonjudgmental attitude in which the therapist tries to see the world from the client's perspective When this is done, the client's thoughts, feelings and actions make more sense to the therapist. The therapist may still view the participant's behavior as troublesome but at the same time not critical of the choices the participants make.

- Principle 2: Develop Discrepancy. Motivational interviewing points out the discrepancy between the participant's present behaviors and their values. Awareness of these discrepancies

can increase motivation for change. For example, a drug dependent person who values being a good parent will experience distress when he or she becomes aware of the discrepancy between their drug use and being a good parent.

- Principle 3: Roll with Resistance. Motivational interviewing views resistance to change as a normal part of the change process. One's ambivalence to change sheds light on the hopes, desires and fears. By having the therapist listen to the person's point of view and then respond compassionately aides in defusing resistance.

- Principle 4: Support Self-Efficacy. In motivational interviewing, the therapist supports the participant's self-efficacy. That is, the person believes that he or she has the ability to carry out the necessary actions for behavioral change.

As with client-centered therapy, motivational interviewing relies on open-ended questions, affirmations, reflecting listening and summarizing (acronym OARS). OARS, if used correctly, creates movement and direction for change. Asking open-ended questions is a great toll for gathering information. Open-ended questions avoid "yes" and "no" answers and allows the person to express their feels and hopes in life. Having a full session of open-ended questions could be annoying to both the therapist and client. Rosengren (2009) suggests that a ratio of one open-ended question to two standard follow-up questions adds to the motivational interviewing process. Affirmation builds the client's sense of empowerment and self-efficacy. The goal is to instill hope and the belief that the client can change an unwanted behavior. Reflecting listening is mirroring back to the client what was said. It shows the person that they were heard. Miller and Rollnick (2002) calls summarizing during the motivational interviewing process as the gathering of information, generate a coherent story, and present it back to the client with the goal of continuing to the next stage of the interview process.

The motivational interviewing therapist's goal is to start the client in the process of "change talk". Miller defines change talk as a person's language that favors a movement in the direction of change (Laura Saunders, personal communication March 18, 2010). There are four kinds of change talk: desire to change (words like want, like, wish), ability to change (can, could), reasons to change (if … then), and need to change (need, have to , got to.). When the offender makes the argument for a behavior change, the person becomes less ambivalent about change.

Miller and Rollnick (2002) spotlight the spirit of motivational interviewing because the importance it has as an agent of change. Spirit is the guiding philosophy that weaves the motivational interviewing principles, OARS and change talk into an intervention community professionals can use with treatment-resistant offender. Miller and Rollnick (2002) used the metaphor of a song to describe the spirit of motivational interviewing. Every song has lyrics. With motivational interviewing, the lyrics would be the OARS and change talk. The structure of the song, the refrain, would the principles of motivational interviewing . It is the melody of the song that creates music. Melody in motivational interviewing is the spirit. There are three components to the spirits of motivational interviewing: collaboration, evocations, and autonomy. Collaboration refers to the partnership between the therapist and the client. Collaboration recognize the fact that the client is the expert in the solving and changing unwanted behaviors. Evocation involves the therapist drawing out ideas and solutions from the client. Autonomy means that the decision to change is left up to the person.

Taft and colleagues (2001) adopted motivational interviewing as a way to see if this intervention could retain batterers in treatment. They found that motivational interviewing increased session attendance and participants had lower drop out rates (especially among the

ethnic minority clients) than the control group. McMurran (2009) surveyed thirteen research

studies which used motivational interviewing as an agent for behavioral change. The participants

of these thirteen studies had substance abuse issues, charged with drunk-drivers, general

offenders, and domestic violence offenders who were in organized treatment groups. McMurran

found that motivational interviewing increased the participant's (regardless of their disorder)

retention and engagement in treatment. Hodgins, Currie, Currie and Fick (2009) found

motivational interviewing to be effective with gamblers who are involved in a cognitive-

behavioral therapy program. Moyers, Martin, Houck, Christopher and Tonigan (2009) found that

the "change talk" that took place between the therapist and alcohol offenders had improved

treatment outcome. Kistenmacher and Weiss (2008) found that motivational interviewing helped

batterers move through the Transtheoretical stages of changes easier and quicker than the

control group. Corcoran (2002) found the Transtheortical stages of change model and

motivational interviewing effective in treating non-offending mothers of children who were

sexually abused an adult male.

Lundahl, Kunz, Brownell, Tollefson, and Burke (2010) researched the effectiveness of

motivational interviewing interventions by an extensive literature review on this topic.

Lundahl and colleagues reviewed 119 research studies when motivational interviewing was used

with problematic behavior such as substance use (tobacco, alcohol, drugs, marijuana), health

related behaviors (diet, exercise, safe sex), gambling, and engagement in treatment. The

independent variable was motivational interviewing and the dependent variables were the

client's observable behavior. The authors found that when motivational interviewing was used,

there was "statistically significant" improvement in the client's targeted behavior. Lundahl and

colleagues addressed this question in their article: "Is motivational interviewing only indicated

for substance use problems?" (p.152). The answer was "no", motivational interviewing can be a successful intervention with a number of society's problems. Motivational interviewing increases the client engagement in treatment and their intent to make positive changes (according to Miller and Rollinick (2002) two vital variables associated with one's motivation for change). With this being said, Lundahl and colleagues (2010) made reference to the "Dodo bird verdict". There is no one intervention or theory that is unmistakably superior in the psychology field of behavioral change. It could be that Rogers (1946) is right by suggesting that a therapist who is warm, respectful and friendly is the most important element in a treatment intervention. The reader is encouraged to read the Lundahl et al. article for an intriguing study of motivational interviewing and its asset to the human service field.

Mason (2009) did extensive research on the effectiveness of motivational interviewing across a number of medical, mental, and behavioral problems. Mason found motivational interviewing to be effective for some people with a particular setback. Mason challenged researcher to find out when motivational interviewing may not be appropriate or not the best fit for therapeutic approach at a particular of treatment. Laura Saunders, social worker with the State of Wisconsin Department of Juvenile Corrections suggests not to use motivational interviewing during times of violence and aggression, the client is expressing suicidal ideation or has a plan to commit suicide, has homicidal ideation or a plan to harm someone, or suffering from a severe medical or mental condition (personal communication, March 19, 2010). Ken Winters, Ph.D. (2010) from the Psychiatry Department at the University of Minnesota states that motivational interviewing may not be appropriate for some severe-end cases (e.g., dependence) or if the client is in the denial stage of change. Also, motivational interviewing may not be suitable for some counselors' clinical orientation.

