Applying a strengths-based psychoeducational model of rehabilitation to the treatment of intimate partner violence: Program theory and logic model.

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Abstract

In the United Kingdom there is an increasing need to develop prevention programs for intimate partner violence and abuse (IPVA). However, this need has increased within a context of increasing financial pressure. Consequently, commissioners are expressing interest in models of prevention that are brief. This article first reviews the effectiveness of domestic violence (DV) prevention programs, including those from England and Wales. This paper then describes the theoretical development of an emerging IPVA prevention program that combines solution-focused brief therapy (SFBT) and cognitive behavioural therapy (CBT) methods. The article addresses how CBT content is integrated within the SFBT approach and provides details of the intervention logic model.

Keywords: intimate partner violence and abuse; batterer intervention program; solution-focused brief therapy;

Brighter Futures: An integrated brief solution-focused and cognitive-behavioural program for intimate partner violence perpetrators in the community

In the United Kingdom there is growing pressure for local government authorities to provide perpetrator programmes for individuals, men and women, who are not supervised within the corrections system, but who may be identified during the course of civil court proceedings, or through other non-criminal justice means (e.g. social care, self-referred), as intimate partner violence perpetrators. Due to restrictions on the financial support available from central government to do this, local authorities are increasingly seeking interventions that are low cost and of short duration. It is well understood that the majority of domestic violence incidents do not result in police involvement, and British research highlights that when police are involved only 4% of incidents result in conviction (Hester, 2006). Consequently, there is a need to develop interventions that are situated outside of the criminal justice context. Such approaches are deemed to be controversial and unsafe by some (e.g., Kelly & Westmarland, 2015), despite both a lack of clear evidence to support such claims, and a lack of evidence that alternative approaches are superior (e.g., Babcock, Green, & Robie, 2004). This paper describes the theoretical development of a low cost, brief intervention, (a solution-focused brief therapy, SFBT) that was commissioned within this context. To do this, we discuss research that has examined program effectiveness to date, the premise of focusing on strengths over deficits in interventions, and the desistance literature that supports this. We explore the influence of psychotherapy and the relevance of the therapeutic alliance to the program. We then present the theoretical basis of SFBT, and finally offer a description of the intervention that was ultimately developed.

International and national research on program effectiveness

Group interventions for perpetrators of IPVA have been controversial, and the notion that programs need to be made available for men and women perpetrators has only gained traction within academic writing over the course of the last decade. Empirical evidence does not point to

there being substantial differences in the treatment needs for male and female IPVA perpetrator and risk factors for IPVA perpetration (Babcock et al., 2016). Core clinical characteristics of both groups identified in cross sectional studies include: substance abuse, being separated from partner, low relationship satisfaction and high discord/conflict, stress related to acculturation, finances and work, exposure to violence between parents and experience of child abuse, involvement with aggressive peers in adolescence, conduct problems and anti-social behaviour (Capaldi, Knoble, Shorts, & Kim, 2012). Longitudinal studies of childhood and adolescent predictors of adult IPVA perpetration and victimisation also confirm that having experienced abuse, childhood and adolescent behaviour problems including being withdrawn, aggressive behaviour, conduct disorder, and adolescent alcohol and substance use are important predictors (Costa et al., 2015). Where sex differences have been found across studies, these have implicated stronger associations between depression and alcohol use and the perpetration of IPVA by women (e.g., Capaldi et al., 2012).

