TREATING INTIMATE PARTNER VIOLENCE FROM AN ATTACHMENT THEORY PERSPECTIVE: A MEN'S HEALING GROUP

by

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TABLE OF CONTENTS

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There is much more going on in the field of treating violent men than I was aware of at the outset of this project and I found this encouraging, exciting, humbling and sometimes overwhelming. Being such a young field there is still much potential for improvement in treating violent offenders but there is a fair amount of valuable literature and experience to build upon. This project is an attempt to synthesize some of that knowledge into a short program that fits with my approach and philosophy of working with boys and men and seeks to help address some of the abuse of women and children by engaging more men in the process of growth and healing.

Chapter 1: Introduction

Objective

The objective of this project is the development of an integrative, attachment-focused domestic violence intervention program and manual to educate professionals involved in facilitating treatment groups for men. This chapter shall offer a brief discussion of the need for further program development in treating perpetrators of domestic violence, specifically the need for programming in the community in which I am situated. This will be followed by Chapter 2 that examines the theoretical underpinnings of this program supported by selected literature. To address violence within intimate relationships requires an investigation of both cognitive and affective processes related to both intrapsychic (inner mind) and intersubjective (relational) worlds and attachment theory provides a potential backdrop for this endeavour. An overview of the program will be summarized in Chapter 3 and provided in the manual in Chapter 4. Finally, my experience of designing this program and future directions will be discussed in Chapter 5.

Significance of the Program

The need for such a program is evident from selected research that indicates that most current treatment modalities have negligible efficacy (Corvo, Dutton & Chen, 2008; Mills, 2008; Scott, 2004). Many of these models focus on violence as an intentional act perpetrated by men socialized in a culture of male hegemony. While there is credence to this construct it only helps to explain a portion of domestic violence incidents and may, in many cases, result in further shaming of men already existing in a psychological state dominated by shame. Conversely, models which focus solely on intrapsychic difficulties may fail in the treatment of abusers whose root issues centre around intersubjective skills. The issue of negligible efficacy in many current models may stem from an

oversimplification of the genesis of abusive behaviour. This project recognized the complexity of abusive personalities and shall seek in treatment to engage men in meaningful insight into their inner and outer struggles. The belief behind the project was that abusive men could be treated without feeling vilified and pathologized, experiences which can lead perpetrators to suffering further strengthening of their subversive psychological defenses (for example: avoidance or intense insecurity) which are often crucial factors behind their abusiveness in the first place. The program asks men to explore their past experiences, present patterns and future aspirations in relationships, seeking to offer a model that requires men to take responsibility for themselves while instilling hope for change and growth.

The pioneering Duluth model (Pence & Paymer, 1986), which considered the perpetrator as acting from a position of power and control, may be seen as misguided when one comes to appreciate the connection among individual relationship styles, early attachment experiences and intimate violence (Henderson, Bartholomew, Trinke, & Kwong, 2005). Babcock, Green, and Robie's (2004) meta-analysis found that Duluth models had a small overall effect size while cognitive behaviour therapy (CBT) groups had a slightly smaller effect size. Mills (2008) argued that assaultive men in treatment need to process childhood experiences as well as issues that they have with their partners and that if they are not permitted to discuss and resolve these phenomena then their progress will be inhibited. As well, Mills (2008) attributed some blame for this shortcoming to feminist-leaning domestic violence advocates. The presence of externalizing blame and dysphoria in many assaultive men also may help to understand the inefficacy of gender-based psycho-educational treatment models (Dutton, 2007). Stosny (1995) cautioned that propagating

guilt and shame in treatment causes further encapsulation of dysphoria weakened selves and increases the risk of recidivism. In many cases of abuser rehabilitation, the goal should be the release of shame rather than using it as a lever for change.

The causal factors of domestic violence are far from simple. Dutton (2007) pointed to Rounsaville's (1978) unheeded revolutionary work recognizing that family of origin violence and societal acceptance were not enough to explain wife beating; that other factors such as dependency-autonomy conflicts, jealousy and controlling behaviours needed to be addressed. Levine and Klein (2007) suggested that anger management programs do not address neurological short circuits that are impacted by PTSD suffering. Scott (2004) wrote that studies have not found a correlation between patriarchal values and abusive behaviour. Levinson (1989) however found in his comparative study of ninety societies that domestic violence is most common in countries where men exert control over women's lives. West and George (1999) conceptualized intimate partner violence (IPV) as a form of pathological mourning and infer that abuse is an act of punitive control. Dutton and Corvo (2006) found that in domestic violence cases as much as sixty-six percent of wives were also violent and in forty percent of cases wives hit first. However, in the USA, women are injured by an intimate partner at three times the rate of men and domestic assault is one of the leading causes of women attending emergency rooms (Mills, 2008). In British Columbia, Canada the *General Survey on Spousal Violence,* F.R.E.D.A. (1999) found women to be five times more likely than men to seek medical attention due to relationship violence and 26 percent of women were assaulted by their partner more than 10 times. Such statistics illustrate the need for continued efforts at treating men.

In rural communities, three factors which relate to increased domestic violence are poverty, higher unemployment and lack of supportive services, resulting in higher rates of IPV (Cook-Craig, Lane & Seibold, 2010). These issues are compounded by financial limitations for the offering of specialized prevention and intervention programs due to small populations and geographical distances, concerns about confidentiality in small communities, attitudes conducive to misogynist, controlling behaviour and resistance to seeking help in isolated, frontier oriented communities (Jamieson & Wendt, 2007). It is essential that context is understood by facilitators for each community that a program is offered, men will have slightly different issues in each demographic. Lichtenberg (1999) proposed that humans have a motivational system specific to attachment to a group and it is hoped that the group structure, besides providing the economic benefit of treating several men at one time, can provide a comfortable arrangement that will allow participants to access affective processes that may not be as possible in individual therapy.

Community Need

In the rural community of Williams Lake in which I live the police (RCMP D. Dickson, personal communication, January 3, 2012) convey that there are over 80 reports of spousal assault on average annually. Adult probation runs two mandated programs per year that are attended by ten to twelve men each. Approximately 60 percent of participants complete the program and 60 percent of these clients attend a follow up, non-mandated community ran program, respectable numbers. This particular community is also piloting a restorative justice modeled, Circles of Strength program that will take on cases involving low levels of violence. These programs are however, just scratching the surface in attending to the need for intervention and treatment for domestic assault perpetrators as the

number of offenders far outnumbers the availability of seats in treatment programs.

Probation involved programming is not addressing the need for early intervention. In many

smaller communities no prevention or intervention work is offered. Personal experience

with child and family services evidences the existence of many men who do not quite meet

the criteria for existing services that could benefit from non-mandated, preventative

programming. I have been approached by many social workers and community service

providers with enquiries and potential referrals following a short term (4 sessions) men's

group that was ran as a practice model for this project. Several of the men who attended the

group have been in contact asking for more, they enjoyed the chance to discuss their issues

and appreciated the skills that were modeled and discussed.

Overview of Proposed Men's Healing Program

Bowlby (1988) found it disappointing that clinicians have been slow to test the

formulations of attachment theory. In the treatment of assaultive men it is hoped that

practitioners can do better and attachment theory holds promise to this aim. This paper

investigates how Bowlby's concern can be addressed and respected in the treatment of

assaultive men. Hart (2011) advocates for combined intervention models that work with

top down (cognitive) and bottom up (affective) processes; this consideration has been

taken into account in the integration of some cognitive-behavioural techniques, where

indicated, with a relationship focused, attachment sensitive psychodynamic foundation.

This integration was explored with the understanding that intersubjective conflicts which

erupt into violence are in some cases related to cognitive distortions. These distortions can

be addressed with CBT but in other ways may have roots in unresolved grief or psychic

dysfunctions that may require more focused intrapsychic explorations and experiences.

The program uses a variation on the gender focused perspective. As propagated by many treatment models, gender is analyzed through the lens of male power and control, and IPV is considered a manifestation of abusive attitudes (for example, see the work of Bancroft, 2002). Alternatively, gender is utilized in this program as advocated by Sax (2007), not as a shaming exercise or theoretical orientation, but to expose ineffective coping mechanisms as related to intimate relationships, and further to assist in discussions related to development of perspective taking skills, compassion and empathy and to help group participants emerge with a way to value masculinity. Narrative therapy techniques (White, 2007) are introduced to build linguistic awareness of participant's inner worlds as they interact with attachment relationships. Crittenden (2008), in laying out her dynamic maturation model (DMM) for treating abusive parents, recognized that "we don't need another theory, we need a comprehensive theory" (p. 255). This model is not an attempt to undertake this vast ambition but hopes to absorb some of the efforts that are congruent to Crittenden's plea. It is anticipated that the integration of these techniques, which seem a daunting and risky descent into "eclecticism", will be justified in this quest into investigation of the complexities manifested in IPV cases, and that a treatment modality which can attend to speculated causes of inefficacy of traditional intervention methods may thus be developed. Johnson (2008) points out that manifestation of attachment injuries can be obscured by behavioural issues; additionally, Slade (2008) writes that insecure attachment organizations exhibit as cognitive, behavioural and emotional distortions. These statements give further indication of the need for a broad, integrative treatment model.

Many integrated techniques have been chosen due to their proven efficacy in addressing factors that can be related to violent behaviour. Attachment research shall be utilized to center the program as a psychodynamic intervention that works from the belief that humans are by nature emotionally driven, social creatures with strong needs for connection that have considerable ramifications for child development as well as adult relationships. Thus two layers of attachment are conceptualized to be at play in domestic violence: the earlier experiences of infancy and the later attachments developed in romantic relationships.

Treatment Summary

The proposed program shall first and foremost seek to attend to the safety of related victims; where safe and applicable, couples will be encouraged to seek further therapeutic work. Contact between facilitators and victims is strongly advised to ensure that violence is ceased and that information gained in treatment is not being used inappropriately against victims (Scott, Francis, Crooks, and Kelly, 2006). In the USA, many states which have developed standards for abuser programs now require contact with victims. Price and Rosenbaum (2009) in their meta-analysis looked at over two hundred programs and found that 75% of programs contact victims at least once. Bancroft (2002) declared victim contact as absolutely essential to avoid having biased reports of violence and forcing men to put the truths on the table. Attention will need to be paid to protocol regarding victim contact so that ethical standards around confidentiality are met and that victim's safety is not compromised. Victim contact must be explicitly included in consent processes so that everyone, including victims and those providing service to them are aware and prepared. Group participants will be accepted, validated and encouraged to be vulnerable. The

provision of a secure base for the participants will necessitate being explicit also with the goal and use of confrontation (Dutton & Covo, 2007). This will require a tactful exploration of both resistance to therapy and denial of participants' own issues (West & George, 1999).

The participants will be helped to build awareness of how they may have acquired respective working models and to evaluate their relationship (attachment) needs. This will be explored through retrospective narrative, family systems and psychodynamic exercises, while addressing affect regulation through brainstorming and experiential exercises and further remodeling relationship patterns by challenging thoughts and beliefs with cognitive-behavioral techniques. Participants will be encouraged to process humiliation that they have felt and guarded against so that violence as a defense against experiencing these feelings is unnecessary. DeFoore (2004) offers a nice metaphor in his discussion of the "spiritual warrior" of anger and withdrawal as our sword and spear that may be helpful to incorporate into the ongoing discussion of anger and defenses in the group. Men will be asked to address fear as a root issue of which violence is a symptom (Slade, 2008). Looking at their deepest fears which can obscure the "inner child" and the roots of these fears in men's actual childhood experiences will help them to own fear as a gift. Naming buried feelings, claiming as their own and dissolving blame by being permitted to express their anger in a safe and healthy environment will help men to wear down their guards. It is advised to be sure that sufficient closure is provided for affect laden sessions and that men have safety plans in place from the outset of the program that provide outlets for any residual emotions that they may carry home. It is here again that reason for contact with victims is essential. Men will be guided through chances to practice regulating and

communicating anger in order to reduce the risk of aggression (Miga, Hare, Allen, & Manning, 2010). Conflict will be analyzed and the communicative role of the myriad emotions and thoughts that are involved in it deconstructed. Feeney (2008) linked severe conflict to avoidance and anxiety through diminished "communication competence" (p. 468). Conflict can be seen as something which is a part of a healthy relationship (Moretti, Braber, & Obsuth 2009); how it is used, understood and deescalated is a key piece in helping keep violence out of relationships. Investigating conflicts from the men's own relationships by looking into other perspectives and understanding the source of the conflicts may be helpful in guiding some men to be able to accept strong communications from their partners without reacting with invalidating, violent or controlling behaviours. They will be asked to examine how their way of relating has worked and not worked, what price has been paid, what really matters to them in a relationship and to link issues around grief to their present predicaments (West & George, 1999). If the old strategies can be isolated and given up they will need to be replaced by viable alternatives. These alternatives can be centered on fostering the men to practice empathic listening, to learn to step back, breathe and respond to situations rather than impulsively reacting. If they gain appreciation for the consequences of some of their patterns and practice more effective strategies, conflict with intimates can become more of a learning experience and less of a traumatic reenactment of past injuries or triggers.