Conclusion:

The community approach to domestic violence began with the mandated arrest and prosecution of the batterer. Based on the research studies like Sherman and Berks, this was a logical stand to take. A major emphasis of the criminal justice system was to criminalize the behavior of the batterer. The burden of providing domestic abuse treatment shifted from institutional care to community-based programs that used restraining or no-contact orders to keep male offenders from their victims, cognitive-restructuring approach, and restorative justice model. There is no one "stand-alone" approach when addressing domestic violence, it takes a collection of interventions.

Motivational interviewing is a great tool that probation and parole agents can carry in their "tool box" of interventions when eliciting behavioral change in difficult offenders. In the field of domestic violence, motivational interviewing may be preferred over a more confrontational style of treatment delivery. A fair question to ask is how motivational interviewing differs from the traditional approach of correctional professions (Laura Saunders personal communication, March 19, 2010).

Traditional Model	Motivational Interviewing Model
Invoke information	Evoke concerns
Logical persuasion	Collaborate with planning
Tells the offender what to do	Support positive talk
Tells the offender why to do it	Gently pull with open-ended questions and reflection

The end goal is for the batterer to change their harmful way of interacting with the people and become law-abiding citizens. Motivational interviewing can take the "authority conflict" bug out of the criminal justice/offender relationship while at the same time hold the offender accountable for their behaviors.

SECTION III: THEORY

Introduction:

Theory assist criminal justice professionals explain deviant behaviors and aide in the development of treatment interventions. Theory consists of a set of assumptions or concepts regarding events, situations, individuals, and groups; and propositions that describe the interrelationship among the various assumptions and concepts (Abadinsky, 2006). This section will begin by discussing one theory called reality therapy which is similar to the motivational interviewing model. Next, two theories closely tied to the motivational interviewing model, self-determination and stages of change, will be discussed. This section will spend some time discussing theories associated with each of the community-based domestic abuse programs mentioned in this seminar paper. The section will end by giving the reader an understanding of how theories can be applied to domestic abuse interventions.

Many correctional clients avoid treatment because of their difficulties with relationships. For many offenders, it is safer to reject someone's help than to risk accepting that help only to be disappointed. Batterers create physical and emotional distances in their intimate relationships which often carry over to treatment professionals who are trying to help them. Ironically, a warn and empathetic therapist, as suggested by Rogers (1946), is often met with resistance from the offender. Abadinsky (2006) labels this resistance as the "authority conflict". Community correctional staff often present this tough persona in order not to appear "soft" when working with offenders. The correctional way of thinking is that offenders must be punished for their unlawful behaviors and that criminals can not be reformed. What Abadinsky is suggesting is that this authority conflict in professional relationships often creates resistance to behavioral changes from the offender. Many offenders, due to their own life experiences of discrimination

or society's roadblocks, have found resistance as a coping defense to change. Offenders are often better at fighting back or resisting authority figures than criminal justice professionals are at making offenders conform to supervision. But for the offender, this resistance clash is a losing effort and they end up retuning to institutional care.

Motivational Interviewing - Self-Determination Theory & Transtheoretical Model:

Motivational interviewing is closely tied to two overlapping theoretical doctrines; the self-determination theory and the Prochaska and DiClement's (1982) transtheoretical change model. The self-determination theory states that a person has three psychological basic needs that must be met before positive behavioral changes can occur: need for competence, autonomy, and relatedness (Miller & Rose, 2009). Regarding competence, people look for challenges in their environment that will increase their skill development and aid in personal growth. The assumption is that people who do not feel competent or have little opportunities to be successful will likely show low self-efficacy or feel hopeless about their ability to change. Regarding autonomy, people feel better when they are able to make their own choices and decisions in their life. Autonomy is an important issue for batterers because many are court-ordered into treatment as part of their sentence. Regarding the need for relatedness, people are naturally drawn into close social relationships that tend to be caring, supportive and respectful. Also, being in a caring and close relationships allows the person to express their fears and concerns in a safe environment. It is the quality of a person's interactions with their environment and others that influence the extent to which he or she is able to progress towards greater self-determination (Neighbors et al., 2008).

The Transtheoretical model assumes that a person's approach to change will vary depending on their level of readiness for change. Transtheoretical model for change has five

stages: precontemplation, contemplation, preparation, action, maintenance. A person travels through each stage as they successfully change a problematic behavior. There is fluctuating progression through these stages. A person in the action stage, for example, may regress to contemplation stage and then regress to precontemplation or move back to action stage.

Stage 1 – Precontemplation

A person in the precontemplation stage usually has no intention of changing their behavior and will often deny there is a problem with their behavior. It is the other people in their environment that is the cause of their behaviors. If other people would behave in a certain way, the person's problems will go away.

Stage 2 – Contemplation

A person at this stage will acknowledge that they have a problem but may not be prepared to change it. They often evaluate the pros and cons of changing a behavior and make a rational check list of both. Still, the person has not made a full commitment to change their behavior but at least they are open for change to occur.

Stage 3 – Preparation

A person at this stage has made a decision to change their behavior. It is the beginning stage of behavioral change where the person develops a plan for the desired behavioral change.

Stage 4 – Action

A person at this stage is prepared to carry out their plan for behavioral change. They have made a commitment in terms of time and energy to change.

Stage 5 – Maintenance

A person at this stage will take steps to maintain the progress they have made from the action stage. The maintenance stage also includes a plan for relapse of previous old behaviors.

Having a relapse plan will allow the person to regain his previous level of functioning (Atkinson & Amesu, 2007).

Correctional-Based Theory – Reality Therapy:

The criminal justice field has approached this problematic authority conflict between the offender and professional through an intervention called reality therapy. Reality therapy is a mode of rehabilitation developed by William Glasser (Abadinsky, 2006) Reality therapy is based upon the premise that humans are born with two built-in psychological needs; the need to belong and be loved and the need for gaining self-worth and recognition. Realty therapy attempts to educate people to a better way of fulfilling these needs and to take responsibility for their behaviors. The aim of reality therapy is to provide conditions that will help the offender develop the ego-strength to evaluate their current behaviors and make changes accordingly. As with motivational interviewing (and most interventions) the desired outcome of reality therapy is a change in the offender's behavior.

Reality therapy states that a person chooses their behavior and thus, is responsible for what they do, think, and feel (Kinker, 2003). The process of learning new pro-social behaviors starts with a warm and accepting counseling environment. Reality therapy focuses on current behaviors and thoughts rather than, as in a Freudian approach, insight or the unconscious motives. Glasser (Corey, 1991) states that offenders with serious behavior problems lack the proper connection with someone and lacking this connection, they are unable to satisfy their needs. Therefore, to help a person, the professional must allow the offender to gain involvement, first with the professional and then with others. This type of relationship is necessary if the professional is to have an impact on the offender's behavior. The professional, although accepting of the offender, steadfastly rejects their criminal behaviors.