The outcome literature regarding women's engagement in group interventions are extremely limited (Laskey, 2016). Indeed, only two evaluations (Tutty, Babins-Wagner, & Rothery, 2006; Tutty, Babins-Wagner, & Rothery, 2009) which include both a comparison group and behavioural outcome data have been published to date. The findings from these two studies suggest that there are significant improvements on certain variables post intervention when women engage in a 15 week (30 hour), group-based psychoeducational and psychotherapeutic intervention model which combines cognitive behavioural content (e.g. cognitive restructuring, stress and relaxation techniques, communication skills building and examining sex role socialisation), with a therapeutic approach which allows the focus of sessions to be client-led to some extent, rather than adhere to a strict manual. Tutty and colleagues (2006) found that, completers (n = 42) were less likely than non-completers (n = 24), to continue non-physical abuse of partner, and improvements in self-esteem, general contentment and adult self-expression were

reported, and large effects observed ($\mu_p \geq .28$). Moreover, Tutty and colleagues (2009) identified no differences on treatment outcomes between court-mandated and non-mandated female perpetrators, both observed improvements post-intervention on five variables namely: depression, clinical stress, non-physical abuse of partner, partner non-physical abuse of the woman and partner physical abuse of the woman. The effect sizes observed ranged from medium ($\mu_p = .10$, partner physical abuse) to large ($\mu_p = .50$, nonphysical abuse against partner). However, no alternative or no-treatment control groups were employed, so it is not possible to determine from either study whether the intervention provided was responsible for the effects identified.

Controversy exists regarding which approach to working with male perpetrators should be endorsed, and on-going debates concerning both modality and duration of interventions (Babcock et al., 2016). Commentators suggest that interventions informed by the psychoeducational Duluth men's program model are effective and that interventions need to be lengthy (Kelly & Westmarland, 2015). These views prevail despite inconsistent findings that at best show a small but non-significant positive impact on future abuse of any intervention model (Babcock et al, 2004; Feder & Wilson, 2005). When rigorous randomised controlled trials are considered (e.g. Dunford, 2000; Feder & Dugan, 2002) the findings are even less compelling. Moreover, there exists limited empirical evidence able to speak to issues of treatment duration or intensity (Babcock et al., 2016). Babcock and colleagues (2004) also note that the descriptions of programmes as Duluth or CBT often masks the content which is difficult to distinguish between these models, often having been modified by service providers to meet their own needs (Gondolf, 2002), and which subsequently further impacts the ability to disentangle model-specific treatment effects.

The Duluth men's programme content centres on the Power and Control Wheel teaching aid which conceptualises IPVA as arising solely from the need and intent to exert power and control over an intimate partner. Participants in the programme are encouraged to identify their

controlling behaviours and replace them with non-controlling alternatives which are taught using a combination of traditional didactic methods and consciousness raising exercises drawing on cognitive-behavioural therapy techniques that focus on issues concerning gender equality and patriarchal ideology (Eckhardt, Murphy, Black, & Suhr, 2006). Moreover, as denial, minimisation and victim blaming are expected behaviours, the facilitator's position becomes one of educator and confronter (Pence & Paymar, 1993).

Although the Duluth men's programme approach has been considerably influential in the U.K., the small number of published British evaluations which have used a comparison group, have not adopted a randomised design, are evaluations of criminal justice system based programmes, and do not include women perpetrators. An early evaluation (Dobash, Dobash, Cavanagh, & Lewis, 1999) based on two re-education interventions (informed by the Duluth model), delivered in Scotland (CHANGE and the Lothian Domestic Violence Probation Project [LDVPP]), reported reductions in men's violence based on official, self- and partner-report of violence at three and 12 months post baseline. For those who attended the Scottish IPVA programmes, reoffending rates were 30% and 37% at three and 12 months respectively, compared to rates of 62% and 70% for men subjected to other types of sanctions. However, it is difficult to accurately assess the efficacy of these interventions as the study had high participant attrition (55%) and no inferential analyses were reported.

Bowen, Gilchrist and Beech (2008) evaluated an intervention (informed by the Duluth model) for court-mandated men and examined reoffending rates based on police records (including crime reports, command and control logs, and/or family protection unit logs). Of the 86 offenders who started the programme, 21% were found to have allegedly reoffended during an 11-month follow-up period. The authors identified that programme completers' rates of reoffending (15%) were lower than for programme dropouts (33%) although the difference was not statistically significant, and the resulting effect size was small ($w = 0.20$). In contrast,

Bloomfield and Dixon (2015) found that in a sample of 6,695 offenders supervised by the National Probation Service in the UK, both the integrated Domestic Abuse Programme (IDAP) and the Community Domestic Violence Programme (CDVP) effectively reduced violence against an intimate (based on 'proven reoffending', i.e., any offence that led to a caution, court conviction, reprimand or warning) in a two-year follow-up period. The authors reported a small but significant effect size based on odds ratios, but no actual statistic was provided for the reduction of IPVA or any reoffending. They did however conclude that many men following treatment did also go on to reoffend (any offence 32%; core violence offence 15.3%; domestic violence offence 22.8%).