This is the core of the project: men telling their stories to a group that is both compassionately accepting and gently challenging, becoming aware of how these stories might be holding them back, and getting a chance to practice skills in listening and perspective taking while others work through their pain, denial and fears. Dissection of

feelings and thoughts in role plays led by facilitators will further deepen the learning and offer semi-concrete examples for those in need of such training.

The program will seek to address elements of cognitive, behavioural, and emotional components of men's struggles related to intimate violence. Thought processes will be appraised as well as traced to their origins; working models are a useful construct to this end. Control will be evaluated and anger stripped to its role as a raw communicative protective emotion. Socialization of boys by family and society shall be analyzed and in this the men's need for control can be furtively twisted to look at how men want themselves to be and how outside forces have worked them through what Pollack (1998) terms the "boy code". Evaluating how our anger manifests as behaviour in our relationships in both helpful ways such as communicating assertively when we are frustrated and detrimental ways such as shutting down or lashing out when we feel hurt will help to redefine anger as an emotional gauge. Emotions are not always the result of antecedents that trigger faulty beliefs and can often be found at the genesis of such patterns of thought and behaviour. This is a divergence from CBT theory that is hypothesized to help address the members of the group in more need of affective core work. Love and passion will also be explored: "how do we define them, reach them and keep them while respecting both ourselves and others?" Furthermore, shame will need to be addressed in this group. Dutton (2007) states that if he had to single out one factor that generates abusive behaviour it would the shaming of a child by its father. Men will be helped to face the shame rather than defending themselves against it. Participants will be encouraged to resolve underlying fears and unbalanced relational processes by remodeling dyadic patterns to allow for more responsive attachment related behaviour (Lyons-Ruth,

Bronfman & Atwood, 1999). Abuse will be defined and analyzed and alternative feelings and behaviors will be explored and ideally rehearsed. Problem solving skills will be introduced to reduce blaming tendencies. Alcohol abuse will be discussed and treatment referrals recommended where indicated. Mills (2008) call to "Accept the Person- Intolerate the Violence" will be the whispered mantra.

In summary, the program will seek to address the need for abusers to develop a coherent narrative through the telling and development of their stories, giving them a chance to process childhood experiences and relationship struggles by providing a safe and supportive forum for exploration based on the principles of attachment informed group psychotherapy. Attention will be paid to the need for some perpetrators to increase their perceptive abilities by practicing experiential techniques, dissecting role plays, deconstructing their personal experiences through alternative perspectives and evaluating cultural chauvinistic practices detrimental to achieving mutually respectful relationships and a free and equal society. Participants will be assisted to develop less harmful coping skills by evaluating their current strategies along cognitive behavioural lines supplemented by the philosophy and language of attachment theory. The opportunity for enhanced communication skills will be provided through encouraging the use of emotional language and having men explicitly defining their needs guided by the understanding of unconscious processes and expectations critical to intrapsychic and intersubjective conflicts as explored in psychodynamic theory.

Attachment theory is here conceptualized not to compete with the other theories and techniques integrated into the program, but instead to serve as the foundation over which the exercises will be laid out, and through which the integrative approach can be

simplified, connected and contextualized. In treatment, attachment orientations will be explicitly investigated and attachment needs will form an experiential, structural scaffolding for group sessions. Through investigating the relationships that men in the group aspire towards, concepts such as trust and safety will be posted and utilized throughout the group to reinforce relationship enhancing techniques such as respectful communication and challenge harmful phenomenon such as excessive jealousy. The program is built upon my experience with working with boys and men with some impetus inspired by the understanding of domestic violence evident in working with the children and mothers who have been victimized. I have realized in my work and reading that there is room for improvement in the field of treating abusive men. The research question attached to this particular project would be: "How can intimate partner violence be treated through the understanding of interpersonal conflict as conceptualized in attachment theory?" This project attempts to initiate a program that can offer something to abusive men struggling with a variety of issues. The target group is men who have been identified as assaultive, whether by judicial system processes or by self referral. The next section discusses some of the research in intimate violence, presents an overview of attachment theory, and attempts to justify the use of attachment related concepts in treating abusive men. This will be followed by a summary of each session in chapter three.

Chapter 2: Literature Review

Although recognition of intimate violence as an actual problem is an embarrassingly recent development, considerable research and programming has been devoted to the issue since the 1970's. This chapter reviews selected literature addressing the causes of violence including biological, sociocultural and psychological elements, takes a brief look at theory

and research into the causes and treatment of abuse and finally discusses the importance of

attachment processes in understanding intimate partner violence. There is good work

being done here in the province of British Columbia both in policy and service

development, for example, the Best Practices Approaches: Child Protection and Violence

Against Women (Ministry of Children and Family Development, [MCFD], 2010) and the

Respectful Relationships Program: a Program to Foster Respectful Relationships (Ministry

of Public Safety and Solicitor General, 2003). As well, techniques or ideas from other

innovative programs such as Connect Parent (Moretti, Braber, & Obsuth, 2009) and Caring

Dads (Scott, Francis, Cooks & Kelly, 2006) will be utilized.

The MCFD Best Practices Approach (2010) mentioned above contained some

helpful experience and research strengthened advice to ensure safety in the family, for

example, it recommended caution to avoid attributing violence to mental illness, addiction,

or victim behaviour which can result in men externalizing blame and being resistant to

change. However, in stating that abusive men are "one-hundred percent responsible for

their violence" as they "are in control and make choices about who he abuses and where he

is abusive" (p. 8) the document fails to appreciate that in cases of "family only" violence it

is the very nature of the intimate relationship that marks the distinction. It is in the intimate

realm where our strongest conflicts between attachment and independence take place. It is

in the privacy of the home and bedroom where our deepest insecurities may play out,

where the façade comes down and the social persona is confronted by the complexities of

biology compounded by sometimes unconscious stressors in the psyche. DeFoore (2004),

in a well constructed model of treating angry men, declared that "love is the fuel for the

fire of anger" (p. 12). Home can provide a dialectical oddity where it is both the secure

base where we feel safe to expose our weaknesses and vulnerabilities and where we may unfortunately feel safe to release rage when such vulnerabilities are or feared to be used against us. Bowlby (1988) listed sexual partners, relationships with parents, and relationships with children as "the three relationships that are 'shot through with emotion' and that activate anger" (p. 90).

The power and control theory emanating from the Duluth model (Pence & Paymer, 1986) has explanatory merit as men who abuse their partners are not likely to feel powerful and the use of coercion and violence is in many cases an attempt to assert or regain control in their household. Its implications however, may be better aimed at social activism rather than as a treatment model. Many men raised in societies leaning toward male privilege do not assault their families, just as many men who are abused as children use techniques other than violence to feel in control. The healthy person who feels powerful within themselves is more likely to use their strengths and gifts to help others grow than they are to victimize others; it is where control is aimed that makes the difference. This project proceeds with the understanding that treatment may for some men be better served by addressing how his inner world interferes with the outer, focusing on getting him in control of himself (introspective work) rather than concentrating on labeling his role-based controlling behaviours. Dutton (1995) suggested that disavowal of intra-psychic factors in intimate violence has led to failed results in treatment by not accounting for men's perceptions of powerlessness or for subtypes of abusers. This latter point may be argued to support the subdivision of assaultive men into customized treatment groups, a practice which could be economically inhibitive, especially in smaller communities where the presence of any viable treatment option may be welcome. If the group process contains the

right mix of intra-psychic and intersubjective work it is possible that a broader population can be well served.

Correlatives and Risk Factors

Biology

Links between attachment processes and frontal lobe deficits have been well researched (Schore, 2003), however, other factors such as major mental disorders, head injuries, prenatal insults (i.e. FASD), substance abuse, and genetics are linked to violent behaviour as well (Volavka, 1999). Volavka (1999) also found that impulsive violent offenders have lower verbal skills and that those who perpetrate premeditated violence and responded better to psychopharmaceutical treatment than non-impulsive violent men. Yurgelun-Todd (as cited in Sax, 2007) explored gender differences in neurological processing in which negative emotions in females are shown to have better connections to language areas of the brain whereas in men they are often short circuited through the amygdala. This may be used as justification for using experiential techniques in treating abusive men to address the need for enhanced self regulation skills through techniques beyond the linguistic. Some of the men who may end up as abusers are likely to have learning styles that are better served by exploring concrete examples of concepts and will be more likely to walk away from the program with tangible skills that they have seen and experienced somatically than they would have in a purely psychoeducational lecture treatment format.

Mills (2008) cited USA Department of Justice statistics that seventy-five percent of domestic violence cases involve alcohol. Scott et al. (2006) asked whether active substance use should be considered in inclusion. Ongoing substance abuse will certainly have a

negative impact on treatment efficacy. Clearly addressing alcohol use as part of or in conjunction with batterer treatment is imperative. I have chosen to go the later route and look to make referrals to substance abuse programs where applicable.

Behaviour

Loue (2000) discussed a variation to theories focusing on men's patriarchal, controlling behaviours (see Dobash & Dobash, 1979) made by evolutionary theorists (Tracy & Crawford, 1992; Wilson & Daly, 1993, as cited in Loue, 2000) that offered one cause of intimate violence to be jealousy linked to control over the reproductive capacity (i.e. infidelity or fear of it). Crittenden (2008) considered sexual deception and fear of cuckolding (raising the seed of another man) to be the major fear linked to domestic violence. Jealousy itself is discussed in many testimonials (Mills, 2008, Bancroft, 2002). Examining violence as a "natural tendency" to ensure progeny will not be included in lesson plans of the program although discussion of infidelity is likely to come up. This topic can be related to the relationship needs list that will be elaborated in the manual. Many men who end up in batterer treatment programs struggle with controlling behaviours and there is a danger of inadvertently reinforcing such behaviours by focusing on what may be perceived as their potential benefits. This as well can be put back to the group within the development of a group defined healthy respectful relationship. Holtzworth-Munroe, Stuart and Hutchinson (1997) found that younger couples are at a significantly higher risk for intimate partner violence (IPV). Whether this is due to lessons learned as people age is difficult to infer but it does give hope that abusive patterns can be reversed through maturation. Wright and Benson (2010) discussed relational romantic aggression behaviours such as: flirting with others to invoke jealousy, using a break up threat to gain

compliance, and giving the silent treatment, which specifically target the intimate

relationship. Investigating and reflecting on such behaviours whether exhibited by

participants or their partners is warranted in treatment.

Sociocultural and Legal Considerations

Corvo et al. (2008) found a weak correlation between gender role socialization and

domestic violence. The effects of gender stereotyping are both pervasive and subtle and

nearly impossible to fully measure, ranging from variations in child rearing to expectations

in adulthood. Can it be hypothesized that having the men in the group define a masculinity

that does not condone violence may have some benefit towards decreasing the assaults on

intimates? Male privilege and the use and threat of violence to preserve should be

addressed and can be challenged through group discussion which includes alternatives that

are founded on equality and safety. Mills (2008) cited research on legal interventions that

arrest can actually result in an increase in future violence. The Canadian legal system has

moved towards a mandatory arrest model, the implications are perhaps mixed, but it is

imperative in all services related to violence that it is treated as a serious crime for which

rehabilitation of the offender remains a part. Recent changes to Canadian law take the

failure to respect protection orders much more seriously. Mills (2008) is concerned that the

legal system is "inherently about competing versions of the truth and therefore will never

be an ideal arena for personal healing" (p. 248). It is outside of the scope of this paper to

discuss legal issues at length but I have mentioned them because of their applicability to

the need for alternative group development. Mills (2008) also found that fifty percent of

women who attend shelters return to their abusers. The possibility of effective couple's

therapy is being addressed (for example, Greenberg and Johnson's 1998 *Emotion Focused*

Therapy) but is often stigmatized and rarely endorsed by women's services (Mills, 2008).

My personal bias would be to lean away from couple's counseling in all but the mildest of

abuse cases and to hope that utmost efforts are being made to ensure that victims can

escape abuse safely. The concern over safety is in part impetus for choosing to treat men

separately. Women's advocate Gail Edinger (personal communication, March 4, 2012)

emphasizes that it is when an abused woman is trying to leave that she is at most risk of

retribution and homicide, this should be known and appreciated by all working in the field.