Reality therapy has three basic components (McWhirter et al., 2004). The participants in this therapeutic relationship, the therapist and the client, must be involved in the process. There needs to be a commitment from both participants to work towards a common goal. Secondly, the criminal behavior(s) being addressed must be rejected by the therapist and the individual. There needs to be an agreement that a certain behavior is wrong before change can occur. Third, the therapist will help the client relearn new behaviors that are pro-social and get what he wants without negative consequences. On an elementary level, reality therapy consists of four inquiring questions (Passaro, Moon, Wiest, & Wong, 2004): 1) What do you want? 2) What are you doing? 3) Is what you are doing getting you what you want? And 4) Do you want to figure out a better way? (p. 507). To paraphrase Abadinsky (2006), a person is either the beneficiary of their own good choices or the victim of their own bad choices. The professional must know about the offender's realty, the way he lives, his environment, and his aspirations. Reality therapy is based on this belief that everyone, if given the right tools and nurturing, can make better choices their life.

Motivational interviewing is not cognitive-behavioral therapy or Rogerian therapy but more a balance between the two. Motivational interviewing is an extension of the reality therapy. Both concepts are client-centered and values productive communication between the professional and client. Motivational interviewing is designed to help a client their resolve ambivalence about change and increase their motivation to change. When resistance from the client occurs during the motivational interviewing process, it is a sign for the therapist to listen to the client rather than confront him (Miller & Rose, 2009). The key element of reality therapy and motivational interviewing is listening to the client and allowing them to do most of the work in the change process.

Correctional-Based Theory – Rational Choice:

The rational choice theory is based on the concept that a person will weigh the anticipated costs and benefits of committing a crime (Keel, 2005). The theory stresses that people make a calculated decision to commit a crime or act of violence (Paternoister & Bachman, 2001). A batterer can choose to commit an act of violence but they also can decide to abstain from violence. This decision-making process is affected by the person's age, marital status, social group connections, social class, opportunities for legitimate careers, one's attitude towards work, willingness to use violence, preferred lifestyle and one's values (Conklin, 2007). Also, the cost-benefit assessment is affected by one's impulsivity, risk-taking, drugs or alcohol, mental disease and intelligence (Cornish & Clarke, 1986). For example, the reward (benefit) for abusing a spouse would be dominance and the risk (cost) may be a loss of freedom if arrested and incarcerated.

Motivational interviewing fits very nicely with the rational choice theory. In motivational interviewing, the offender is allowed (or encouraged) to develop his own "pros and cons" list for compliance. It is the therapeutic relationship and the trust gained between the professional and offender that promotes behavioral change. The desire for change comes within the offenders versus the external pressure of the criminal justice system.

Using the principles of the rational choice theory, the Lexington County Sheriff Department in conjunction with the Lexington County Criminal Domestic Violence Court ordered "no-contact" instructions for offenders found guilty of a domestic violence incident. Each offender (and victims) in the study was assigned a "law enforcement victim advocate" who put into practice the intent of the no-contact order. The offenders in this program were given a list of specific "dos and don't" regarding contact with their victim and the requirements of supervision. The expectation was offenders would refrain from further acts of violence towards

his victim. Unfortunately, the rational choice theory can only be effective when the offender's cost-benefit analysis is balanced in favor of pro-social choices. In the Lexington County Sheriff Department's study, they found a number of problems such as a laidback attitude regarding enforcement of no-contact orders and the courts unwillingness to prosecute violators.

Correctional-Based Theory –Feminists Perspective:

There are a variety of theories on domestic violence but the feminist perspective is one theory that centers on the victim or female point of view. Taking a feminist perspective (Adler, 1975) it is our society's socialization process of gender roles that creates inequalities between the sexes. Societies assigned gender role gives the male more power and control over the female. This inequality can create the breeding ground for violence in a relationship. The division of domestic labor in families places the male in the dominate role and the female in a caregiver's position, thus, burdening her with female duties. Male violence is seen as a way for him to maintain his dominate position in the family (Karmen, 2004).

Along this same train of thought, Grana (2002) commented on the concept of "quadraplexation". Society characterizes and then determines a women's role based on the shared beliefs and attitudes of the time. Grana states that a woman's worth in our society is considered within "the cultural context of human being" (p. 1) or the social realities who we are, how we got here, and why we do what we do and where we might be going. Men, on the other hand, are given more power and have access to more opportunities. The concept quadraplexation is explained by four variables: socialization, production, reproduction, and sexuality. Socialization is when children are taught to play the role of mother. Women are valued (or devalued) on how well they perform is role of mother. Production defines the women's position in the field of employment and access to economic resources. Reproduction is

the woman's "occupation" of carrying, delivering and nursing children. Sexuality is when society encourages women to make themselves sexually attractive to men. Quadraplexation then, Granan would say, examines the problematic interplay of the above variable which leads to the repression of women.

The core of the feminist perspective to domestic abuse intervention is education to increase the batterer's knowledge of gender oppression. The focus is on changing attitude and beliefs that support male dominance and privilege that justify abusive behaviors. Social learning approach suggests that aggression and controlling behaviors are learned or that they have behavioral skills deficits. The Sojourner Family Peace Center's Beyond Abuse program is centered on cognitive restructuring, training in behavioral skills, and strengthening the offender's emotional regulation capacity (Neighbors et al., 2008). The Beyond Abuse program teaches offenders to think and consider the consequences of their behaviors before acting on . their thoughts and feelings at the time. Generally, the sessions include role-playing, behavioral rehearsal and reasoning exercise. A group leader or coach leads the group in problem solving, anger management, negotiation skills, value enhancement, critical reasoning, creative thinking, planning, and decision making. The focus is placed on enabling offenders to think in terms of options and alternatives to gain greater control over their lives.

Often, according to Woodward and Becgtel (2008), group leaders using the Duluth Model approach as in the Beyond Abuse program become too zealous in the delivery of training. Many group leaders are too confrontive which reinforces the batterer's own issue with power and control in relationships. Motivational interviewing compensates for this confrontive approach by the use of OARS or open-ended questions, affirmations, reflecting listening and summarizing. Good communication skills as reflected by the use of OARS teaches offenders

better ways to relate to others. Better communication allows the freedom to articulate ones

thoughts and feelings, thus permitting a better expression of power and control in a family

setting.

Correctional-Based Theory – Restorative Justice Model:

The restorative justice movement was started in the United States in the early 1970s. The

principles of restorative justice highlight restitution and rehabilitation over the current criminal

justice punishment attitude. The restorative justice vision is that crime affects numerous people

or groups of people – the victim, offender, and the community. The restorative justice model is

based on moral principles of accepting reasonability, expressing remorse, allowing atonement,

making amends, acts of forgiveness and (but not a requirement) reconciliation (Zehr, 2002).