Due to the lack of clear consensus in the existing international and national empirical literature on IPVA perpetrator programme outcomes, evidence that many IPVA perpetrators, regardless of gender fail to complete interventions (e.g., Bowen & Gilchrist, 2006; Dowd, Leisring, & Rosenbaum, 2005), and the need to develop a brief intervention programme that could be effective for both men and women perpetrators, we moved away from these traditional approaches. Instead, our programme logic model (see Appendix 1) was developed by considering the literature on the factors that support and promote the process of desistance, programme engagement, and the broader psychotherapeutic literature.

Balancing deficits and strengths

Recently a number of scholars have argued that domestic violence perpetrator programmes should be more evidence-based, and adopt Principles of Effective Intervention (Andrews, Bonta & Hoge, 1990; Hilton & Radatz, 2017; Radatz & Wright, 2017). Central to these principles is the risk-need-responsivity model (Andrews & Bonta, 2010) which proposes that effective interventions are those which: match treatment intensity to risk level (risk principle); are designed and delivered in such a way that they engage clients, and help them to learn and change (Responsivity principle); and the content of which addresses changeable factors that are linked to criminal

behaviour (need principle). Offender needs are divided into two kinds: non-criminogenic and criminogenic. Non-criminogenic needs (e.g. low self-esteem; poor physical condition) are likely indirectly related to reoffending. In contrast criminogenic needs (e.g. antisocial attitudes, social support for criminality, antisocial personality patterns, substance abuse, poor family/marital relationships, poor work performance and low levels of prosocial recreational activities; Andrews & Bonta, 2010), are directly related to offending. General responsivity refers to broad techniques and processes, namely behavioural and cognitive behavioural techniques such as teaching skills and reinforcing prosocial behaviour, which have been identified as core characteristics of effective offending rehabilitation programmes (Andrews & Bonta, 2010).

A core criticism of these approaches to working with offenders, and IPVA perpetrators, has been the focus of these interventions on deficits. That is, taking a perspective that problem behaviors arise due to some underlying inadequacy in the individual (e.g. pro-criminal attitudes; McNeill, 2012). Programmes based on deficits models are based on an offence-focused practice that is retrospective and which looks to change past attitudes and behaviours (McNeill, 2012). Positive psychology and criminology emphasise the need for interventions to focus on strengthening the factors that contribute towards an individual's commitment to desist from crime (Kewley, 2017). Therefore, arguably any intervention designed to help someone end violent and abusive behaviour needs to be informed by research evidence concerning how individuals achieve desistance (McNeill, 2012). McNeill (2012) argues that to effectively intervene we need to develop evidence and theory that is concerned with desistance from crime opposed to the etiology of crime. On this basis, we need to move away from a 'What works' paradigm and replace this with a desistance paradigm (McNeill, 2012). Desistance-focused practice is embedded in a framework that is prospective and looks to work with offenders to develop personal strengths and social resources for overcoming obstacles to change; this approach asks 'What helps' opposed to 'What works' (McNeill, 2016).

According to criminological theory, the process of desistance involves identity transformation from a criminal (violent) to non-criminal (non-violent) identity. It has been found that components of this internal transformation require that the individual is believed in (Maruna, Lebel, Mitchell, & Naples, 2004) and develop a sense of hope for their future (Maruna, 2001). In addition to identity change, self-control and agency have also been empirically implicated in the desistance process. Indeed, consequential thinking has been found to trigger self-control among desisting sexual offenders (Mitchell & Galupo, 2016).