Wright and Benson (2010) pointed out that low economic status and all of the

accompanying stressors are correlated to IPV. Loue (2000) also found immigrant status to

correlate to intimate violence reports. Recognizing that First Nations women are as much

as three times more likely to be the victims of intimate violence (Legal Services Society, J.

Woods [Ed], 2004), it remains difficult to attribute causality due to interference from

various factors not limited to: severe intergenerational attachment disruptions and trauma

resulting from residential school practices, increased addiction and health issues,

oppression and extreme poverty. Much of my experience has been in working with

struggling boys in rural British Columbia, a disproportionate percentage coming from the

First Nations population. The roots of anger and stress which may manifest as intimate

violence in such oppressed populations run far broader than factors traceable to

socialization or the intricacies of specific attachment disruptions within intimate

relationships. Overwhelming grief and loss, cultural identity struggles, feelings of

powerlessness, unemployment, racism and the lack of access to basic necessities require

interventions far broader than can be addressed in any treatment program. When, for

example, family breakdown has occurred, alternative support networks may be needed and

can be found by accessing the broader community. This may include: referrals to

individual First Nation incentives such as rejuvenated cultural programming, accessing

elders, exploring specific historical factors and initiating social activism.

Family of Origin

If one subscribed only to a social learning paradigm then this and the preceding

factor would be paramount. Delsol and Margolin (2004) found that between fifty-five and

seventy-five percent of married, violent men reported family of origin violence and that

twenty to twenty-eight percent of nonviolent men report family of origin violence. They

discuss this as a "modest relationship", and cite limitations in this enquiry ranging from

reporting bias due to social desirability to the presence of other factors such as a generally

unhealthy environment in such families and corresponding attachment disruptions. Corvo

et al. (2008) also found the correlation between IPV and family of origin violence as

consistently significant but with a generally small effect size. Dutton (1995) hypothesized

that although a family system exposing children to violence and espousing physical

punishment is about 2.52 times more likely to result in perpetration of violence when those

children enter adult relationships, social learning theory is limited in explaining "private

reactions" and proactive violence within intimate relationships. From a behavioural

perspective, reinforcement of violent behaviours can be found in the result of maintaining

control of a spouse. As long as people feel the need to control others, violent conflict will

impact relationships. Rather than overemphasizing this abuse, perhaps we should offer the

hope of reinforcing compassion, safety, and love to allow men to define their ideal family.

Dutton (1995) concluded that verbal abuse by the mother and recollections of paternal

rejection and shaming are two of the most important factors in the making of an abuser.

These parental behaviours can clearly be classified as attachment disruptions. Van der Kolk, McFarlane, and Weisaeth (1996) stated that reenactment of victimization is the major cause of violence in society. In *A Secure Base* Bowlby (1988) wrote that task of therapy is to "help the patient discover what these events and experiences may have been so that the thoughts, feelings and behaviour that the situations arouse, and that continue to be troublesome, can be linked again to the situations that aroused them" (p. 133). The need to explore the past to identify the true source of anxiety and fear and to discover the logic of affect regulating strategies expressed by Schore (2003) gives credence to the integration of psychodynamic investigations into treatment of assaultive men. Bateman and Fonagy (2006) differ and offer caution to childhood explorations when working with borderline patients that is worth contemplation. If such exploration is to be done, it needs to be done gently, without judgment and without coercion. Crittenden (2008) writes that "healing the past begins with imagining a different future" (p.339), in some instances I disagree: healing often requires first recognizing and accepting the past, then imagining a brighter future.

Attachment as a Backdrop: Theory Summary

Advancements in neurobiology and psychology have given more credence to the value of attachment theory in explaining abusive behaviour in intimate relationships as well as framing interventions (Damasio, 1999; Perry, 2009; Siegel, 1999). Schore (2003) has utilized (f)MRI technology to deepen our understanding of affect-regulating deficits that can be attributed to early attachment experiences as well as offering hope that therapeutic interventions can help to remediate such deficits. Bowlby (1969) originally used the word "attachment" to specify the affective bond between an infant and a

caregiver, an idea that was not novel as Freud had talked of "the adhesiveness of early object relationships" (as cited in Schore, 2003, p. 11). Bowlby (1969) theorized four features of this bond: *proximity maintenance, separation distress, safe haven* and (closely related) *secure base*. Proximity maintenance is vitally important for the survival of a child due to the relatively helpless state of the human infant. The caregiving tendencies of the parent have evolved to synchronize the infant's proximity seeking behaviours such as reaching up and separation distress communications such as some forms of crying. Attachment theory followed this into an understanding of affect regulation and coping skills related to disruptions in the attunement toward the infant's proximity and distress alleviating needs. Separation distress is the infant's affective cue to communicate the need for proximity; that signaling to the caregiver that the child is stressed and vulnerable. Safe haven is the necessary place of solace, be it the mother's arms or the padded manger where the child feels the presence and attunement of its guardians. Secure base is what that safe haven becomes when the child is ready to explore beyond it venturing into the outer world. The child graduates through realizing the self as a distinct object separate from its mother to experiencing other caregivers (father, grandparents, etc.) to embarking on adventures such as making eye contact with novel people and eventually locomotion, crawling off down the vast hallway. These transitions are made easier when the child's home base is safe and predictable, the guardians nearby to protect and give comfort if the child needs it. Bowlby wrote that, "all of us, cradle to the grave, are happiest when life is organized as a series of excursions, long or short, from the secure base provided by our attachment figure" (1988, p. 62). Even in adulthood we seek these things, stressed is the person whose temple is unsafe, equally stressed is the person who believes or feels that their base is unstable,

like a building lacking a foundation. Accepting that the urge for proximity is something to be respected and valued rather than a sign of inherent weakness was for Bowlby (1993) a shift in the thinking, moving away from such ideas as codependency. Recognizing the struggle between dependency and autonomy is a concept of value in treating men who may be stuck in avoidant patterns strengthened by modern individualistic social norms. Bowlby (1969) theorized that our attachment experiences in the first few years of life facilitate the making of working models that have endearing consequences for how we relate to others. If we chronically perceive others to be inconsistently available we may become vigilant that they are bound to leave us. If, unfortunately, we believe others to be cruel we will look for ways to numb the pain, even in the crib, and when such responses become pattern wired into our neurological constitution we miss out on properly developing and fully accessing the higher functions of the cortical regions of our brains, and we develop expectation schemas which are detrimental to maintaining relationships. These schemas or working models are thought patterns with deep roots.

Bowlby's (1969) focus on the child was driven by a swing to a prospective approach, acknowledging Freud's recognition of the limitations of retrospective methods, but not limiting himself to this inquisition, Bowlby later wrote that "attachment behaviour is conceived as any form of behaviour that results in a person attaining or retaining proximity to some other differentiated individual" (Bowlby, 1978, p. 7). Freud (as cited in Bowlby, 1969) stated that "love has its origins in attachment to the satisfied need for nourishment" (p. 179). Harlow's (1959) work with monkeys and cloth surrogates challenged this "drive reduction theory", finding that attachment behaviour seemed to stem from contact comfort rather than sustenance. Bowlby (1969) conferred that this idea held for humans where he

could see that attachment bonds could be created for individuals that are not providers of nourishment and that the goal of bonding involved much more than just food. He theorized that attachment behaviour was directed at eliciting care-giving behaviour in the other, writing in *A Secure Base* (1988) that the attachment behavioural system becomes activated when a subject is afraid, tired or ill.

Through his explorations of attachment Bowlby was attempting to revive and revolutionize psychoanalysis by utilizing scientific inquiry methods. Bowlby (1988) concluded that the essential task of psychotherapy is the uncovering and reassessment of early internalized working models. He recognized the importance of emotion as communicative and predictive of behaviour and in therapy he stressed the value of patient's affective reports, particularly when they were in appraisal of situations and subsequent motivations. Originally Bowlby's ideas generated much research. For example, Ainsworth and her colleagues' (1978) strange situation study exposed infants to incremental separations from the mother and exposure to strangers (clinicians) to activate the attachment system and reveal attachment patterns between the infant and mother. Mary Main and her colleagues (1985) applied the theory to classify similar intersubjective patterns in adulthood based on reporting of childhood memories. Hazan and Shaver (1987) extended the attachment perspective into adult romantic relationships. Attachment theory suffered some resistance from elements of psychoanalysis and marginalization from the transcendence of behavioural thinking. More recently, however, Schore (2003) noted that a host of disciplines "freed from the narrow behavioural model that dominated psychology in much of this century are actively probing questions about internal processes of mind"

that were "originally the mainstay of psychoanalysis" (p. 192); he celebrated that the field has returned to its roots.

Putting this attachment theory inspired model into practice culminates in thinking about causes as much as symptoms, a starting point contrary to reductionist, pharmacological approaches as well as to some theoretical constructs of cognitive-behavioural therapy (Corvo & deLara, 2010). The challenge attachment theory poses to choice theory, the morality of our legal system and state via the social bonding vs. self control debate, and conservative's reluctance to consider causes which feels like condoning, relate to a concern which Bowlby himself recognized: "are we doing no more he asked, than encouraging a patient to lay all of the blame for his troubles on his parent and, if so, what good can that do?" (1978, p. 20). The value, he found, comes in helping the client see how he might misinterpret or misperceive those to whom he is attached (Bowlby, 1978). This insight will form a fundamental piece of the treatment model. It is not about blaming the parent, this should be made clear, it is about understanding why we react to intersubjective situations the way we do. The connection between this phenomenon and our early experiences is near the core of attachment theory. The focus is not on the behaviour but rather on the meaning and feelings that led to it. However, personal agency must not be put aside. Men have to be accountable to heal. Treating them with compassion may be the best route. Stosny (1995) considered compassion the salient attachment emotion, transcending pity and empathy, evoking equality and serving as the keystone of treatment. Experiencing compassion in the group, from both the members and the facilitators can be transformational for those to whom it is unfamiliar, and compassion is an integrative (cognitive, behavioural, emotional) experience which can open the gates

to insight, validation and change, allowing abusers to work through their past injuries and erode any narcissistic encapsulation that may have been further fortified through their shame for their abusive behaviour. Stosny (1995) hypothesized that abusers dealing with attachment issues are less able to regulate negative affect and that focusing on attachment dysfunction in a compassionate supportive manner is a superior model for treating them compared to traditional methods which begin with attention to problem behaviours.

Attachment and Pathology

Current concepts of psychopathology in relation to attachment theory have considerable implications to treatment of intimate partner violence (Dutton, 1997). Although O'Connor and Zeneah (2003) pointed out the need for a consensus about the precise meaning of "attachment disorders", their recognition is gaining prominence thanks largely to advances in developmental psychology. Schore (2003) contended that impairment of the affect decoding, right prefrontal cortex leads to empathy disorders and a limited capacity to perceive the emotional states of others. Wilkinson (2010) wrote that neglect in infancy results in reduced size of the bridge between the hemispheres, the corpus callosum, and which according to Main (as cited in Renn, 2010) causes error correcting information to be excluded from consciousness. Furthermore, Wilkinson (2010) stated that childhood trauma results in left neocortex (reasoning), hippocampus (memory function), and amygdala (crucial in evaluating negative emotion) deficits as well as abnormal orbitotemporal electrical activity, diminished functioning of the cerebellar vermis and hindered development of the spindle cells in the anterior cingulate. Such biological injuries have serious repercussions to future abilities to assess situations and control impulsivity; factors central to many abusive behaviours. The relationship between amygdala

functioning and the ability to read faces has been shown; violent men are found to

misperceive facial expressions of fear as anger (Adolphs, Baron-Cohen, & Tranel, 2002).

Perry (2010) added that early activation of the stress response system increases the risk of

developing depression and PTSD due to elevated levels of gluticorticoids. The

autoregulating, self-comforting neurological function of the orbitofrontal system that

initiates our adjustments to environmental stimuli and provides vehicle for transitions of an

integrated self is developmentally impaired by early attachment dysfunction and can be

linked to autism, schizophrenia, mania, unipolar depression and dysregulation of emotion

(Schore, 2003). Reactive Attachment Disorder (RAD), considered a misunderstood

diagnosis found in the DSM-IVTR by Minnis et al. (2009), represents a more diffuse

disruption of social skills than the "dyadic specific alterations in goal directed behaviors

conceptualized in classic attachment theory" (as cited in Goldwyn & Hugh-Jones, 2011, p.

173). Hart (2008) wrote, in support of psychotherapeutic treatment, that "the only thing

capable of curing an attachment disorder is the establishment of an attachment based on

appropriate emotional attunement" (p. 286). A well run supportive treatment group could

provide the seeds of this.