The Washington County Community Circles' Sentencing Circle program offers

professionals in the criminal justice field a new way to work with batterers. Sentencing Circles

is a process that starts with a judge referring an offender who has already pleaded guilty to a low-

level, non-violent crime. Also, the offender needs to show a willingness to reform their

behaviors and work to making positive changes in their lives (Pranis, Stuart, & Wedge, 2003).

The Sentencing Circle includes the victim (if they are willing), the offender, their respective

support network, community service providers, and members of the public. Each Sentencing

Circle has a "Circle Keeper" who monitors the dialogue process (Tubman, 2010). Each member

of the Circle is given an opportunity to talk and contribute to their ideals. The group comes to a

consensus on the batterer's rehabilitative plan which then is accepted by the court as the

offender's sentence. If the offender fails to meet the requirement of their Sentencing Circle plan,

they can be referred back to the court for a more transitional sentence.

The restorative justice model fits nicely into motivational interviewing model because it

allows the women to tell their stories in a safe environment. Due to the function of the Circle, the victim feels empowered by her supporters and the community. The women are able to gain control of life while at the same time hold the batterer accountable for his actions. The Sentencing Circle process also gives the batterer an avenue where he can gain acceptance back into the community. This is done through the process of motivational interviewing "change talk" and developing a plan to live a pro-social life.

Conclusion:

The rational choice theories can be applied to domestic abuse interventions by challenging batterer's decision making process. As with the Lexington County Sheriff's Department's no-contact or restraining orders program, the batterer's decision making process or cost-benefit assessment will be influenced towards compliance because the consequence for a violation will be (deterrence theory) swift, severe and certain. The feminist's perspective can be applied to domestic abuse interventions because it challenges batterer's thoughts and beliefs about females. It does this through cognitive-restructuring techniques and challenging the batterer's deviant behaviors. As with the Sojourner Family Peace Center's Beyond Abuse program, it reframes the batterer's thinking patterns and teaches them non-violent behaviors when dealing with demands of their relationship. The restorative justice model can be applied to domestic abuse interventions by calling attention to the way violence in the family hurts relationships. Restorative justice gives the batterer the message that he has harmed someone and should be held accountable to make amends. The motivational interviewing model aides in the delivery of domestic abuse programming and impacts the success rate of each.

SECTION IV: MOTIVAITONAL INTERVIEWING

Introduction:

The movie "How to Train Your Dragon" gives a visual account of the motivational interviewing process. In the world of Hollywood, the Vikings have been raised for seven generations with the belief that killing dragons was their mission in life; "It's what we do". Both the Vikings and dragons became experts in this battle for control. The Viking's leader "Stoick" had a son, Hiccup, who was training to become a full-fledge Viking. One night, during a typical Viking/dragon encounter, by luck Hiccup was able to capture a "Night Fury" dragon named "Toothless". During their interactions together, Hiccup embraced the spirit of motivational interviewing and discovered that dragons can be quite lovable and sweet-tempered creators. Hiccup was able to convince his fellow Vikings of this and started a new generation of peaceful coexistence between the Vikings and dragons. The moral of the movie line is that people in conflicting relationships end up spending all of their energy battling for control. The friction caused by this battle can create resistance or as Abadinsky (2006) labels it, the "authority conflict". This section will begin by discussing barriers to poor communication, as presented in Thomas Gordon's 12 Roadblocks to Effective Communication model. Next, a discussion on how the motivational interviewing approach of resisting the right reflex, understanding your client's motivation, listening to your client, and empowering your client (RULE) can strengthen communication. The section will spend some time reviewing a motivational interviewing logic model. The section will end by giving the reader practical examples of motivational interviewing statements.

Motivational interviewing is not an intervention that professionals can use to trick an offender into a behavioral change (Taft et al., 2004). Also, motivational interviewing is not a

"one size fits all" intervention because there are times the therapist needs a more assertive approach when working with a client (Rollnick et al., 2007). Motivational interviewing is one of many tools probation or parole agents can use when working with male batterers to produce a positive change in behavior.

Miller (Miller & Rollnick, 2002), in his motivating interviewing model, utilizes Thomas Gordon's (1970) 12 Roadblocks to Effective Communication to put in plain words how "authority conflicts" can develop in a professional/offender relationship. Thomas's Gordon's 12 Roadblocks to Effective Communication is also presented in Rosenbgren's (2009) book, *Building motivational interviewing skills: A practitioner workbook* (p. 32). Thomas Gordon's 12 Roadblocks to Effective Communication are:

1. *Ordering, directing, or commanding* - An authoritative directive is given.

2. *Warning or threatening* – An implied authoritative directive that if not followed, the person can expect a bad outcome.

3. *Giving advice, making suggestions, providing solutions* – The professional takes the position of being an expert and recommends the course of treatment.

4. *Persuading with logic, arguing, lecturing* – The professional believes that the offender does not have the reasoning or problem solving ability and thus, in need of their help.

5. *Moralizing, preaching, telling clients their duty* – The offender receives the message that they need instruction in proper morals.

6. *Judging, criticizing, disagreeing, blaming* – The message the offender receives is that something is wrong with them.

7. *Agreeing, approving, praising* – The process of agreeing or praising the offender

stops the communication and implies an uneven relationship between the two.

8. *Shaming, ridiculing, name calling* – The disapproval by the speaker may be overt or covert and usually directed at correcting a problematic behavior.

9. *Interpreting, analyzing* – The professional actively seeks out the client's real problem or hidden meanings and gives the person their own interpretation.

10. *Reassuring, sympathizing, consoling* – Although the intent is to make the offender feel better, it interrupts the spontaneous flow of communication.

11. *Questions, probing* – The hidden agenda with asking a lot of probing questions is that if enough questions are asked, a solution will be found. Too many probing questions can interfere with the spontaneous flow of communication.

12. *Withdrawing, distracting, humoring, changing the subject* – These type of communication styles may imply that what the client is saying is not important or should not be pursued.

Some communication roadblocks listed can be useful, given the right time or circumstance. For example, praising a person for an achievement is important in relationship building. Other roadblocks create more resistance from the client, such as shaming or commanding, thus crushing any hope for a collaborative relationship.

In a traditional interviewing (infected with roadblocks):

- The professional places a heavy emphasis on the offender having a problem which needs to fixed. The professional's job is to present evidence of the problem. Any resistance from the offender is viewed as "denial" which needs to be confronted. The offender's personal choice is limited in order to gain control (Winters, 2010).

In a motivational interview (infused with Miller's "RULE" principles):

- The professional places a heavy emphasis on the offender's personal choice while

  at the same time holding him responsible for his behaviors. The professional focuses on

  eliciting the offender's own concerns about change. Any resisitance from the offender is

  countered with reflection. The offender's involvement and cooperation is seen as vital to

  the change process (Winters, 2010).