Only recently has the process of desistance been examined in relation to domestic violence perpetrators. Intervention and longitudinal cohort studies have shown that between 23-69% of men who engage in intimate partner violence (IPVA) stop (i.e., desist from) using physical violence against their partners (e.g., Aldarondo & Sugarman, 1996; Quigley & Leonard, 1996; Woffordt, Mihalic, & Menard, 1994). However, no single theory or model has been developed that comprehensively explains the process of desistance from IPVA (Walker, Bowen, & Brown, 2013). If we are to effectively intervene with perpetrators of IPVA, the process of change that underpins successful desistance from IPVA needs to be adequately characterised and theorised. A small number of studies have examined specific aspects of the processes of change for individuals prior to, or during, IPVA interventions (e.g., Catlett, Toews, & Walilko, 2010; Chovanec, 2009; Curwood, DeGeer, Hymmen, & Lehmann, 2011; Flinck & Paavilainen, 2008; Kelly & Westmarland, 2015). Generally, these studies have found that change happens across several levels including individual (e.g., stress and anger management), interpersonal and relational (e.g., improved communication and patience) and external (e.g., employment status or career aspirations).

Recently, a conceptual model of primary desistance from physical IPVA was developed by Walker, Bowen, Brown and Sleath (2014), based on interview data from 13 male desisters (not used physical violence in past year), nine male persisters (still using physical violence), nine (5

female and 4 male) Offender Managers/Programme Tutors and seven female survivors. Desistance was identified as a distinct process that involved a complex interplay between individual and contextual and situational factors associated with the use of violence. An important factor in maintaining violence free concerned the management of triggers for violence. This involved desisters changing their appraisal of situations or reframing how they interpreted what was happening around them so that the behavioural response was non-violent. In addition to this, individuals removed or dealt with day-to-day stressors more effectively through a proactive process where individuals put solutions in place, rather than purely reacting to external factors which they previously saw as 'happening to them' and out of their control.

Desistance was also characterised as the achievement of a radical cognitive shift through which desisters gave themselves 'Permission *to be non-violent*'. This was achieved as a consequence of gaining awareness and insight that there was a problem or issue that needed to be changed, and led to the replacement of problem behaviour with a different and positive behaviour. This cognitive shift in turn led to a process through which desisters reconstructed their identities from violent to a new 'non-violent' identity. Individuals looked to the self (i.e. internally) and attributed themselves with characteristics, behaviours, and beliefs that characterised non-violent individuals. Therefore, the process of desistance from IPVA required individuals to take responsibility for changing their behaviour, and to become accountable for redefining who they are with positive identities. In this way, the men became agents for change, and non-violent.

The findings from general crime and DV-specific desistance-based studies therefore suggest that to change and become non-violent, IPVA perpetrators need interventions which: instil hope for the future, increase consequential thinking, increase self-esteem and insight into the impact of their behaviours on others. These factors therefore became our main intervention targets. Moreover, having professionals who can engender hope in the future, and provide the

belief that the individual is capable of change is also needed, and therefore we looked to the therapeutic literature to identify potential models that adopted this approach.

Lessons from psychotherapy: Common features of change

The attitude of therapists to the change process has been identified in the psychotherapeutic literature as a key ingredient for successful change, regardless of the focus of that change (e.g. behaviour, mental illness), or therapeutic tradition. Miller, Duncan and Hubble (2002) concluded from a review of the literature that there were factors in operation within change processes that were 'pantheoretical', in that their influence was greater than any variations in intervention approaches. When studies have examined these common factors, it has been identified that 40% of change variance can be attributed to extra-therapeutic factors (e.g. motivation, strengths, resources, coping skills, social support etc.); 30% of change variance is attributed to the client/therapist relationship (and the quality of the individual's participation in that relationship); 15% is attributed to the therapists attitude in conveying a sense of hope for the future in the client, and 15% is attributable directly to the techniques or models of intervention adopted (Lehmann & Simmons, 2009). We suggest that it is perhaps these variables that mask the potential differential impact of different intervention approaches for IPVA perpetrators. To detect meaningful differences in efficacy linked to variations in techniques, studies would need to have assessed the extra-therapeutic factors, the therapeutic relationship, and therapist's hope-orientation consistently in order for them to be statistically controlled within any meta-analytic comparison of studies which attempted to determine the differential impact of competing treatment models. However, this body of research also suggests that to provide the optimal conditions for successful intervention, programmes should prioritise the development of a therapeutic alliance (TA) in which hope for the future and a belief in client's propensity to change is communicated by facilitators to clients, in which strengths are fostered and motivation to change is increased.