The Affective Component of the Program

Attachment related emotional deficits can often be found in assaultive men (Dutton,

1997, Hart, 2008).Wilkinson (2010) cited evidence in her discussion of emotional memory

that intense amygdala arousing experiences are hoarded in implicit memory. From a

psychodynamic perspective, exploring cognitive disruptions through talk will not be

enough to heal core damage. Schore (2003) lamented that until recently neuroscientists had

neglected the study of emotion in the growing brain, preferring inquiry into cognition:

attention, perception, memory and language in adult brains. He felt that Freud was on track: "the emotion processing right mind is the neurobiological substrate of Freud's dynamic unconscious" (p. 207) and offers that the unconscious is an actively communicating, relational regulation system that processes nonverbal, corporeal, imagistic and prosodic information.

An attachment focused violence treatment model necessitates the absorption of a biopsychosocial model. In his preface to Bowlby's (1988) *A Secure Base*, Holmes described Bowlby as "an eclecticist par excellence", able to integrate psychoanalysis, cognitive science, child development, ethology and cybernetics into a "coherent story" (p. xix). Damasio (1994) rejected Descartes' separation of body and mind and espouses recognition of the psychosomatic oneness that is disregarded in a purely psychological model. Siegel (2010) calls for mindfulness, being in the present while making sense of the streams of images from the past. Maté (2008) wrote of the filter of the past affecting present relational experiences and, on a developmental level, notes that high blood pressure in adulthood can be linked to increased levels of vasopressin resulting from insufficient early attachments. These biology-rooted, attachment- related concepts have validity in understanding and treating the psychological predicament of many assaultive men.

The group facilitator is certainly not going to undo all of the effects of early childhood trauma by stepping into the role advocated for the therapist by Schore (2003) of an intuitive, psychobiologically attuned caregiver; however, a new way of relating can be experienced which will offer a template for future relationships. The therapist/facilitator, in moments of attuned, primitive connection can emulate the client's corpus callosum and through self containment, patiently timed interpretation and the amplification and

acceptance of the participant's emotions, can encourage the creation of a secure intersubjective base (Shore, 2003). Lamagna and Gleiser (as cited in Richardson, 2010) talked of the interrelational triangle between the client's emotional self, normal self and the therapist. Blizard (as cited in Richardson, 2010) similarly described the therapist as a bridge between the selves. The therapist and the group process can serve as a link between the client's implicit emotional memories and his semantic consciousness, the explicit self. Rather than being seen as isolated phenomenon, disruptive and in need of catharsis as Freud espoused, or cognitive rationalization as Beck originally theorized, emotions can be seen as a communicative core of a dynamic meaning system (Greenberg, 2009). From its inception in exploration of preverbal communication attachment theory has been drawn to considering affect as part of a multimodal brain structure in which elements such as fear do not require complex analytic processes as they are often routed directly through the amygdala. For the client who has not nurtured through healthy attachments what Holmes (as cited in Schore, 2003, p. 56) described as a "psychological immune system", affective/reflective attachment focused therapy can help to initiate such growth on a psychological and biological level. Johnson (2008) found that attachment theory addresses the need to hone in on the organizing elements of the dramas of intimate relationships and proceeding definition of the self within these relationships. It is these constructs that will form the core of the proposed project.

Attachment Types

A critical development of attachment theory is the recognition of attachment types or styles. Origins of these types were addressed in Ainsworth's (1969) research and discussed by Bowlby in his trilogy (1969, 1973, 1980). These ideas were further expanded on by

researchers such as Hazan and Shaver (1987) and George, Kaplan and Main (1985) who

developed the Adult Attachment Interview (AAI) which seeks to categorize attachment

types. The four primary types classified by the AAI are: *secure, insecure dismissing,*

insecure preoccupied (fearful), and *cannot classify* with a later added subcategory of

disorganized. In their work Hazan and Shaver (1987) used the terms *avoidant* and *anxious-*

ambivalent which parallel insecure dismissing and insecure preoccupied respectively.

Bartholomew (1990) considered preoccupied and fearful status to be separate, the fearful

client being more likely to exhibit avoidance. The preoccupied distinction bears similarity

to Berne's (1972) "I'm not OK, you're OK" states from his transactional analysis model,

while the fearful client resembles the dismal "I'm not OK you're not OK" state (see Figure

1 in Appendix A). The securely attached are characterized by being better able to cope

with and survive later traumas and are thought to be a product of a consistently responsive

caregiver (Harris, 2004). Schore (2008) pointed out that in the United States the secure

classification as applied to infants has fallen from seventy percent of the population to fifty

percent. The securely attached person is more able to explore themselves in treatment but

less likely to need it. The insecurely attached types are considered by Siegel (2010) to

struggle with the process of mourning. The insecure dismissing (avoidant) clients, about

one in five people (Holmes as cited in Wilkinson, 2010), are uncomfortable with intimacy

and tend to alienate others and often exhibit deficits in empathy. This classification is

linked with a consistently unresponsive caregiver. The dismissing client will be defended

against affect (Crittenden, 1995) and may present a semi-clichéd, idealized narrative, (e.g.,

"we were basically the perfect family; I guess I had the ideal childhood") which will be

short on substance and likely incongruent with actual experience of the attachment figures

(Hesse, 2008). These clients are likely to avoid intimacy, lack passion and often to enact game playing in romantic relationships (Feeney & Noller, 1990). The insecure preoccupied (fearful) client (one in six) exhibits hyper-activation of the attachment system, often suffering high levels of anxiety around abandonment and rejection. They may drive away or avoid others despite a desperate desire for closeness (Moretti & Obsuth, 2011). This classification is thought to evolve in childhood due to inconsistently responsive attachments and is linked to neurosis, depression and phobias (Bowlby, 1978), as well as borderline personality disorder (Dutton, Saunders, Starzomski, & Bartholomew, 1994; Linehan, 1993). The insecure preoccupied could be the enmeshed client, who may be defended against cognition (Crittenden, 1995) and enact persistent or coercive pursuit of others. The disorganized (unresolved) client (1 in 20) is thought to be the result of traumatic disruption in caregiving, maltreatment of the infant or unresolved trauma in the caregiver (George & Solomon, 2008; Lyons-Ruth & Jacobovitz, 1999) who inflicts frightening (or frightened) behaviour upon the infant who then oscillates between clinging and avoiding (disorganized) and later becomes the punitive, controlling child. This group is at risk for externalizing behaviour and aggression (Lyons-Ruth, 1996) and suffers brittle behavioural strategies (Solomon and George, 1999). Solomon and George (1999) considered this category to most nearly correspond to Bowlby's "insecure attachment". The disorganized client will present a rambling narrative tainted with emptiness, isolation, danger, devastation, failed protection, helplessness and/or constriction (George &West, 1999). Lyons-Ruth (1996) found this group to be the most closely linked to psychopathology.

Recent studies have shown that specific clinical disorders can be linked to AAI classifications (e.g., Bakermans-Kranenberg and van IJzendoorn, 2009) and substantial evidence points to insecure attachment as a risk factor for violent behavior (Moretti & Obsuth, 2011). The correlation between preoccupied attachment, borderline personality disorder (BPD), and domestic violence researched by Dutton (2007) necessitates attention to current advancements in treating BPD such as Bateman and Fonagy's (2006) mentalization treatment and Linehan's (1993) dialectical behavioral therapy.

The developers of the AAI (George et al., 1985) considered their work as a valuable guide for listening and thinking about a clients experience rather than a clinical diagnosis. Even at this, heeding such classifications can have valuable potential to the developing of the therapeutic relationship and can conserve energy in treatment by indicating strategies such as proximity seeking for preoccupied clients or pacing exploration and easing in with external focus with the avoidant client. The preoccupied client may need more reassurance that you care for him just as the avoidant client may be quick to exit the program or disengage if he feels attacked or exposed to premature intimacy. This could be challenging to achieve in group but seems a natural and effective approach. Janzen, Fitzpatrick, Drapeau, & Blake (2010) believed the avoidant client will respond better if he/she receives less intrusive early therapy, techniques such as indirect reflection.

It would be ideal, not only to give the facilitators and participants a better defined starting point regarding individual relationship patterns, but also for the purposes of research and further development of evidence based practice, if a reliable coder of the AAI could be available in the pre-inclusion process for treatment. This in reality is a fairly expensive certification process that is not likely attainable for many locations. In the very

least facilitators should hold more than a basic understanding of attachment types so as to increase sensitivity for the needs of particular group members.

Mikulincer and Shaver (2007) discussed how both avoidant individuals who use distancing (deactivating) strategies when faced with discordance, and anxious people who react "in kind" (hyper-activating) to perceived anger, exaggerate hostility in others. Crittenden's (2008) theoretical model breaks down the attachment types as discussed above into a wider array of conservational-survival strategies conceptualized on a circumplex as variations of integration of cognition and effect as sources of behaviour guiding information. The implication is that treatment needs to focus on the source of information that is being underutilized by the client. Crittenden's (2008) type A (anxious avoidant) client can be helped by examining affective information while the type C (anxious ambivalent) client will benefit by cognitively assessing the accuracy of their affect predictive tendencies. Type A individuals can tend to display their attachment behaviour in sexually aggressive manners and the type C client is seen as omitting self agency in their predicament. Bowlby (1980) considered this client to suffer cognitive disconnection; they are the victims, prone to feeling out of control likely due to deeper introspective processes of unresolved mourning which manifest as displacement or dysfunctional defensive tactics such as attacking behaviour. Crittenden's (2008) adaptations seem a less threatening approach to challenging participant's strategies in treatment. The severe type A and type C clients converge at the bottom of the model as psychopathy where both "false cognition" and "false affect" occur. This is perhaps a superior understanding of the disorganized client, a classification which Crittenden does not appreciate. Crittenden (2008) recommended that rather than looking at dysfunctional

relational behaviour in terms of illness or crime, that the client will be better helped by examining such difficulties as the result of strategies adopted under difficult circumstances that can be modified by appropriate therapeutic experiences. This requires significant empathic skills in the facilitator and while not congruent with current legal models is valuable to consider within a treatment approach.

Babcock et al. (2000) found that among the 74 percent of abusive men that were classified as having insecure attachment: 26 percent were dismissing, 30 percent were preoccupied, and 17 percent were unresolved (disorganized). Holtzworth-Munroe and Stuart (1994) had previously identified three subtypes: antisocial, dysphoric-borderline, and family only. The dysphoric-borderline terminology indicates that patterns of affect are dysfunctional and that the bearer would suffer intense intimacy needs compounded by a lack of skills to satisfy them. The dysphoric-borderline group constituted 25 percent of abusers and could be classified as preoccupied-fearful. They tended to be impulsive, suffered from addiction, and could benefit from desensitization and cognitive restructuring (Saunders, 1992). Holtzworth-Munroe and Stuart (1994) found that family only perpetrators made up 50 percent of abusers and the terminology indicates that victimization is limited to within the intimate realm of the family. These men had deficits in communication, usually exhibited non-severe violence and, according to Gondolph (1988), benefitted from skills building interventions. The antisocial group, making up the remaining twenty-five percent, were often generally violent, had experienced family of origin abuse, held a genetic disposition toward impulsivity and according to Gondolph (1988) needed longer treatment. The antisocial abuser can be characterized by the tendency to use violence as a tool of control with little capacity for empathy and without

experiencing physiological arousal (i.e. increased heart rate) while acting aggressively.

Saunders (1992) had identified three types of abuser: over-controlled (avoidant),

psychopathic, and emotionally volatile (angry, jealous, depressed, family only violence).

Johnson (2008) described four types of violent couples: intimate terrorists (antisocial or

borderline), situational (lack of control), violent resistant and mutual (violent controlling

behaviour). It can be seen that attachment working models are apparent in many of these

overlapping findings. D.G. Dutton (personal communication, October 4, 2011)

recommended excluding sociopaths from treatment programs and Johnson (2008)

vehemently advocates not doing conjoint therapy with intimate "terrorists".

Bateman and Fonagy (2006) cautioned that such men often possess superior

mentalization skills which may be used for exploitive purposes. These men are more likely

to be disruptive to a group and less likely to benefit. In many cases this generally violent

or psychopathic subtype will require restraint (imprisonment) followed by coordinated

outpatient treatment. In the less extreme cases the promise of psychodynamic interventions

with this subtype is hypothesized and may be the focus of future research. In extreme cases

partners (victims) should be encouraged to separate and safety plans need to be extensive.