    Rosenbgren (2009) offers a way out of Gordon's roadblocks to communication based on

the principles of motivational interviewing. Following the RULE's (acronym) guideline to

effective communication, the professional and offender can engage in building a beneficial

relationship and thus nurturing motivation for change. RULE is:

- R-Resist the righting reflex.
- U-Understanding your client's motivation.
- L-Listen to your client.
- E-Empower your client.

Laura Sanders, (personal communication March 19, 2010) in a presentation on the motivational

interviewing approach, gives a visual description of the RULE process:

    It's like we (professional and offender) are both climbing up our mountain.

    You are trying to reach the top of yours, and I mine. It turns out that from

    my mountain I may have a different perspective from yours, so I can help

    you see things that may not be very clear to you from where you are at.

    But in the end, you will make the right choice; after all, it's your mountain.

    The goal of RULE is to help create an environment where the offender can learn (and feel

free) to make better choices in life.

"R" or the Righting Reflex

    The righting reflex is when the professional looks at an offender as an empty glass and it

is the professional's job it fill it up. The professional has the education, experience and has the assigned authority to decide what is best for the offender. More of "I want to tell you want to do" mentality versus "How can I help" with you change a behavior. What happens with a righting reflex is the professional argues of one side of a position and the offender takes a defensive stand or position. Laura Saunders (personal communication March 19, 2010) refers to this predicament as the reactance theory. The reactance theory is when a person adopts or strengthens a point of view that is different to what is suggested, just to be oppositional. The end result of the righting reflects is an increase in resistance from the offender (Rosenbgren, 2009).

U-Understanding your Client's Motivation

Professionals using the motivational interviewing approach state that motivation to change comes from within the person, not forced on them. When people think of motivation, they often think of an episode from the "Biggest Losers" reality show where you have a coach screaming at a contestant. Referring to Gordon's Roadblocks to effective commutation, screaming at an offender would only create resistance. The professional using the motivational interviewing approach elicits from the offender his goals, beliefs, and aspirations and helps the person see discrepancies between his current behaviors and his goals. The hope is that motivational interviewing will give the offender the courage to state why and how change should occur (Rosenbgren, 2009). This is where motivating is nurtured, from within the person.

"L" or Listen to your Client

Listening to the offender involves three basic concepts; respect for the person, nurturing autonomy and eliciting information. Respect is when the therapist asks permission before raising a concern, offering advice, or providing information. Autonomy is the respect for the other person's freedom of choice, point of view, and their ability to make decisions. Eliciting

information encourages the other person to do most of the talking (Rosenbgren, 2009).   It takes

practice (and patience) to listening but the reward comes when the offender is doing the majority

of the work in the change process (Laura Sanders, personal communication March 19, 2010).

E-Empower your Client

 There is a better chance the offender will engage in the change process when they are

invested in treatment. Miller and Rollnick (2002) calls this engagement in treatment "self-

efficacy". Self-efficacy is the person's conviction about their ability to achieve a desired result

(Rosenbgren, 2009). Many times, offenders have a long history of failures in their life and thus,

guarded about any new challenges presented to them. Motivational interviewing instills hope so

the offender has the courage to take on new goals (Laura Sanders, personal communication
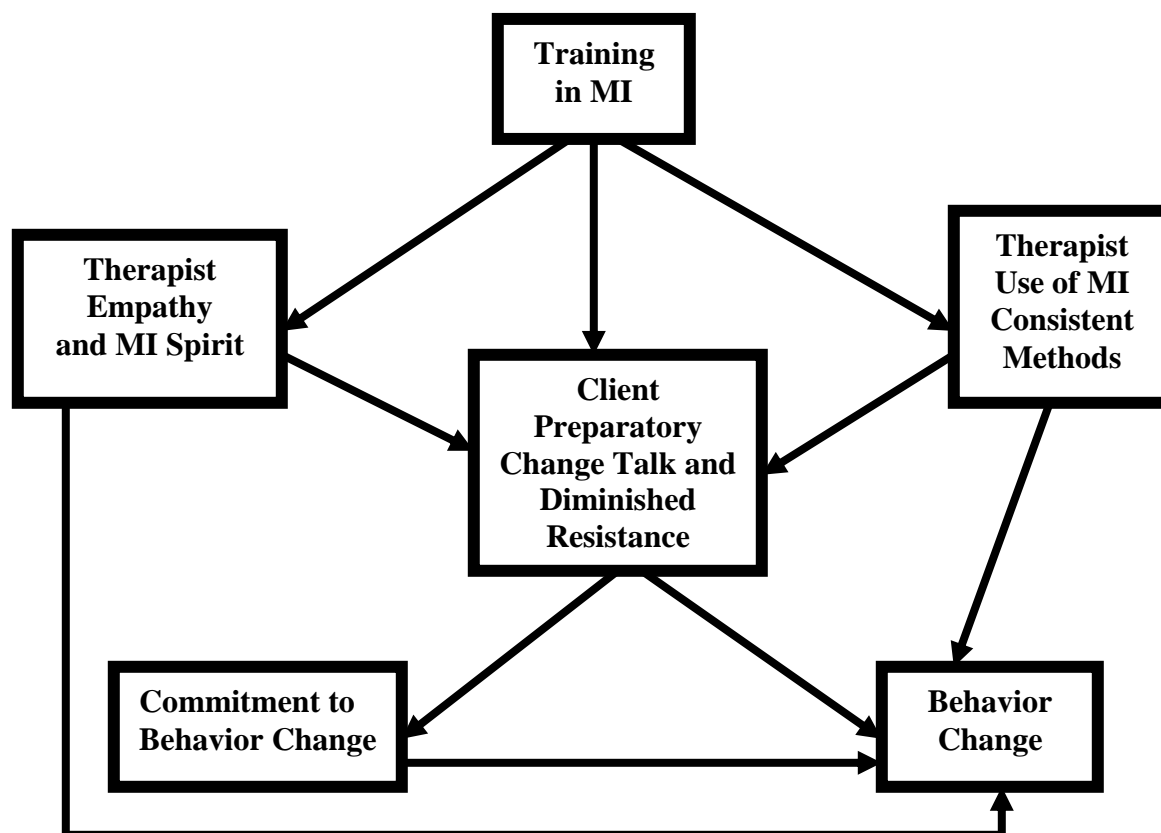
March 19, 2010).