Therapeutic or working alliance

The TA has been established as important to therapeutic change (Willmot & McMurran, 2014) and treatment outcomes (Marshall & Serran, 2004; Ross, Polaschek, & Ward, 2008; Taft, Murphy, King, Musser, & DeDeyn, 2003; Taft & Murphy, 2007). However, therapists experience challenges to forming working alliances with offenders who have personality, educational and motivational difficulties (Ross et al., 2008). Furthermore, the notion of IPVA programs as 'therapy', and those who deliver such interventions as 'therapists' is highly contentious, as some believe that therapists who adopt a warm and empathic, collaborative stance in relation to IPVA men must be colluding with the client's negative outlook (Eckhardt et al., 2006). Therefore, the TA within the context of psychotherapy does not translate well to the context of IPVA perpetrator programs, but this does not mean that a strong TA is not important to treatment outcomes, or that it is impossible to achieve.

Following their application of a solution-focused approach to IPVA programs, Lee, Uken and Sebold (2007) found the beneficial therapeutic and relational behaviours of therapists contributed to positive change. It is likely that the positive influence the TA has on positive program outcomes is because of the positive influence it has on engagement. The TA has been established as important to various proxies for engagement such as program participation (see Holdsworth, Bowen, Brown, & Howat, 2014a for a review). Consequently, it seems inevitable that an IPVA program that fosters the importance of a strong TA, and that negates the onset of some of the typical challenges to developing a strong TA with IPVA perpetrators, is more likely to lead to greater engagement and positive treatment outcomes.

Engagement in therapeutic process

A commonly employed proxy for the engagement of offenders in offending behaviour programs has been program completion (see Holdsworth, Bowen, Brown, & Howat, 2014b for a review). Non-completion of programs is unfortunately not un-common. In general offending behaviour programs, attrition rates of up to 45% have been reported (McMurran & Theodosi,

2007). As previously noted, IPVA programs suffer particularly high attrition rates of between 50-70% (Daly & Pelowski, 2000). IPVA programs may be particularly susceptible to high rates of attrition because of the same reasons that there are challenges to developing a strong TA – IPVA perpetrators may be resistant to treatment that encourages facilitators to communicate with them within the terms of their offending behaviour. Moreover, clients who are accountable to a punitive system (e.g. criminal or civil justice) often find their identity defined by their crimes or challenging behaviours. These individuals, not surprisingly, are typically suspicious, cynical and negative in their view of authority figures, including those practitioners representing treatment contexts to which clients are in some way mandated (Van Wormer, 1999). Given the high prevalence of childhood abuse, neglect and witnessing of IPVA between parents, IPVA abusers are more sensitive towards situations that provoke feelings of shame of being alienated or unloved (Jansson & Saxonberg, 2013). Focusing on problems and deficits is likely to lead to enhanced perceptions of being controlled and required to change according to the requirements of the program. At worst this results in treatment attrition and at best may result in treatment compliance, but not engagement (Holdsworth, Bowen, Brown, & Howat, 2016) .

Theoretical basis of solution-focused-brief therapy

The focus on client's strengths, competencies and skills as opposed to their weaknesses and deficits is fundamental to solution focused therapy (Sharry, 2007), and consequently this approach speaks directly to the lessons learned from desistance theory and research. The central tenet of solution focused brief therapy is that clients are more likely to succeed in change if they are accountable for their solutions to the problems that brought them to the treatment context (Lee, Sebold, & Uken, 2003). Simmons and Lehmann (2010) argued that by incorporating a consideration of individual strengths and resources within IPVA intervention programmes, outcomes may be improved.

