

# Domestic Violence – Conjoint Therapy Models

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# Intimate Partner Violence

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- Marriage and family therapists are at a crucial junction with regard to how they recognize and respond to IPV.
- Currently there are few studies that discuss the processes involved in a practitioner's ability to make clinical judgments regarding partner violence.

# What we will cover today...

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- Description of the Problem
- Types of couple violence
- Prevalence of IPV
- Conjoint treatment for low-moderate IPV
- Therapeutic considerations in conjoint treatment
- Conjoint Treatment research
- New Model- attachment theory applied to IPV
- Case Study

# Description of the Problem

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## Historical Context

- 1970's – feminist perspective
- since mid 90's - have begun to consider issues in more depth

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■ spouse abuse continues to have tremendous personal and social costs

# Types of Couple Violence

Growing consensus that couple violence can be differentiated into :

- **the less commonly occurring severe physical aggression** - male battering of a female partner for the purpose of dominating and controlling her, combined with relatively low-level female aggression, mostly for self-defense, and found among men court ordered to violence treatment program
- **common couple violence** - both partners engaging in mild to moderate physical aggression, more commonly occurring in distressed couples and less likely to endanger the female and cause her fear (Frieze, 2005; Holtsworth-Munroe et al. 2002)

- **Forms of psychological aggression** have been found to precede and co-occur with physical aggression – they include
- hostile withdrawal
- denigration of the partner
- domination and threats of violence
- restriction on victim's freedom and access to resources

Negative impact of psychological aggression on victim's psychological and physical well-being have been found to be similar to or even more severe than effects of physical aggression (Follingstad, Rutledge, Berg, Hause, Pokek, 1990; O'Leary, 2001)

# Prevalence

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- marital violence rates as high as 67%
- few published studies
- underdevelopment of research

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- need to attend to ways in which both partners contribute
  - design interventions that reduce all sources of violence in relationships.

# Conjoint Treatment for low-moderate IPV

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- There is growing consensus in the field of violence intervention and prevention that all offenders do not need the same treatment approach. (Stith, Roser, McCollum, Thomsen, 2004)

# Conjoint Treatment

- Both men and women are often violent in relationships
  - Women initiate and carry out physical assaults on their partners as often as do men (Stith & Straus, 1995)
- If reciprocal violence in relationship, treating men without treating women not likely to stop violence
  - Cessation of partner violence by one partner highly dependent on whether other partner also stops hitting (Field & Straus, 1989, Gelles & Straus, 1988)

# Conjoint Treatment

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- Most importantly when women use violence in relationships, they are at greater risk of being severely assaulted by their partners. (Feld & Streaus, 1989, Gondolf, 1998)
- Although mens' treatment groups address mens' role, they do not address any underlying relationship dynamics

# Conjoint Treatment

- In a study involving the prediction of mild and severe husband-to-wife physical aggression with 11,000 military personnel, marital discord was the most accurate predictor of physical aggression against a partner.
  - For every 20% increase in marital discord, the odds of mild spouse abuse increased by 102%. and the odds of severe spouse abuse increased by 183% (Stith, Rosen, & McCollum, 2003)
- Failure to address marital problems make it likely that physical abuse would recur.

# Therapeutic Considerations in Conjoint Treatment of IPV

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- Appropriateness of Conjoint Treatment

# Criteria

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- Neither partner is perceived to be in imminent danger of physical harm.
- Acknowledge that abuse is a problem
- Are willing to work toward having an abuse-free relationship
- Are committed to staying together

# Criteria

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- Also: female partner must
  - feel safe living with her partner
  - participating in conjoint treatment
  - comfortable being honest in the presence of her partner

# Exclusionary Factors

- History of Sociopathy

# Additional treatment before couples' therapy begins

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- Substance abuse
- Neurobiological factors such as ADD
- Neurological impairment for instance affecting impulse control

# Primary Criteria for Inclusion

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- “the man's ability to take full responsibility for his use of violence, his capacity to tolerate hearing the woman's description of being victimized by him, and his willingness to work toward stopping his abusive behaviour” (Greensun, 2000, p. 160)

# Criteria for Inclusion: (Lipchik & Kubicki, 1996)

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1. The man says he really wants to stop being abusive in any way his partner experiences it
2. The man takes responsibility for the abuse
3. The man takes responsibility for contributing to the quality of the relationship