 The RULE or principles of motivational interviewing is just one part of the motivational

interviewing approach. Rosenbgren (2009) presents the other three parts of motivational

interviewing: OARS (opened-ended questions, affirmations, reflective listening, and summaries),

spirit of motivational interviewing (collaboration, evocation, and autonomy), and change talk

(language that suggest change). Using motivational interview does not imply that we believe or

agree with everything the offender says or does. The goal is to present information or a different

(better) perspective and let the offender decide how they might use them.   Markland, Ryan, &

Rollnick (2005) summarizes the mission of motivation interviewing best as:

> A key assumption underlying motivation interviewing, then, is that it is not the
>
> counselor's function to directly persuade or coerce the client to change. Rather it is the
>
> client's responsibly to decide for themselves whether or not to change and how best to go
>
> about it. The counselor's role in the process is to help the client locate and clarify their

motivation for change, providing information and support and offering alternative

perspectives on the problem behavior and potential ways of changing (p. 813).

Implementing Motivational Interviewing:

A visual conceptualization of the motivational interviewing process may assist the reader

in understanding the theoretical framework of this model (Miller & Rose, 2009). It is important

for the reader to appreciate how the concepts of motivation interviews fit together as one

intervention and how motivational interviewing is being implemented if one is to measure its

effectiveness (Rossi et al., 2004).

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                    ┌──────────────┐
                    │   Training   │
                    │    in MI     │
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┌──────────────┐                          ┌──────────────┐
│  Therapist   │                          │  Therapist   │
│   Empathy    │      ┌──────────────┐    │   Use of MI  │
│ and MI Spirit│      │    Client    │    │  Consistent  │
└──────────────┘      │ Preparatory  │    │   Methods    │
                      │Change Talk and│   └──────────────┘
                      │  Diminished  │
                      │  Resistance  │
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┌──────────────┐                          ┌──────────────┐
│Commitment to │                          │   Behavior   │
│Behavior Change│                         │    Change    │
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Training in MI:

To become efficient in the motivational interviewing approach, probation and parole

agents should be trained in the motivational interviewing process and receive feedback from

their colleagues on the delivery of this intervention (Laura Sanders, personal communication March 18, 2010). Miller and Rollnick (2002) found that after two days training on motivational interviewing, the professional was able to elicit change talk in an offender. To remain proficient with the motivational interviewing skills, the person will need additional practice and training (Rosengren, 2009; Miller & Rose, 2009). Ginsburg, Mann, Rotgers and Weeks (2002) point out that it is the probation and parole agent's "ethical" (p. 345) reasonability to be trained in motivational intervening before practicing it with an offender.

Therapist Empathy and Motivational Interviewing Spirit:

Rogers (1946) thought certain therapeutic conditions could in themselves promote positive behavioral change in clients. The phrase Rogers used is "accurate empathy". An emphatic therapist is an important ingredient when building a strong working alliance with a client. Attributes and techniques that strengthen this working alliance are a therapist's affirmation, understanding, and a sense of confidence that change is possible (Markland et la., 2005).   A therapist's interpersonal skills are an essential precursor for client collaboration (change talk) during the change process (Moyers, Miller, & Hendrickson, 2004).
.

The spirit of motivational interviewing is a crucial component of the change process. Spirit is based on collaboration with the client rather than an authoritarian approach. The goal is to persuade the offender's own seed of self-motivation rather than trying to implant it in the person, thus honoring the client's autonomy (Rosenbgren (2009).   The therapist's skill in conveying empathy and honoring the spirit of motivational interviewing can cut down on the resistance from the offender in making behavioral change (Miller and Rollnick, 2002).

Therapist Use of MI Consistent Methods:

Many batterers who are court-mandated for treatment have anti-social and/or personality

disorders leading to trouble forming working alliances. A therapist who is able to consistently apply the spirit and principles of motivational interviewing create a positive working alliance with their client (Taft et al., 2004). Miller and Rollnick (2002) state that consistency in a therapeutic relationship leads to predictability. The offender is able to foresee future consequences based on the lessons learned in the therapist/client relationship. Often, the ability to predict future consequences is a sufficient force for behavioral change (Markland et al., 2005).

Client Preparatory Change Talk and Diminished Resistance:

Addressing client's ambivalence is a vital function in motivational interviewing. Markland et al. (2005) labels this concept "conflicting motivation". On one hand an offender may have many good reasons to change a problematic behavior but on the other hand, they can see the payback of staying the same. This conflict can result in the offender being "stuck" where he cannot change, even if he obtained the tools to do so. At this point, the offender may decide to keep an old behavior (or even relapse) because it is an easier route for him, a path of less resistance. The offender may even make an argument against the need for change, resulting in resistance. Motivational interviewing allows the offender to openly express his ambivalence about change with the hope of triggering change talk for behavioral changes.

Moyers et al. (2009) labels two distinct types of change talk: preparatory and commitment language. Preparatory language is when the offender focuses on his desire, ability, reason or defend (DARN acronym) to change ("I can never be the kind of mother I want to be while I am smoking crack"). Commitment language is an offender's direct statement of intent to change ("I'm going to quit"). The following examples of DARN statements are taken from Laura Sanders (personal communication March 19, 2010) presentation on the motivational interviewing approach.

When the offender desires to change, they make "want" or "wish" statements:

"I wish I could remember to test my blood sugars everyday"

"I want to quit using coke"

"I like the idea of eating better"

When the offender believes that they have the ability to change, they make "can" statements:

"I think I can take less medication for my pain"

"I could probably go to Weight Watchers"

"I might be able to use only on the weekends"

"I can imagine quitting smoking"

When the offender believes that they have good reasons to change, they make statements such as:

"I'm sure I would feel better in the morning if I didn't drink so much"

"I want to be alive to see my grandchildren get married"

"Eating more fruits and veggies would help me lose weight"

When the offender feel that they need to change, they will make have to, got to, should, ought to and must statements:

"I must stop using heroin"

"I've really got to get my act tighter"

"I have to eat more fiber"

Commitment to Behavior Change:

Phase one of the motivational interviewing process is addressing the offender's resistant to change and laying the ground work (empathy, OARS, and change talk) for change. Phase two involves strengthening the offender's commitment to change. Miller and Rollnick (2002) calls

this commitment to change "readiness". A stage of readiness is meant to be the stepping stone to behavioral change. What can happen is that a person idles too long at this stage and starts to second guess his decision to change. Miller and Rollnick calls this hesitation cognitive defensive strategies or using rationalizing, minimizing, denying, forgetting, or projecting to remain stuck in a problematic behavior. Some signs that an offender is at the readiness stage are (Miller & Rollnick, 2002):

- Decease in resistance from the offender.

- Decrease in discussion about the problem.

- Feeling of resolve or calm about the decision to change.

- Change talk increases and the offender is optimist about change.

- More questions about the change process and what to expect.

- Envisioning or talking about how life might be after a change.

- The offender may begin experimenting with change.