The solution-focused theory can be regarded as a constructivist theory that integrates interactional concepts with biological (emotional) perspectives (Lipchik, 2002). It is based on the philosophy that language is understood to build reality, and the meaning ascribed to something is viewed as contingent upon the language used to describe and categorise it (Wittgenstein, 1953). Consequently, language is central to the solution-focused approach and is consciously selected to ensure that the focus is on solutions rather than the originating problem or associated problems (Lee et al., 2003; Lipchik, Derks, Lacourt, & Nunnally, 2012).

There are a number of theoretical assumptions underpinning the SFBT approach, but we outline three here which are of most relevance to the design of our intervention. First is the assumption that every client is unique (Lipchik, 2002; Lipchik et al., 2012). This is important because facilitators working with IPVA perpetrators need to resist the temptation to offer behavioural solutions based on their success with other clients. The second and arguably most challenging assumption for facilitators working with IPVA perpetrators, is that clients have the resources to change their behaviours (Lee et al., 2003; Lipchik et al., 2012). Facilitators must assume that clients are not always aggressive or violent, and that the times when they are not, represents their resources to resist the use of problem behaviours. Third, facilitators should 'role with resistance' (Lee et al., 2003; Lewis & Osborn, 2004). This is important because resistance can cause problems in developing a TA as well as rupture existing alliance (Safran & Muran, 2000), which is common on IPVA perpetrator programs (Levesque, Velicer, Castle, & Greene, 2008; Lipchik et al., 2012) and is likely to contribute to attrition. Rather than labelling a client as 'resistant', facilitators have to accept that they have not yet understood how to trigger change in a way that the client can adapt and respond to (Lipchik et al., 2012).

The SFBT approach is a very practical, behaviour-focused approach to programs, through which clients and facilitators examine exception scenarios – those situations when typical antecedent and situational risk factors are present (e.g. alcohol, dissatisfaction, argument), and yet

violence or abuse did not happen (De Shazer, 1982). Focusing the client's attention to these situations enables clients to gain insight into how they have controlled their behaviour in the past, and therefore how they can control their behaviour in the future. Focusing on these exceptions reveal the client's unnoticed strengths and resources thereby emphasising the strengths and potential inherent within all clients (Berg & De Jong, 1996). The role of the facilitator therefore is to assist clients in noticing, amplifying, sustaining and reinforcing these exceptions regardless of how small or infrequent they may be.

Goal theory is integrated within the solution focused theory. According to Self-Determination Theory (Deci & Ryan, 2000), clients have a need for competency, relatedness, and autonomy in order to effectively pursue a goal. These psychological needs are met in SFBT as facilitators work with clients to develop solutions in the form of goals that are determined by the client as being useful in the pursuit of change and a move away from offending behavior. Berg and Miller (1992) identified the following characteristics of solutions and goals: a) Personally meaningful and important to the client; b) Small enough to be achieved; c) Concrete, specific, and behavioural so that indicators of success can be established and observed; d) Positively stated so that the goal represents the presence rather than absence of something; e) Realistic and achievable in the context of the participants life; and f) Perceived as involving hard work.

In summary, solution-focused theory underpins an approach which sees the client as being held accountable for solutions, not previous problems. The role of language is central to the theory and within the approach it is communicates and creates the meaning of strengths-based change. Three assumptions of the theoretical approach are of particular importance to IPVA programs: every client is unique; second, clients have the resources to change their behaviours; and third, facilitators should 'role with resistance'. Facilitators help clients develop goal-based solutions that clients define as useful to moving towards a future that no longer contains the problematic behaviour, in this case IPVA.