Bateman and Fonagy (2006) warned against inconsequential discussions that can be locked

into with clients who are in a mode of "psychic equivalence", and they offer some insights

regarding what they term pseudo-mentalization that should be understood by facilitators

prior to attempting to teach and explore mentalization skills. They define pseudo-

mentalization as the appearance of trying to understand another that is not intended to

improve communication, that may be expressed in rigid, absolute terms and that is largely

self interested. Bateman and Fonagy (2006) envisioned three types of pseudo-mentalization:

1.   intrusive – often affecting attachment relationships, characterized by over generalized, unqualified, intuition style mind reading attempts.

2.   overactive – excessive mentalization appearing as "idealization of insight for its own sake" (p.74).

3.   destructively inaccurate – accusatory statements which undermine the target person's subjective experience.

Bateman and Fonagy (2006) declared that the most common breakdown in mentalization is related to concrete understanding where behaviour is explained in a blaming or fault finding fashion, generalized through contextual constraints ("you always make me out to be incompetent…") rather than trying to understand it in terms of thoughts and feelings.

Dutton (1995) stated that the fearful attachment pattern has the strongest correlation with intimacy aggression and later (Dutton, 2007) that the borderline personality organization (BPO) is intertwined with this correlation. The partner of a borderline personality has the "unenviable task of maintaining ego integrity" for their loved one (Dutton & Corvo, 2006, p. 378) because of their fragile working models. Linehan (1993) conceptualized borderline personality disorder as secondary to emotional dysregulation generated by childhood invalidation. Extending Bowlby's (1969) conceptualization of the role of the attachment system as activator of the care-giving system of the parent garnering protection and safety from harm to the borderline/partner dyad can help explain "regressive", dependent or enmeshed behaviour. In the adult BPO the affect regulation system has become stuck and the self has failed to mature. Gunderson (as cited in Dutton,

1997) described in the borderline a dysphoric stalemate where intimacy needs go unmet while skills to communicate the needs are nonexistent. Focusing on identifying and communicating such needs form an integral part of the program.

The disorganized attachment classification is applied to children who lack a coherent strategy in the strange situation (Solomon & George, 1999). Lyons-Ruth (1996) suggested that it is this group that is most closely linked to psychopathology. Crittenden (2008) chose not to recognize "disorganization", however, and in her model, all attachment patterns are seen as "organized" strategies. Solomon and George (1999) contended that it is the disorganized category that most nearly corresponds to Bowlby's insecure attachment and is implicated in the intermittent outbursts of violence in some cases of abuse. Men classified as disorganized often suffer from unresolved grief and exhibit hostile or manipulative behaviours to control their attachment figures and in abusive situations often evaluate themselves as vulnerable, unprotected, and out of control (Dutton, 2007). West and George (1999) conceptualized IPV as a form of pathological mourning and describe abuse as an act of punitive control. It can be seen that the issue of control itself is complex. Van IJzendoorn et al. (1997) found that segregated systems are often exhibited by assaultive men. Such psychic breakdowns may be found in cases of disorganized, dismissing or fearful attachment and perhaps can be addressed without assessing individual attachment types of group participants. Doumas, Pearson, Elgin, and McKinley (2008) claimed that the interaction between female attachment anxiety and male attachment avoidance is a significant predictor of male violence. Bond and Bond (2004) found this match to be nine times more likely than any other to result in violence. It is not a surprise that two avoidant people are unlikely to find each other but what help is it to know that certain matchups are

more likely to be problematic? Perhaps one benefit would be recognizing the need to teach avoidant men how to communicate when they need space.

Crittenden (1995) suggested that avoidant children use cognitive defenses while ambivalent children suffer from diminished cognitive processes. If we are treating these subtypes, which Bond and Bond (2004) listed as the top two priorities in terms of correlation to intimate violence, the need to integrate theoretical orientations seems apparent. In short, the avoidant abuser will need affect enhancing, right-hemisphere strengthening psychodynamic work such as exploring and coming to terms emotionally with their past experiences in a safe, contained manner while the ambivalent abuser may require expanded conceptual abilities that can be effectively addressed by less intrusive attachment focused CBT oriented exercises such as investigating and evaluating their intersubjective working models. Slade (2008) recommended feelings-based compassion for the dismissing client and intellectual structuring for the preoccupied. It is the dismissing client who is more in need, and perhaps ready for, gaining access to unconscious affective phenomena but both groups will benefit by learning to recognize their own expectations and how they relate to their thoughts and feelings around individual relationship difficulties.

Attachment Disruption

Dutton (2007) discussed the risk factors leading to IPV as a convergence of several development related experiences: unmet attachment needs, family of origin violence associated with PTSD, tendency toward impulsive behaviour, somatic complaints, shame, guilt, feelings of threat and borderline personality organization. All of these factors can be triggered through negative attachment experiences, and it is hoped healed by more positive

ones. Corvo (2006) found that early parental separation and loss have a stronger correlation to domestic violence than exposure to child abuse and parental violence. Van der Kolk's (1987) belief was that PTSD may be a mediating variable between childhood abuse and adult violent behaviour (as cited in Corvo et al. 2008). Corvo et al. (2008) also pointed out that shame may be a mediator between early experiences and assaultive behaviour; they suggest that shame prone individuals demonstrate limited empathic ability and disturbances in self identity. Insecurely attached individuals are more likely to resort to violence when rejection or abandonment is perceived or conversely for avoidant men when discomfort with closeness erupts. This brings up several points such as: (a) "How can we help men become more secure?"(b) "How can we help them develop more effective perceptive abilities?" (c) "How can we assist them in developing coping skills to deal with situations that have elicited violent responses from them in the past?

Regarding the facilitators themselves Perry (2009) held that a therapist must be mindful of unconsciously conveyed enactments (irritation, boredom, hostility) that can cause the client to projectively identify with them as uncaring and that we must be in control of our own working models if we hope to effect the challenging of relational strategies in a client through example. Bateman and Fonagy (2006) recommended that therapist assume the role of a "not knowing" presence who provokes and demonstrates curiosity about motivations rather than acting as a "supportive cheerleader". Slade (2008) emphasized that a secure therapist is less vulnerable to countertransference reactions and entanglement. Self care for facilitators should include competent supervision and personal support so that they are able to contain and process their own transference enactments, a certainty in this work.

In summary, a treatment group for abusive men will have few men who would be considered secure from an attachment types perspective. There will be men who are avoidant, men who are preoccupied and there may be men referred who would be found to be disorganized or what Crittenden (2008) preferred to designate as type AC, the extreme being the psychopath. Attachment typology does not in itself adequately explain the abusive personality; there are many other correlative factors that have been mentioned such as alcohol and drug abuse, witnessing family of origin violence, poverty, cultural norms and others that have not been addressed in this paper such as media violence exposure. Understanding of attachment types is hypothesized to offer an effective element for treatment through the understanding and renovation of working models to help men function more effectively in relationships. Recognizing how to approach these types in treatment is also hypothesized to cut down on drop out and increase efficacy. For some, increasing their coping skills will necessitate insight into their past, for others, developing their communication abilities is more important. Efforts will be made in this program to address both needs. Family of origin and male hegemony socialization factors will be addressed in the lessons in the manual. The program shall endeavour to have elements of integrative psychotherapy (discussed further in the next chapter), psychoeducation and support group functioning that are focused on reducing violent behaviour in relationships.

Chapter 3: The Program

Introduction

This project will culminate in the offering of a group manual that will contain intake and follow up protocol and the ten session plans. This chapter offers a brief introduction to the session lessons that will be included in the manual. The group will be asked to look

within themselves as individuals, to define their visions of healthy, respectful relationships and will also discuss ongoing sociocultural forces that bear upon how they experience life as men. This will be done with empathy and compassion but also with the expectation of assumption of responsibility, both for past wrongs and for the ability to make future change. I have decided not to include audio visual programming in the group as I have found them unnecessary, men do not often get a chance to talk of many of these thing offered in this program and in my experience most will appreciate the opportunity. Having said that, there are many great audio-video offerings that could be incorporated into a program but these, if added, should not supplant included lessons. I would be thrilled if others eventually found some use for this model after it is tried, tested and improved but for now my intentions are to seek approval and deliver it locally to address the need for more programming and my own interests to do more as a man to address the violence that we as men perpetrate on our loved ones. A brief review of the specific theoretical and technical details follows and then the manual and lesson plans will be summarized.

Integrated Elements

Psychodynamic Therapy

Techniques and theoretical approaches to treatment that are incorporated into the program sessions will be reviewed in the next sections. The unpredictable emergence of attachment elements that can result in assaultive behaviour from disorganized individuals (Van IJzendoorn et al., 1997) can be understood through Bowlby's (1969) discussion of segregated systems: that painful childhood attachment related experiences are defensively excluded from conscious representation. Projection defenses and externalization in borderline personality organization appear as blaming behavior and are related to a fragile

ego integrity that may stem from attachment injury (Dutton, 1997, 2007). Supportive opportunities must be incorporated to allow men to grieve, to explore their hurts and "mourn the loss of what was never attained" (Dutton, 1997). Schore (2003) also condones nonverbal aspects to treatment in cases where preverbal attachment damage has resulted in the implicit storing of trauma memories. Exploration of somatic stances (body language, facial gestures) and transference may be helpful to bring these unconscious elements into the realm of consciousness. Bowlby's (1969) working models are, by virtue of their definition, dynamic and subject to change as participants assimilate and integrate ongoing intersubjective experiences. Bowlby (1973) recognized that differences in security and anxiety strongly influence human intersubjective forecasting abilities. Kobak and Madsen (2008) point out that security depends on open lines of communication with one's attachment figure. Looking at the participant's expectations about intimate relationships and developing a working "relationship needs list" can help the participants to reflect and gain insight into their own working models. It is this activity which is hypothesized to most benefit the avoidant-dismissing men in treatment, men who may use abuse to mask their dependency needs (Dutton, 2007). Bateman and Fonagy (2006) recommend being explicit with the possibility of recognizing relationship patterns within treatment, an intervention they call a "transference tracer". Shore (2003) recognized that transference enactments can be one of the most potent ways to explore relationship issues that need to be addressed. Being comfortable with helping participants reflect on transference enactments and making meaning of them with the group has huge potential for helping men to understand their dysfunctional relationship tactics.

Narrative influence

Several of the sessions, in particular, sessions three through five that will be contained in the manual and briefly outlined in this chapter, will contain elements of narrative therapy that are congruent with attachment focused psychodynamic therapy. Oka and Whiting (2011) espoused giving men the chance to tell their stories, to allow them to be emotional and explore with them how violence has impacted the men and their families. White's (2007) technique of "re-membering" can help in the resolution of grief by challenging societal norms of the encapsulated self, the notions of self-containment, self-reliance, self-actualization and self motivation that generate many issues that present to therapists (pp. 129-164). His call to guide clients to revise memberships in their association of life by exploring contributions to their current identities and strengths, upgrading and honoring some and downgrading others can contribute to their understanding of their own state and provide a base to develop and grow. White (2007) also advocated establishing a group's shared values and investigating how members came to them. This curiosity will have value in establishing a moral and experiential backdrop for how men would like to be in their future relationships. Narrative techniques are hoped to assist ambivalent oriented abusers who, defended against cognition, may benefit from introducing punctuation and shape into their stories, or as Holmes (1998) might term, "story making".

Cognitive behavioural therapy

Sonkin, Martin and Walker (1985) point out that CBT treatment groups often focus directly on the violence. It is possible that this may have weakened their efficacy. This program shall discuss violence respecting that it is often a manifestation of our working

models, anger and developed coping skills. Session four focusing on working models and session five on thought processes will lean towards using CBT techniques to evaluate perceptions of vulnerability to assist preoccupied men in the group and to address how attachment injuries relate to deficits in self soothing such as catastrophizing of perceived abandonment (Dutton, 2007). The CBT concept of offering homework between sessions will be embraced. Reassessing trigger events and exploring alternative interpretations with the group can help men to contemplate their own emotional spikes within their intimate relationships. Garbarino (1999) recommended practicing alternatives to aggression to better respond to stressful interactions, accusations and failures. This will be facilitated in this program by role plays and interactive exercises, such as looking at the pros and cons of maintaining violent behaviour; a useful construct in which skillful care will have to be taken to avoid shaming or humiliation and alternative ways to meet the pros will have to be immediately discussed. Linehan (1993) advocates teaching "emotion regulation, interpersonal effectiveness, distress tolerance, core mindfulness and self management skills" in her dialectical behavioral therapy which she aligns with cognitive therapy (p. 19). She recognizes, however, that her theory overlaps with the prominence given in psychodynamic treatment to the role of conflict and counter-will in stimulating growth and requires the use of tension nurtured within the client, validated at both the level of self preservation and self transformation. To reemphasize, the proposed treatment model accepts emotions as communicative, constituting a dynamic meaning system and not as an isolated cognition created phenomenon as originally conceptualized in cognitive theory (Greenberg, 2009). Beck (1996), the founder of cognitive behavioural therapy, himself

later came to give emotions more primacy in his own work. Next is a brief description of the manual and the sessions that will be laid out in it.