# Criteria for Inclusion cont: (Lipchik and Kubicki, 1996)

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4. The woman expresses the desire for emotional and physical violence to cease
5. The women takes responsibility for contributing to the quality of the relationship

# Models of Conjoint Therapy: Research

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- Most models CBT - cognitive behaviour therapy
- treatment drop out major problem
- in early studies success measured by reduction or elimination of violence by male
- little known about female experience

# O'Leary et al 1999

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- PACT – physical aggression couples treatment (CBT) compared to gender specific treatment
- hypothesis – couples therapy would be more effective than gender specific
  - found both equally effective on variety of measures
  - significant reductions in intensity and frequency of violence, but not eliminated

# O'Farrell, 1999

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- Behavioural Marital Therapy BMT ( 2 years)
- alcoholic vs non alcoholic sample
- remitted alcoholics no longer elevated levels of violence
- violence correlated with number of days drank

# Fals-Stewart, 2002

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- Individual treatment substance abuse compared to BCT(Behavioural Couples Therapy)
- BCT more effective than individual substance abuse treatment in reducing recidivism for men to 18% (43% for individual treatment.)
- BCT fewer substance abuse relapses, more positive relationship adjustment on multiple measures, lower drop out rate

# CAPP “Couples Abuse Prevention Program” Epstein, 2005

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CAPP compared to “usual treatment”

- CAPP: psycho-education, anger management, communication, enhancement couple interactions
- “Usual treatment” UT: various family systems models - “emotionally focused, structural, solution-focused, narrative”
- 10 weekly sessions of 90 minutes, no violence contracts written and enforced.

- both effective in reducing psychological aggression, but no significant change in physical aggression \*note low rates of aggression pre treatment (2)
- UT performed better on some measures, CAPP performed better on some measures
- Females as well as males measured for levels of aggression and satisfaction, pre and post

# Conclusions from CAPP Project

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- Conjoint approaches are appropriate and effective in reducing abusive behaviour in couple relationships in which partners have exhibited psychological and or mild to moderate physical abuse
- Cognitive behavioural as well as other systemically oriented forms of couple therapy can be effective

# Summary

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- Conjoint approaches are appropriate and effective with psychological and or mild to moderate physical abuse
- Conjoint approaches with carefully screened couples at least as effective as gender-specific treatment approaches
- No studies have demonstrated that conjoint treatment with this population is more dangerous than gender-specific treatment
- Cognitive-behavioural as well as other systemically oriented forms of couple therapy can be effective

# Summary cont.

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- Clinicians however must use detailed assessment procedures
  - The Conflict Tactics Scale-Revised (CTS2; Straus, Hamby, Boney-McCoy & Sugarman, 1996)
  - Separate interviews be conducted with each partner

# New Models which Address Important Issues (ground for future research)

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- Future directions for treatment attempt to combine the feminist and psychological/systemic views
- Conceptualize violence as multiply-determined

# New Models which Address Important Issues

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- Conceptualization of conjoint therapy for couples where there is low to moderate violence based on attachment theory

# Attachment Theory applied to Conjoint Couples Therapy

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- Attachment Conceptualization and model (Bartholomew & Allison, 2006)
- Why do some people become abusive whereas others do not?

# Attachment styles

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## ■ Anxious attachment

- Failure to effectively communicate need for reassurance to relationship partner in more functional ways, may as a result, strike out in abusive anger or violence to gain or regain proximity to an attachment figure

## ■ Avoidant attachment

- Defining feature of attachment avoidance: a tendency to withdraw when anxious or threatened. The goal being to deactivate the attachment system and maintain personal control

# Attachment Theory: A Guide for Research on Victims of Relationship Abuse

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- Attachment bonds that form in intimate relationships make it difficult to leave abusive relationships
- Victims of partner abuse are likely to be anxiously attached as a consequence of abuse and also as a prior risk factor for involvement in an abusive relationship
- Anxiety exacerbates normative fear of separation and loss

# Treating Couples from an Attachment Perspective

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- Therapists aim to provide a secure base and safe haven in therapy to foster creation of a secure bond in distressed couples
- Emphasizes importance of having attachment figures who are dependable and predictable
- From an attachment framework, therapist can lead their clients to a stance that is not blaming while still emphasizing the importance of taking personal responsibility for abusive behaviour
- Identifying irrational beliefs that have arisen out of current and previous relationships

# Future Research

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- Further Research
- Using EFT with this population

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