The Brighter Futures intervention

The culmination of drawing together desistance theory, our own theoretical and empirical work concerning desistance from IPVA, the therapeutic literature, and the specification from the commissioner which required a brief intervention to be developed for medium risk domestic violence perpetrators that were not court-mandated to the service, led us to develop a 10, 90-minute session group based intervention, the content of which could be applied to IPVA by men or women, although in separate sex groups. Following international consensus that IPVA interventions should not operate in isolation, a key specification was that the programme should operate within the context of a multi-agency response to IPVA, and that support for victims of IPVA should be made available to the partners of those attending the intervention through a specialist service

The Brighter Futures model is based on SFBT, and underpinning it are the principles and techniques set out by Lee Uken, and Sebold (2007), Sharry (2007), Trepper and colleagues. (2010) and Bannink (2006). The model rests on the interpersonal and questioning style that is central to SFBT, but includes psycho-educational content which our previous experience has indicated is understood by clients, and which addresses the key treatment targets of increasing personal responsibility for behaviour, self-efficacy and agency, changing attitudes towards IPVA, increasing empathy, consequential thinking, reducing anger-related cognitions, and preventing IPVA.

Individuals are referred to the intervention after being assessed as suitable in terms of motivation to engage, risk and need. Clients who have active symptoms of mental illness that are not adequately addressed through medication, or substance abuse or dependence which is actively impairing their daily functioning are not permitted to attend the intervention. A fixed intake approach is used and group ground rules are co-created in the first session to ensure that clients understand what they require of each other during the group sessions. Drawing upon

recommendations by Lee and colleagues (2007) the first three sessions focus on characterising personal goals, eliciting goals from clients that involve changing interpersonal behaviours and which they feel will lead to an improvement in their relationship behaviours. If, by the end of the third session it is clear that a client has not engaged sufficiently to have developed a personal goal, they are asked to be re-referred at a later date.

The main focus and most important aspect of each session is the development and evolution of personal goals and solution behaviours. Over time clients may modify or change completely their solution behaviours and goals if they provide evidence that they have succeeded or that their chosen behaviours are not improving their relationship. This evidence takes the form of detailed descriptions of attempts, reactions to their attempts and consequences of their attempts. When clients seem stuck techniques such as scaling questions and the miracle question are used, along with examining exception scenarios.

Although sessions are guided by a manual, the manual is an aid for facilitators, containing the theoretical rationale for each exercise, rather than prescribed content. It is clearly acknowledged that the focus should be on goal work, and that the expert content can be added in if time allows. The emphasis is on enabling the clients to lead the sessions and to respond accordingly, rather than to prescribe how the time is used. It is acknowledged that whilst this maintains a client-led approach, it may impact on aspects of fidelity and integrity (Hollin, 2006).

Psychoeducational content is incorporated from session four, in a collaborative way, maintaining the position of client as the expert on their problems, and governor of their solutions. Consequently, exercises or ‘expert ideas’ (Sharry, 2007) such as those designed to enable individuals to increase their awareness of their emotional triggers for anger and aggression, are presented as ideas that may be of interest or relevance, and something for clients to participate in and consider in relation to their solution behaviours. These expert ideas are considered alongside other ideas that arise from the group discussions about solution behaviours. Clients are afforded

the space to come up with their own alternatives if they believe that the expert ideas are not helpful. This ensures that the client takes ownership of their personal change, and also that the intervention is responsive to individual needs. There is no assumption made that the content will always be relevant to each individual. The focus on the client developing their own solution behaviours again ensures that the content remains individualised on some level. Indeed, this approach has been called individual treatment in a group setting, rather than a group treatment model (Lee et al, 2007).

The final two sessions of the intervention focus on preparing clients for moving on and the end of the intervention through a process of reflecting on the changes already achieved, and developing relapse prevention strategies linked to their solution behaviours. This process enables clients to clearly articulate how they have changed, and to internalise these changes by reframing them as an aspect of their identity (e.g. reliable father, caring husband). Scaling questions are used to gauge how confident clients feel in their ability to maintain these changes and this new identity, and plans are developed concerning actions they can take to increase their confidence in remaining violence free.