About the Manual

The manual shall be constructed for the use of the facilitators. At this time it is intended that the participants will be provided with a binder to put handouts and journal materials. The group shall be designed using a 10 two-hour sessions format with two facilitators, ideally at least one of whom is male. I have chosen ten sessions because it ends up making the program at 10 weeks fit nicely into blocks between transition times such as that between school start dates in September and winter vacation. Calculating in time for referrals and intake it is beneficial to avoid running over vacations such as winter and spring breaks because I believe this can lead to drop out. Avoiding the summer vacation season is also advised. The sessions should be slightly under two hours so that a short break can be offered and the duration of the session is short enough to keep participants engaged and minimally impact their daily routines. The manual is fairly closely scripted but it is expected that there will have to be some flexibility due to group and cultural-contextual dynamics, and facilitator preference and skill. It is anticipated that improvements will be made with respect to timing adjustments, and welcomed researcher, facilitator and participant feedback. The manual shall include program delivery protocol and recommendations (facility layout, supervision guidelines, steering committee, referral suggestions, etc.), screening guidelines, intake interviews, follow up questionnaires, safety plan templates, , and participant handouts as well as thorough lesson plans.

Screening and Follow-up

A pre-inclusion interview (in Appendix C) is proposed that will include questions (i.e. pending approval the revised Conflict Tactics Scale, Straus, et al., 1996) to discern the level of violence and willingness to take responsibility for it. Contact with victims prior, during, and after the program will be conducted and implicitly explained to participants. Gondolph (1988) worried that contact with victims might encourage victims to remain with an abusive partner. That this contact could put victims at risk is a worthy concern expressed by one reviewer of this project but it is exactly to mitigate the risk of continuing abuse that contact with victims is recommended by Scott et al. (2006). This transparency could save lives when dealing with the abuser who needs structure and consequences. Additionally, facilitators should be honest about risks and recidivism rates in their contact with victims so that a false sense of security is not set up. Mills (2008) advocated going further in her model and working with the dyad. This could be the next step, while not included in this program, for the couples that are or likely to be united despite the abuse. Ongoing addiction issues or serious conduct disorder should result in exclusion and referral to appropriate programs. A brief explanation of the structure and expectations of the program, as well as informed consent around confidentiality processes will be conducted. Contact with outside services (i.e. reports to probation) will be included in permission forms where applicable. Jenkins (1990) advocated inviting responsibility by asking questions such as: "Do you want your relationship to include violence or do you want a violence free relationship?" "How have you come to the decision to seek help?" "Have you made a decision like this before?" "How is it different this time?" Additional intake interview questions regarding readiness could include: Are you willing to look at

your own beliefs and behaviours in the interest of achieving relationships based on respect and trust? What has gotten in the way of your relationships?

The pre-inclusion interview should be administered face-to-face and will take between one-hour and 90 minutes. It will ask questions to ascertain basic demographics of the client, the severity and nature of the abuse, the childhood experiences of the client, the level of responsibility claimed and readiness for treatment. Failure to recognize responsibility should result in exclusion from the group. For research purposes the men will at intake be required to consent to follow up consultations at specified times. Contact with victims and abusers will be conducted through a brief in-person (also in Appendix C) or (less desirable and possibly subject to reluctant reporting if privacy is not available) telephone interview at three month, six month, one year and two year intervals following treatment to allow for fixed tracking to measure the effectiveness across time. It would be ideal if consent to contact probation officers or referral sources post treatment where applicable could be achieved. The post treatment interviews will seek to measure recidivism, garner further feedback regarding the treatment and to track other factors such as current relationship functioning and satisfaction. As the interviews depend on the client and victim as informants the research will be subject to reporting error or bias. It would be ideal if consent to contact probation officers or referral sources post treatment where applicable could be achieved. Whether or not victims are available contact with current partners would be advisable. This follow up should be facilitated through the host or guiding agency supervising the facilitators and does not need to be undertaken by the facilitators themselves. The relatively small numbers of participants in the groups should ensure that this is not excessively costly to administer but it must be considered in

budgeting if the program is to be measured for efficacy. Ultimately at some point the undertaking of a randomized control trial would be ideal to meet the scientific standards of evidence based programming.

Session One – Orientation

Each session will be started with a brief check in to give men a chance to express how they are feeling. In the first meeting participants will be provided with a program manual that will contain simplified versions of lesson plans and diary/journal assignments. Scott et al. (2006) advised that confrontation should be minimal in the first few sessions to minimize dropout. The focus in this session will be on developing a feeling of safety and trust in the group. Participants will be encouraged to provide a brief introduction of themselves, guided away from overly intense traumatic narratives at this early stage. The facilitator can be respectfully explicit with this norm and will model what is expected. A brief description of attachment theory will be provided with the purpose of explaining how and why the program will be looking at both the internal and relational worlds of participants. Scott et al. (2006) proposed that men be reminded of expectations that material from the group not be used to coerce or manipulate their partners, that the focus will be on improving and healing themselves. With respect to men in the group who may struggle with literacy issues, journal material and homework must be simple and contain options (i.e. drawings, watching and reporting on A/V materials). A facilitator of treatment groups in Williams Lake reported that they have at least one functionally illiterate participant in just about every group that they run (C. Petersen, personal communication, October 18, 2011). Men should be allowed to express their feelings about being in the group, whether they are mandated or self-referred. Exploration of resistance will help the

men to feel validated and help to begin a process of openness. This will require compassionate reflective response from the group facilitators. Moretti et al. (2009) caution that "focusing too early on feelings of frustration can result in flooding the group with negative effect and a sense of hopelessness" (p. 155). This program is envisioned as a supportive therapy group and such feelings will be encouraged in later sessions. Men will be allowed to help develop a list of rules for the group that will be filled in by facilitators with any pertinent issues overlooked. Bateman and Fonagy (2006) recommended that clients be made aware that the program will be asking them to investigate current ways that they understand themselves and others that, although not without purpose (stability, conservation), may be problematic. Their first group homework assignment will be to reflect on some of the things that they would like to change in their lives and to think about elements of a respectful relationship.

Session Two: Gender Socialization Factors

In this session, after checking in on the homework, men will look at what they value about being a man and will then be asked to reflect on manhood/masculinity. They will be given a chance to explore what that means to the group and as individuals, and a list will be developed and then analyzed in terms of what it does to us as men. Having the group define the role of men in society could help them to develop alternate self concepts that will entail utilizing healthier relational strategies. This activity can help men ease into the program when they are not yet ready for confrontation, a concern raised by Scott et al. (2006) based on her experience with her "Caring Dads" program. The impact on men's available responses and expected behaviours of gender specific stereotypes will be investigated. While found to be insufficient as a defining construct to treatment (Dutton,

2007; Mills, 2008) this exercise will help the group to develop in a non-threatening way and prepare the men to start looking at their own thoughts, feelings and behaviours. The list can be evaluated in terms of what is positive and negative on the list and exploring how the positives can be grouped into a healthy construct of manhood. The societal expectation of self sufficiency free from fear and vulnerability will be challenged, and in the last part of the session a relationship needs list will be started that will be posted and revised for the rest of the program. It is hypothesized that the men who are avoidant of intimacy will benefit by admitting some of the needs for connection that they may be suppressing. Linehan (1993) attributed some causality for BPD to invalidating environments. A gender stereotyped society which does not allow boys and men to exhibit their fear and pain is one such environment, and discussing this can help the men to lower their defenses.

Session Three: Family Background

The lists from last week will be posted, and in this session we will look briefly at our "man list" and relate it to our experiences of childhood. Questions asked of the group members can include: (a) "What about how your father/mother/caregiver(s) parented and related to people did you like?" (b) "How did your experience in your family help to form you?" (c) "What would you change in your own relationships/parenting?" If there is sufficient safety in the group psychodynamic activities such as, "If you were to write a book about your childhood, what would the title be?" can be offered (Corey, 2008). These activities/questions may be adjusted as necessary if sufficient dialogue around experiences with caregivers can be attained by reflectively revisiting the "manhood" list from the previous week. In my experience running groups such as one based on Anita Robert's

(2001) safeteen model, exploring with members how they learned to be a man has while evaluating this list has stimulated dialogue around earlier experiences with caregivers.

Discussion will also be related back to the relationship needs list where appropriate and the list should be reevaluated as new topics or concepts arise. Influences that have contributed to the development of the individuals in the program will be explored such as: (a) "Who do you value?" (b) "What would you like to change?" (c) "Who would you like to "re-member"?" Homework could be to think about the things that are vestiges of each participant's past that are having influence in their current relationships.

Session Four –Working Models

The group will be asked to reflect upon the homework assignment and if comfortable they will be asked to present some of their thoughts. A brief simplified discussion of working models will be provided and related to the types of relationship difficulties that might bring men to such a group. At this time, men will be given the chance to share the nature of their relationships and explore their feelings and thoughts about their experiences and response to them. Men will be asked to look at triggers and to link those triggers to emotions and thoughts, both as causes and as results of the situations. It should be explored that it is not only our past scripts that influence our behaviour, but also how we are feeling in present contexts in terms of our experiences in current relationships. This can help the men to begin to appreciate the contextual meanings of other's experience as well. The homework will be to consider what type of working models they carry as individuals that may be affecting how they relate to others, in particular their attachment figures. What is working, what is not?

Session Five – Feelings and Thoughts

In this session the group will be looking further at cognitive patterns that have been developed as coping skills and may be resulting in dysfunctional behaviour such as that which resulted in them being in this group. A list of identified thinking errors (overgeneralization, magnifying, black and white thinking etc.) will be provided and through discussion connected to concrete examples in the men's own lives. They will be asked to think of times in the recent past when they were angry at someone and then the group will collectively look at possible alternative perspectives. Both the value of fortunetelling and its risks and possible errors will be examined. A series of scenarios (for example, structured around a family member arriving home late) will be presented that show how different assumptions can radically alter a transaction between two intimate people (this could be partners or parents depending on the comfort and choice of facilitators). The group will be asked to look at what the players (facilitators) might have been thinking in the interaction and to look at what the value of reflecting on another's perspective would be and how that would look. This session will include an introduction to empathy which will be further explored in session eight.

Session Six – Anger

In this session we will examine anger as conceptualized in attachment theory. Bowlby (1973), the pioneer of attachment theory emphasized that the genesis of anger is in response to threats of attachment relationships, and that dysfunctional anger is the underpinning for anxious attachment. Bowlby (1988) found it disappointing that clinicians have been slow to test the formulations of attachment theory. In the treatment of assaultive

men it is hoped that practitioners can do better and attachment theory holds promise to this aim.

Anger will be related back to the "man list" as one of the most commonly utilized affective strategies comfortable to men due to their difficulty in expressing the full range of feelings. Men will be encouraged to look at other responses and their unwillingness to be vulnerable. Anger can be evaluated in terms of healthy anger and unhealthy anger. When it manifests as abuse it is clearly unhealthy but not without purpose, for example, Dutton's (2007) aforementioned discussion of violence as a reaction that allows perpetuation of the illusion of detachment. Gilligan (1996) considered impulsive violence to follow ego-destructive shame generated by a self weak in mentalizing skills. These conceptualizations should be appreciated by facilitators but could induce shame and disengagement if implicitly discussed. Bowlby (1969) saw the genesis of interpersonal anger in frustrated attachment needs. This can be related to personal experiences and connected to the relationship needs list and may be less threatening to the client. Some examples of anger as an effective strategy can be given such as its use by infants in the communication of needs, survival (fight or flight response), exertion in pivotal moments of a sport (i.e. a last ditch touchdown run) or as a signal that needs are not being met. Essentially though, anger is merely an emotion that is often confused with its manifestations. Being angry about suffering abuses is absolutely justified but transferring that anger by abusing another is not. Recognizing that insecurely attached men will be more likely to act out anger with their partners (Dutton, 1995) and that the conflict between engulfment and abandonment can manifest as outbursts of attachment protest which parallels those seen in borderline personalities (West & George, 1999), particular attention needs to be paid to developing

alternate coping mechanisms. Feelings of anger that go unexpressed can be dysfunctional as well and result in blame and resentment. Men must have opportunities to explore their methods of communication. They need to recognize that conflict does not have to result in aggression and the group will discuss and model less harmful methods to negotiate conflict. This session should provide a chance for the men to challenge each other's victim blaming and denial (Murphy & Baxter, 1999), assuming that they have become sufficiently comfortable as a group. It must be emphasized that the program is not asking the men not to feel anger but rather is asking them to look at non-violent ways of expressing it. The session will end by looking at discrepant data, times when the men felt angry but were able to respond assertively to the situation rather than react aggressively. Homework can be to bring a thought, story, poem, song or piece of art that expresses how anger affects our lives.