The professional elicits from the offender their plan for change. What is next now that the person has decided to change a behavior? Questions a professional using motivational interviewing could ask are: "What changes, if any, are you thinking about making?" "Where do we go from here?' or "How would you like things to turn out for you now, ideally?" (p. 130).

This commitment to change includes a "change plan" (Miller & Rollnick, 2002). A change plan has four parts: (1) setting goals, (2) considering change options, (3) arriving at a plan, and (4) eliciting commitment (p. 133). It is important to have clear goals in order to measure the offender's progress in the change process. Equally important is how the offender will meet these goals and options or alternative approaches available to this person. Often, it is

useful to have the goals and method of achieving these goals in written form or plan. This way, the professional and offender are on the same page. Once the plan is in place, all parties approve or commit to the plan for change.

Behavior Change:

At some point, the offender will have the courage and skills to facilitate a behavior change. It takes work to maintain a change and relapse is to be expected. What will the offender do (or should do) when old ways of thinking return? The maintenance of a behavior change brings us back to the discussion of the Transtheoretical stages of change. A person may have decided to live a healthier life style in order to address their hypertension. The person may understand the consequences of untreated hypertension and developed a plan with their doctor with reachable goals. This person may be at the active change stage in regarding to taking medications, at the contemplation stage regarding a selection of food, and pre-contemplation stage regarding exercise. Motivational interviewing can be used each stage of the change process.

Stages of Change:

As stated before, the Transtheoretical model states that people vary at their readiness for change and that a positive outcome depends on how well a therapist adjusts their style accordingly (van Wormer, 2007). Domestic batterers who at the more advanced stages of change are more likely to try to end their violent ways, blame their partners less, and are more likely to remain in treatment than those in the less advance stages (Kistenmacher & Weiss, 2008). Atkinson and Amesu (2007) and Rosenbgren (2009) presented the following information on how a criminal justice professional can work with batterers using motivational interviewing principles at each stage of change while in the community.

Stage 1 Pre-contemplators (Not yet thinking about change):

At the pre-contemplation stage, the batterer usually has no intention of changing their behavior and denies there is a problem. At this stage, asking the batterer to recognize that there is a problem with their behavior does not normally work. Saying something like "Can't you see how this makes your wife feels?" may actually increase resistance in the batterer. The professional's job at this stage is to avoid direct confrontation and challenge about a particular behavior. The professional can ask questions using a scale (Rosenbgren refers to scales as "readiness rulers", 2009, p. 98):

- On a scale of 1-10, 1 is that you don't need to do anything different and 10 is that you are willing to look at how things could be better, where would you put yourself on the scale? (Atkinson & Amesu, 2007, p. 32).

The professional can also take a third-party position by asking:

- On a scale of 1-10, how confident are you that your wife would share your view that there is no problem? (Atkinson & Amesu, 2007, p. 32).

If the answer is a low number, the offender is telling the professional that they have little desire (or see little need) to change. The professional can ask follow-up questions as:

- So how come you're a 3, not a 2 or a 1? If we come back next week, and you put yourself on a 4 instead of a 3, what would have to happen between now and next week? What would it take for that to happen? (Atkinson & Amesu, 2007, p. 33).

The professional can also acknowledge the offender's resistance by asking:

- So, you're here not because you see a particular need but because the court ordered you to come. I'd like to come back to that in a bit, but first I'd like to find out a little more about you. Tell me a little bit about who you are and what your

life is like. (Rosenbgren, 2009, p. 59) Given your experiences, it makes sense that you might be concerned about coming here today. It must have taken a lot of determination to do it anyway. (Rosenbgren, 2009, p. 63)

The professional's job with motivational interviewing at the pre-contemplation stage is to start the process of establishing a relationship and helping the batterer become uncomfortable with the state of their current situation. By asking key questions, the professional can start nudging the offender to the next stage of change.

Stage 2 Contemplation stage (weighing up the pros and cons):

At the contemplation stage, a person may admit that they have a problem but not be ready to do anything to change. Although contemplators may think seriously about solving a problem, they may be a long way from actually making a commitment to action. The batterer begins to evaluate the pros and cons of changing a behavior. The professional can spotlight on past solutions the batterer may have had success. The professional can ask questions such as:

- Were there times when the problem does not happen? Were there times when the problem happens less often? Were there times when the problem is more manageable or when you were able to cope better? (Atkinson & Amesu, 2007, p. 33). What do you hope for the most? What would a perfect outcome look like? What did you envision for your life when you were young? (Rosenbgren, 2009, p. 96)

The professional can also help the batterer look for an ideal future. The professional will focus on how the batterer's life might be different in the future. If a person can visualize a life without the problem, likelihood of change increases. The professional can ask questions such as:

- How was your life before this problem? Let's imagine that tomorrow turns out to

be a good day, how would you know that it is going well? When violence (or

alcohol /drugs) is no longer an issue in your life, how will life be different for

you? When you resist the temptation to abuse, what will you be doing

instead? (Atkinson & Amesu, 2007, p. 33).

As mentioned earlier, there is a risk that when the batterer performs the pros and cons process,

He decides not to change. The professional can take a third-party perspective and ask:

- Someone looking at your situation may say you want to keep this problem. What

  would you say to them? (Atkinson & Amesu, 2007, p. 33).

Stage 3 Preparation (Getting ready for change):

The preparation stage is when the batterer chose to change their behavior or is ready to

make a behavioral change. For example, a batterer hoping to stop drinking might inquire about a

local AA meetings. The professional's job is to help the batterer recognize realistic ways which

he can reach potential behavioral change. Questions the professional can ask:

- What has worked for you in the past? Who has helped you? If change is going to

  happen soon, what needs to happen so that change can take place and who needs

  to help? How will you know things are changing? Who would notice that things

  are changing and what might they say? How confident are you that the skills you

  have will enable you to make changes? What other skills would you need to

  learn? Who could help you with that? (Atkinson & Amesu, 2007, p. 34)

  What do you think you will do now? So, how will you proceed? What do you

  plan on doing tonight? (Rosenbgren, 2009, p. 61)

It is the professional's job to help the batterer develop his individual resources that will

help him implement a plan for change.

Stage 4 Active Change (Putting the decision into practice):

The active change stage is when the batterer is actively involved in modifying their behaviors and actually implementing their plan for change. The professional's job in the action stage is to be in the supportive role. The professional can help the batterer evaluate their progress by asking questions that look at the impact change is having on their life:

- What is better since we last met? Who has noticed? What did they say? What are you doing instead of fighting? How will you know when things have improved? How will you know that the problem is solved? How will you know when you are happier? (Atkinson & Amesu, 2007, p. 34).

Giving positive reinforcement and feedback at this stage may help the batterer's commitment to change.