Conclusion

Current evidence fails to suggest a clear approach to working with IPVA perpetrators. In combination with increasing need for provision in a context of reduced funding, innovative and brief interventions are required. This paper has presented the theoretical and empirical considerations that have been drawn upon in the development of one such intervention in the UK.

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Appendix 1. Logic model of the XXXX intervention

Goals	**Assumptions**	**Intervention/Activities**
Cessation of physical and non-physical forms of IPVA	IPVA can be prevented by an approach that adopts a collaborative egalitarian stance with group members. Individuals will change behaviour if they are directly accountable for the changes made.	Solution talk rather than problem talk. Miracle question. Brief solution focused questions. Scaling questions. Requirement of alternative behaviours between sessions that are reported on within the session.
Increased self-efficacy and agency	IPVA offenders already have the skills and competencies required to change.	Analysis of exceptions to violence; what was different (thinking, feeling, behaving, situational context) in an instance when all the triggers were present but violence/abuse was not chosen? Identifying personal skills and strengths already possessed by group members that can be used within solution behaviours. Identified between-session changes are acknowledged, validated and praised by facilitators and group members. The facilitators maintain a stance in which the offender is deemed to be the expert in their experiences and what they need to do to change. The facilitator is the expert in the conversation of change.
Increased consequential thinking and self-control	To stop IPVA, offenders need to be able to control their responses to conflict scenarios and reduce impulsive behaviours.	Examination of exception scenarios when violence did not occur, focusing on alternative thoughts; consideration of thoughts in the cycle of aggression and process of effective communication
Increased responsibility taking	To stop IPVA offenders need to take responsibility for an alternative future that is violence free and for the solutions that will lead to this	By session 3 group members will have identified a personal solution that will be the focus of their work from that point on.
Increased perspective taking	To stop IPVA, offenders need to understand the impact of their solutions on other people.	Exercise in which the impact of solution behaviour upon themselves, their victims and other people is examined. Group members are

Goals	Assumptions	Intervention/Activities
		encouraged to identify and consider the perspective of all stakeholders involved in their solution behaviour.
Reduced anger related cognitions and behaviours	High trait anger is a consistently identified risk factor for IPVA (Norlander & Eckhardt, 2005). In order to stop IPVA, offenders need to understand the role of anger in their behaviours, and the thoughts and beliefs that enable anger to lead to violence or abuse	Cycle of aggression. Psychoeducation concerning the nature of emotions and how anger may influence solution behaviours. Focus also on the absence or reduction of anger so that the offender is able to identify their own personal solutions for dealing with anger.
Improved communication/negotiation	Typical patterns of communication that precede violence are characterised by hostility, demand and withdraw interactions (Berns, Jacobson, & Gottman, 1999). To stop IPVA, offenders need to engage in active listening and turn taking within conversations.	Exercise in which offenders are taught and then rehearse active listening, turn taking, and assertive non-confrontational communication. Effective communication is also modelled throughout the delivery by the facilitators and other group members. Exercise in which offenders are taught the stages and principles of effective negotiation. These are then modelled through guided role play. These concepts are then related back to their personal solution behaviours and integrated within their rehearsal in between group sessions.
Modification of self-identity as non-violent/abusive	Research shows that desistance from IPVA develops over a period of time during which the individual self identity changes to being one characterised as pro-social and non-violent/abusive (Walker et al., 2014).	Reflection on self identity occurs throughout. Offenders are required to identify people who are important to them, skills and strengths that they have, This knowledge is then used by facilitators to increase the relevance of programme content. Offenders are required to identify who has noticed changes in their behaviours and these changes are elaborated upon and praised to encourage offenders to sustain these changed behaviours.
Increase positive self-perception	IPVA perpetrators have feelings of shame from personal victimisation experiences as well as their role in IPVA. Research shows that desistance	The therapeutic alliance is key to achieving this.

Goals	Assumptions	Intervention/Activities
	from offending requires individuals to develop a sense of self-worth.	