Session Seven: The Cost of Violence

This session will focus explicitly on violence, recognizing it as a criminal and moral offense and examining its wide range of damaging effects. Men will be guided through questions which invoke further exploration of past experiences with family of origin, childhood, adolescence, and romantic relationships. This can help address preoccupied patterns by looking at conflicting thoughts and feelings which emanate from past unpredictable relationships (Miga et al., 2010). The group will investigate our early use of verbal aggression as an emotional engagement strategy. The dynamics of abuse in relationships and its repercussions: relationship stress, breakup, fear, injury, fatality, developmental detriment to children, illness, legal issues, social disapproval and so on should be brainstormed by the group. This may act as a deterrent to some men who require

much more work than the scope of this treatment model to develop sufficient empathy

skills and help to appreciate and reinforce the consequences of abuse for the group in

general. The cycle of ineffective strategies such as withdrawal and avoidance, often used

by insecure-dismissing individuals, and controlling behaviours as often attributed to

disorganized individuals (Solomon & George, 1999) should be challenged. A CBT

inspired cost-benefit analysis may be helpful to address this. Scott et al. (2006) advocated

having the men write down something that they have done that affected their children in a

way that made them experience feelings of shame. Men should be offered the chance to

share the experience if willing. If not it can be helpful to discuss the reluctance and how

shame can be converted to guilt and then released by talking about it.

Discussion can continue around the relationship between anger and control,

capitalizing on the need of participants to feel in control of themselves. Who ultimately do

we need to control? Role plays could be used to explore angry responses to conflict that

seem to stem from a misunderstanding or rigid stance and then to allow the group to

reconstruct a better option (i.e. use of assertiveness skills, curiosity and empathy as segue

to the next session). Homework will be to think of or write about a time when the men felt

that they were being unfairly controlled or physically restricted by another person.

Session Eight: Mentalization

This session will start with a discussion of the homework, looking at the feelings of

anger, fear, invalidation and possibly even hatred that result from being constrained with

the object of having the men move toward understanding how this would affect someone

that they used their power against in a constrictive, oppressive or threatening manner. It is

not necessary to have every participant reveal the specifics of the situation but it would be

imperative that each member can hold onto an example of this nature and at least attempt to describe it. This should then lead to discussing and defining empathy. This could be followed by and related to a brief discussion of the concept of secure base (Bowlby, 1969) and how mirroring of experience for an infant can help him or her to feel safe and validated. The men will be given a chance to reflect on how some of their abusive behaviours may have been experienced by their partners. The group will continue to explore feelings that may have been felt by the victims and witnesses of their violence as well as behaviours and strategies those others might have used to deal with it. Facilitators are encouraged to think of a time when they failed to show empathy for someone and discuss how they feel about it now. The group will be asked to reflect on how they would know if their partner or child was afraid of them and how they could interact to make them feel safe. How would they like to be seen as partners and fathers? Role plays showing three different responses to a partner (passive aggressive/ ambivalent, aggressive, and empathic/understanding) will be used to explore relationship responses and curiosity about how other family members may be thinking and feeling (Moretti et al. 2009). In treating borderline patients, Bateman and Fonagy (2006) encouraged the therapist to explore how these conclusions are arrived at with the goal of engaging participants in imagining the thought processes of others rather than on confronting unacceptable processes of their own. At the same time Bateman and Fonagy (2006) declared that the overall aim of their mentalization-based treatment (MBT) is to "develop a therapeutic process in which the mind of the patient becomes the focus of treatment" (p. 37). While this may seem like a contradiction the connection can be explained by the use of a "not knowing" exploratory style when scrutinizing processes related to clients inner worlds, to "stimulate reflection"

and create or change narratives with clients rather than impressing your knowledge on them. This technique could be useful, perhaps for different reasons, in caring for the avoidant types on the other side of attachment "organization" as well. The non-intrusive manner of this technique could help them to maintain the distance that they require while engaged in a growth inducing activity.

Session Nine: Relationships

Men will be asked to review templates for prospective relationships, to acknowledge some of the things they are already doing right, to revisit things they may have learned, to acknowledge how they might have grown during the program and to define accords for their future. They will explore new narratives and what might get in the way of their healing. They will be asked to look at how they might respond to relationship challenges and to define reasonable relationship expectations. They can be asked to explore how things got unbalanced in the past and how they would have liked to respond but were unable? What held them back? How will they avoid this? As well, it would be helpful to discuss some ways that we can get our needs satisfied outside of intimate relationships. The primitive communal/extended family nature of humans could be used as an example. The usefulness of assertiveness skills and honesty about needing, for example, "friend time" should be emphasized.

Discussion of sexuality will be valuable. Concerns about infidelity are thought to be a significant factor in domestic violence (Crittenden, 2008; Mills, 2008) and sexual struggles not limited to: performance, zeal, deviance, frequency, spiritual connections and commitment are often central to these tensions. Participants will look at their patterns and will be asked how they are feeling about making changes to how they interact. They will

look at the pros and cons of change. A revisiting of shame will be utilized to explore how shame has been used against us as well as how it manifests in our own behaviour and keeps us locked in emotional stalemates or downward spirals. Men can be asked: How do we face and shed shame? How do we learn to accept vulnerability? Where can we get help/help each other? The group will celebrate their progress so far and will be asked to write or at least think about any plans that they have and can make to continue on their journey of growth. The possibility of relapses should be acknowledged and participants should be asked as homework to develop plans (i.e. contact other group members or therapists) if they feel their anger is verging on becoming disruptive or dangerous again. Triggers that could lead to relapse will also be addressed in this session.

Session Ten: Celebration and Evaluation

If possible food should be provided at this session (and budget permitting snacks and refreshment throughout). The men should be asked to explore times that they may have taken a stance against violence or felt that violence was not solving problems. They can be asked to describe what kind of example they would like to set for their children and what kind of legacy they would like to leave? They must be given a chance to verbalize their feelings about the dissolution of the group and invited to explore their feelings about the future. They will be asked to reflect on any changes they have noticed in their own responses/coping skills and how it has gone for them. Difficulties including resistance from others, overcoming other obstacles (addiction, poverty) and particularly the possibility of relapses should be explored (but not catastrophically, hope must be offered throughout). Safety plans should be revisited and encouraged to incorporate potential supports that participant may have developed or discovered during the program. There

must be a discussion about who the men can contact should they find themselves heading into a cycle of abuse in the future, this group could make use of a buddy system and contact sheets which include numbers of willing group members, affiliated support workers and other pertinent resource information. The group will get a chance to offer verbal feedback directly to the facilitators, a chance to practice their assertiveness skills and experience a reflective, constructive transaction. Formal, anonymous evaluations will be provided to all and will especially offer the less extroverted individuals a chance to offer feedback as well as to capture other ideas from participants.

Chapter Four: Men's Healing Manual

Introduction to the manual

This manual is intended to supplement the programming offered by provincial probation services and other community service providers. It also has the potential to offer a treatment model that may be deliverable and accessible to underserved outlying communities. Attachment theory forms the backdrop of the program but techniques have been adapted from cognitive and psychodynamic theory as well as some of the programs mentioned above. Attachment was originally developed by Dr. John Bowlby through studies of infant behaviour and connecting internal representation or *working models* to personality formation. The attachment bond, conceptualized as fulfilling a survival need, was thought to depend more on safety perceived to be provided by the attachment figure than it does on the actual quality of the relationship. Mary Ainsworth (1969) theorized that early attachment experiences correlated to dependency traits in adulthood and Hazan and Shaver (1987) extended attachment theory working model concepts to adult peer relationships. Many others (Dutton, 2007; West & George, 1999; Crittenden, 1995; Stosny, 1995; Sonkin et. al, 1985) have written of the importance of attachment processes in the understanding and treating of perpetrators of domestic violence or Intimate Partner Violence (IPV).

Bartholomew (1990) envisioned attachment styles laid out into two dimensions: the model of the self and the model of the other, leading to a theory that helps to understand both the workings of the inner, intrapsychic world and the relational, intersubjective world. This two-dimensional, theoretical construction has been strengthened and connected to affect regulation and relational behaviour by findings in neurobiology by researchers such as Schore (1994, 2003), Perry (1999), and Damasio (1994).

The conception that childhood experiences with caregivers help to build interrelational patterns is useful in treating abusive men because it helps to both understand and relate to them. These attachment patterns or styles consist of: *secure, preoccupied (anxious-insecure), dismissing (avoidant)* and *fearful (*sometimes controversially termed *disorganized*). A significant percentage of batterers have been shown to have intense dependency needs that can be construed as preoccupied or fearful attachment styles. Dutton et al., 1994) found the fearful attachment pattern, a mixture of preoccupied and dismissive strategies (hence the association with "disorganization") to have the strongest correlation to intimate abuse. Other abusers have been shown to exhibit dismissing relational styles. Few have been found to come from the secure attachment group which makes up the majority of the population. Attachment styles as they relate to relationships only explain part of the picture: Sonkin et al. (1985) found that witnessing family violence is the strongest factor in developing abusive behaviour. Schore (2003) found that childhood neglect can result in developmental deficiencies which impact the ability to

regulate emotions and navigate relationships in adulthood. Dutton (2007) pointed to shaming of an infant by his father and rejection by his mother having strong links to the abusive personality. Alcohol is involved in many incidents of violence. Sociocultural attitudes that perpetuate male privilege have hindered the efforts at reducing intimate violence and gender stereotypes in education and child rearing may have hindered the communicative abilities of many men. These additional factors add to the complexity of understanding and treating intimate violence, a problem which crosses all cultural and economic boundaries. This program shall make an effort to address family of origin issues, attachment injury and abuses, communication and coping skills deficits and gender issues through a combination of psychotherapeutic and psychoeducational processes.

In *A Secure Base* (1988), Bowlby called for five tasks of therapy that this model seeks to attend:

- creating a safe environment
- exploring the link between childhood experiences and adulthood relationships
- exploring current relationship experiences
- exploring the relationship with the therapist (in this case the facilitators and the other group members) as exemplary attachment figures
- exploring ways of regulating emotion when the attachment system is activated (by fear of loss or abandonment or feelings of pain or vulnerability)

Attachment theory has been extended into a mode of treatment based on compassion and empathy (Hughes, 2007; Dutton & Sonkin, 2003; Stosny, 1995; Bowlby, 1988) that forms the core of the approach of this manual. Facilitators must make every effort to extend compassion and empathy to the men in treatment as this is vital to engaging them and offering them an experience alternative to many of the stereotypical, emotion stunting, machismo realities that surround us in our current society.

Use of the Manual

The lessons laid out in this manual are fairly closely scripted. As this is a new program changes and improvements are inevitable. The scripts are offered as a suggestion; they will be subject to evolution as feedback is compiled. The script does not have to be presented word for word but key concepts should be adhered to for continuity and program development purposes. Facilitators will need to have a significant understanding of each session's lesson, techniques and goals. The brainstorm discussions will vary each time but it will be helpful for facilitators to have an idea of crucial ideas that they would like to examine.

Facilitators

The facilitators should be well trained metal health professionals who must have access to clinical supervision for debriefing, responding to acute clinical needs, managing countertransference, ensuring self care and expanded problem solving. Supervision by a steering committee or service team that is connected to both men's and women's advocacy and support services is recommended to help with referrals, outside factors, evaluation and follow up. The facilitators will need to meet prior to each session to plan and divide up the material so that they can present it in a flowing manner. The program should be delivered by at least two facilitators as role plays are incorporated, and support by an additional leader will allow more effective program delivery and attunement to the group.

The facilitators will need to have an in-depth understanding of attachment theory in order to properly deliver this model. They will need to be able to recognize how to work with the three types of *insecure* attachment styles thought to make up the majority of abusive men. This will be discussed briefly in the introduction but facilitators are encouraged to seek further training and literature on the emerging field of attachment based psychotherapy. The facilitators will have to be skilled in reading queues both verbal and somatic from participants to be able to recognize when clients attachment systems are being activated.

All group members should be encouraged to participate in each activity but facilitators should be cautious to avoid "bullying" the men into vulnerability or activities when they may not be ready. Some men will be able to learn just by watching and may become more comfortable to participate as the group goes on.