Stage 5 Maintenance (Actively maintaining change):

At the maintenance stage, the batterer is faced with many challenges. Often under stress, a batterer will revert back to old problematic behaviors. The professional's job is to help the batterer troubleshooting about what might happen if he returns to previous behaviors . The professional can ask questions as:

- What helped you to achieve your goals before? How did you get through that time? So what did it take to do that? How confident are you about keeping this up? What does this tell you about yourself that you did not know before? What would be the first sign that will tell you things are beginning to slip back? (Atkinson & Amesu, 2007, p. 35).

Stage 6 Relapse (Returning to previous behavior):

At the relapse stage (which should be expected), the batterer returns to an earlier stages of the Transtheoretical model. It is the professional's job to help the batterer explore the obstacles

(the loss of job, family issues, illness) to change. The metaphor of "two steps forward, one step backwards" can keep things in perspective for the batterer. If the batterer has a plan for relapse before trouble arises, the person will find it easier to get back on track. The professional can ask questions such as:

- What are you doing to stop things from getting worse? What is keeping if from getting worse? Who can help? (Atkinson & Amesu, 2007, p. 35)

Conclusion:

Motivational interviewing has become a household name in the mental health and medical field (Lundahl et al., 2010). The motivational interviewing approach helps the offender resolve their ambivalence about behavioral change through non-judgmental interviews. People are at different stages of readiness for change and the professional's job is to assist the person in figuring out how to move through the stages of change. It is the rapport between the professional and offender that nurtures hope and self-efficacy.

The Lexington County Sheriff's Department program is based on the rational choice theory and supported by research to be effective in working with batterers. With no-contact court orders, the batterer should be able to tip the pro/con debate in favor of non-violent behaviors. With the Lexington County program, batterer hesitated in changing their behaviors (or complying with the no-contact order) because there was little in the way of consequences for not changing. The batterer were allowed to stay in the pre-contemplation or the contemplation stage. The Sheriff Department's victim service worker (Dedicated officer), with the use of motivational interviewing, can help the batterer move into the preparation stage of change.

The Sojourner Family Peace Center "Beyond Abuse" program is based on the feminist perspective and supported by research to be effective in working with batterers. Because of the

confrontation nature of the Duluth Model, many high-risk batterers drop out of the program. The group leaders of the program can use motivational interviewing to help cut down on resistance and help batterers reach the action stage of change.

The Washington County Community Circles "Sentencing circle" is based on the principles of restorative justice and supported by research to be effective in working with batterers. Batterers are chosen to be in this program by being in the active change stage of change. They are motivated to make amends and the Circle process helps him set goals to meet this end. Batterers drop out of this program because they lose focus or hope. The Sentencing Circle process is a long and involves a time commitment for the batterer. The Circle Keeper can use motivational interviewing to help the batterer stay in the maintenance stage of change and prepare for relapse.

SECTION V: SUMMARY AND CONCLUSIONS

Community corrections' mission is to protect the public from criminal behaviors and preserve the social order. One way our society modifies social deviant behaviors is through punishment. In the 1970s, there was this "get tough" attitude on criminals that resulted in an increase in the prison population. When the public realized the price tag of putting offenders in prisons, there was the expansion in community corrections' intermediate programs. These intermediate programs were designed to reroute offenders from prison but still have them under some form of correctional supervision (Abadinsky, 2006). Intermediate programs became the vehicle for addressing batterer's need for supervision and treatment in the community setting.

The threat of punishment may be effective in deterring future criminal behaviors but punishment can also be counter-productive when used with (or disguised as) treatment. It is a dilemma community corrections must weigh; should they be in the business of supervision and compliance or the business of helping offenders change their behaviors (Crowe et al., 2009). In order not to appear "soft", many community probation and parole agents take on a confrontational approach when working with batterers. This confrontational approach lead to the batterers putting on "psychological armor" in order to maintain a sense of control (Edwards, 2006). The proposal of this seminar paper is that motivational interviewing is one tool community professionals can use to penetrate this armor.

Men don't just wake up someday and be violent, violence is a life-long learning experience. When addressing domestic violence, the current model of community corrections comprises the mandated arrest and persecution of batterers, referring the batterer into domestic abuse intervention program, and tracking the batterer's progress in supervision (Pennington-Zoellner, 2009). Probation and parole agents are generally ineffective at reducing recidivism on

their own (Lowenkamp, Hubbard, Markarios & Latessa, 2009). Treatment from a collection of community resources is needed to change a batterer's need for power and control.   The blueprint for effective intervention for community correction should follow three major principles: risk, need, responsivity (Crowe et al., 2009).

- Risk principle – resource and interventions should target batterers with the highest risk of re-offending.

- Need principle –batterer services would focus on the greatest need area.

- Responsivity principle – batterer should be matched to the most appropriate service based on characteristic such as culture, gender, motivational and developmental styles, learning style and offense type (McMurran, 2009).

  Effective changing batterer's abusive and violent behavior requires multiple resources by utilizing a variety of modalities. Interventions should also target changing society's attitudes and beliefs about violence towards females.

Recommendations for community-based correctional programs

- Training for all community professionals (criminal justice, medical, school) on the signs of domestic violence (Crowe et al., 2009).

- Prevent violence through early interventions by increasing parental skills and assistances to parents. Also, educate batterers about the physical, emotional, and developmental effects of exposing children to violence (Crowe et al., 2009).

- Combine batterer intervention with responsible fatherhood programs (Clark, 2009).

- Develop interventions that address battering as a societal belief where men have a right to exercise power and control over intimate partners through violence or other coercive tactic (Grana, 2002).

- Develop methods to more effectively assess a perpetrator level of dangerousness (Woodward & Becgtel, 2008).

- Develop curriculums that are culturally and linguistically appropriate for the diverse population of batterers (Taft et al. 2001).

- Provide complement substance abuse and mental health services (Winter, 2010).

- Develop effective alternative responses for these individuals who fail conventional programs (Crowe et al., 2009).
.
- Ensure that the interventions reflect the diversity of the community in which services are provided (Crowe et al., 2009).
.
- Examine coordinated community response to determine which programs and sanctions are most effective in maximizing victim safety and sustaining offender accountability (Crowe et al., 2009).

- Compare the efficacy of different intervention models on different types of offenders (Crowe et al., 2009).

- Employ evidence-based practices practice that have shown effectiveness in reducing recidivism (Lowenkamp et al., 2009).

Conclusion:

Batterers need to learn the skills necessary to end their injurious behaviors. Ending a behavior is not enough; batterers need to learn a new way of interacting with the people they love. Criminal justice professional need to understand that change takes time. With the help of motivational interviewing, batterers learn to respect the rights of others, challenge their beliefs about male privilege and learn new skills for interpersonal relationships (Crowe et al., 2009).

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