Training and Resources

- excellent compilation of latest research on Attachment:
  Cassidy, J., & Shaver, P.R., Eds. (2008). *Handbook of attachment:Theory,* research *and clinical applications*. New York, NY: Guilford Press.
- online training, program development and screening tools at DanielSonkin.com
- info on treatment programs in Canada
    National Clearinghouse on Family Violence:
    Web site: www.phac-aspc.gc.ca/nc-cn
- USA programs: Stop Abuse For Everyone (SAFE International) – training, articles, resources, forums, news at www.safe-4all.org
- guiding principles for treatment: resources of Ending Relationship Abuse Society of BC at www.erabc.ca
- info and seminars hosted by the Ending Violence Association of BC at www.endingviolence.org
- information sharing policy:
  http;//www.pssg.gov.bc.ca/victimservices/publications/docs/vawir.pdf
- Info, education and research:
    B.C. Institute Against Family Violence www.bcifr.org
- Centre for research on violence: University of Western Ontario
  http://www.uwo.ca/violence/publics.htm
- Canadian Family Violence Statistics: www.statcan.gc.ca
- Overview of Domestic Violence (DV) Risk Assessment Instruments available through the USA National Institute of Corrections @ http://nicic.gov more at www.ojp.usdoj.gov/nij/welcome.html (US Dept. of Justice)
- Statistics, Policy, Info: www.pssg.gov.bc.ca see also Public Safety Canada at www.publicsafety.gc.ca
- audio/video resources, programming, inspiration Jackson Katz @ http://jacksonkatz.com/
- local Committee info in BC: Victim Services phone: (604) 660-5282
  online attachment style measure that provides immediate results by Brennan, Clark and Shaver (1998) @ www.geocities.com/research93/
- Global stats: @ www.who.int
- *Summary of Cross-Regional Discussions on Assaultive Men's Programs,* Vancouver, BC: BC Association of Specialized Victim Assistance and Counselling Programs. Available @ www.endingviolence.org

Screening

This program is designed as a ten week treatment group. Serious cases of abuse where multiple risk factors listed below are present require more intense programming and intervention. Failure to take responsibility for abusive behaviour should result in non-inclusion. Men with serious addiction issues should undergo addiction treatment before entering this program. Men with serious mental health issues should be receiving individual medical and psychotherapeutic treatment before entering this program. Working with clinical consultants/supervisors will help to ensure that appropriate referrals are made and that candidates are ready for the group. The target group is men who have committed medium to low levels of abuse and if referred by social or legal services have complied with other sanctions such as probation programming or substance abuse treatment. No more than 16 to 18 men should be screened at intake as this will likely result in a starting group of 10 to 12 men. Starting with less than six men can reduce the benefits of group work and could possibly result in an inadequate number of participants when drop-outs occur. Drop outs must be expected and facilitators should make efforts to reengage men who miss a session.

Assessing for Risk (from MCFD, *Best practice approaches: Child protection and violence against women*, 2010)

Risk factors associated with potential for lethal violence:

- male controlling behaviour compounded by partner in process of separation or applying for custody of children
- abuser has strangled, choked or bitten partner
- victim's perception of future violence – victim believes abuser will disobey no contact order

Other Risk factors to consider:

- abuser has a criminal violence history – increases likelihood for future violence
- alcohol or drug abuse
- attitude that condones violence –abuser minimizes of denies abuse, blames victim, asserts right to control partner through violence or coercion
- are children exposed to abuse or witnessing abuse?
      -this may necessitate a report to authorities
- history of stalking or threats against intimate partner
- abusive man has a history of mental illness (e.g. depression or paranoia) – recent suicidal ideation or attempts
- access to weapons – threatened to use weapons
- forced sex

Invitation to Responsibility

The facilitators must be able to confront the group participants throughout the course of the program in a compassionate, constructive manner (Scott, 2006). Inviting them to take responsibility for their abuse will require vigilance for the following:

- minimization – making light of abusive behaviour
- depersonalization – speaking in third person, not using name of victim
- rationalization – use of "but..."or "I had no other choice"
- victim blaming – failing to consider alternative responses
- deflecting with reframe or humour

Pre-inclusion interview

The pre-inclusion interview should be administered in person by one or both program facilitators. A standard questionnaire is included in Appendix C but in addition to these questions the interviewer should provide a basic description of the program. The interview should be done in a neutral location or in the client's home and should serve to introduce the client to facilitators and establish the respectful, collaborative nature of the program. The evaluation process should help to further increase their engagement. Informed consent should be achieved at this time as well. Explain to the candidate the calendar for the program and that the sessions will be at least two hours in length. Attendance at each week's session is mandatory for completion. Missing more than one session should result in non-completion if no efforts are made to make up lost information. The first interview with victims, if applicable, should take place before the program starts as well and should be done at a separate time without the abuser present. It should be explained to victims that no program is a magic wand that will end all abuse and that a follow-up contact will be sought.

Follow-up

Follow-up interviews are found in Appendix C. They do not have to be administered by facilitators and could be done over the phone if privacy and safety for the interviewee can be established. It is suggested that contact be made with abusers, victims and referral sources at three months, six months, one year and two years after program completion to track efficacy and robustness. For research purposes, income levels, reports of family of origin violence and criminality can be tracked for correlation tests. Basic inferences regarding attachment styles could be made through the questions regarding childhood experiences and relationships in the pre-inclusion interview but future efforts will be made to develop this aspect of the interview to contain a reliable measure as the program evolves.

Group Agreement

➢ Participants missing more than one session may not receive credit for completing the program unless arrangements can be made with facilitators to obtain material for missed sessions.

➢ Participants must be on time for sessions.

➢ Group discussions must be kept confidential, exceptions only as explained in consent form. What is said in the group stays in the group unless someone is at risk for harming themselves or others.

➢ Participants must treat each other with respect: racist, sexist, and abusive language will not be tolerated.

➢ Men will be evaluated regarding their progress and communication will be made with referring agencies where applicable and as laid out in intake contract.

➢ Participants must take responsibility for their own behaviour.

➢ Material from the group must not be used to coerce or manipulate partners.

➢ No use of drugs or alcohol before attending sessions.

➢ Participants have the right to pass on discussions or activities based on their comfort level but frequent non-participation will result in failure to complete program.

➢ Please refrain from using cell phones, music players and other electronic devices during session. Breaks will be provided if the need for communication arises.

➢ Additions:

I, _____, have read and understand the above agreement.

Signed _____ Date_____

Session One: Orientation

The Room

If possible, the room should be set up with the chairs in a semi circle facing the facilitators (flip chart, whiteboard, etc.) as this creates an atmosphere more inviting to equality and responsibility. If snacks are to be provided they should be set off to the side and encouraged before the session begins. Doors should be closed when the session begins to maintain confidentiality. Nametags can be handy and should be provided.

The Session

The goal of the first session is to develop a feeling of safety and trust in the group, the *secure base* must be established. In this session the facilitators will introduce themselves to the group and give each participant a chance to do the same by respectfully asking them to give a brief introduction of themselves and to avoid going into too much detail bout their situation this early in the program. Men should be provided with a copy of the group agreement and the handout for the evening which includes facilitator contact information. Facilitators should then proceed to go over the agreement and allow the men to customize it by offering any other suggestions that can be consented on by the group.

Once the agreements are collected the facilitators should give a brief overview of housekeeping details: location of bathrooms, exits, break times, etc., followed by a review of the attendance expectations including scheduled times and procedure if a session is to be missed. If the facilitators have the flexibility, offering men a chance to contact them and receive an update and check in regarding missed sessions can be helpful. Administering individual sessions with participants outside the group is not advised and referral to outside services should be made if acute clinical concerns arise. Dealing with issues in the group will help to maintain a collaborative atmosphere.

The men should be given a quick review of what they can expect to experience in the course of the program, including a brief overview of attachment theory as related to adult relationships. Discussing the concept of "insecure attachment" as related to IPV will not be helpful. Trauma and neglect should not be the focus of this overview but rather the developmental imperative of *safe haven* and the explorative potential of *secure base*. It should be explained to the men that they will be asked to investigate their current ways of understanding themselves and others based around the concepts of attachment. It should be made clear that some homework will be expected between each session and that this is an important and rewarding part of the program that will not take huge amounts of time.

Facilitator should then discuss that this program recognizes that each person, couple and family is subjected to unique stressors and that violence and abuse cannot be simplified into a convenient formula. It should be offered that this group will seek to give the men time to tell their stories if they are willing once everyone is comfortable with each other.

At this time the men should be encouraged to express their feelings about being in the group.

> **Facilitator:** *"I am wondering if each of you would like to comment about how you feel being here in this group so that we can get a sense of where each of us is at tonight."*

If there is mandated men in the group and they bring that to the circle or if men seem reluctant about belonging in "treatment" they should be validated and the challenge acknowledged:

> *"Each of us is here for different reasons but it is hoped that all of us will be able to find some wisdoms and shared experiences that can help us to improve our relationships. I appreciate the fact that you have shown up tonight and hope that this group will be of some help to all of us."*

Participants may offer that they do not feel responsible for their misfortunes. This should have been attended to in the screening interview, but, whether or not it arises, responsibility can be encouraged at this point by a brief discussion about what each person can control (i.e. their own behaviour) and cannot. The serenity prayer utilized in Alcoholics Anonymous is a useful example of an idiom that can express this. The question should be posed, "What can we control and what can we seek to change as men?" and then the responses can be recorded on the flip chart. At this time the men should then be encouraged to envision their own goals for the group:

> *"I would like each of you to mention and record in your goal sheet provided in your binder a couple of things that you would like to achieve in the next nine sessions."*

It should then be added that the men should feel safe to respectfully give each other compassion and feedback during the journey that they are embarking on together. This should include an invitation to give feedback to the facilitators and it should be explained

that the opportunity for formal feedback will be offered in the final session and that the structure of the program is a dynamic process that will take the men's suggestions seriously in the interests of improving the quality.

The men should be asked if they have any questions and then when this has been attended to they should be asked as homework to think about some additional things they would like to change in their lives and to consider what they think constitute the elements of a respectful relationship.

Suggested readings for facilitators:

Bowlby, J. (1988). *A secure base: Clinical applications of attachment theory.* London: Routledge.

Jenkins, A. (1990). *Invitations to responsibility: the therapeutic engagement of men who are violent and abusive.* Adelaide, Au: Dulwich Centre Publications.

Session One Handout: My Goals for the program

I am attending this group because:

I hope to work towards the following goals in the next ten weeks:

Who will benefit from me achieving these goals?

What might it require of me?

_____   _____

Signature   date

Session Two: Gender Socialization

This session will give the group a chance to begin exploring what they value in a relationship as well as developing a working definition of manhood. The lists developed in this session will be helpful for facilitators to refocus the group on their own experiences and truths in a respectful manner. Facilitators should continue to make efforts at keeping the group safe and easing away from confrontation at this early point in the program. After offering refreshments if available, men should be invited to check in:

> **"Today we will be looking at what manhood means in our society and in our families. After the break we will discuss what we seek in our relationships. First, I would like to go around the group and give each of you the chance to let us know how you are feeling today and what thoughts you might have about what you hope to get out of this group now that you have had some time to think about that."**

Activity: The Manhood List (time: 40 minutes)

On a flip chart write: "What does manhood mean to you?" Explain to the men that this will be a brainstorm activity and that you are looking for their personal thoughts about manhood and masculinity. This list should be done in a manner that can be posted throughout the rest of the sessions as it can be handy to refer back to elements that get on the list. This activity is adapted from Anita Robert's (2001) *Safeteen* model designed to teach alternatives to violence to boys but it works equally well with groups of men. The list can have many things on it and will differ slightly each time. The list can be invaluable in investigated stressors, socialized emotional limitations, male centric gender inequalities, men's available responses to difficult situations and equally important positive roles and elements that men appreciate about their gender.

It can take some groups a little time to get going and sometimes it will require the facilitator to ask some specific questions like: "What was expected of you growing up that was not expected of your sister?","What emotions are men allowed to show?", "What emotions are men reluctant to show?", "What are some of the ways that we express our manhood?","How are we expected to look?", but generally the list will get quite full once the group gets started and facilitators should refrain from filling in too many blanks unless what seem to be core elements (i.e. "don't cry" "don't show pain") get missed.

Here is an example of a typical list:

The Manhood List

- be a provider
    -hunt, fish, have a good job
-protect your home and family
    -learn to defend yourself, be a warrior if you
    need to, stand up to offenders
-fix things   -set an example
    -mechanically minded
-don't cry   -build stuff

-don't be afraid to get dirty-do the heavy chores
 -be tough   -respect women
    -suck it up   -do the 'asking'
    -no fear, don't ask for help

 What do we like about being guys:

 no makeup, diets, pee standing up!, no pregnancy, we can
 wreck stuff and we have the awesome general excuse: "boys
 will be boys.", dressing is simpler, we can be fat and bald
 and still think we are sexy☺, generally stronger,...

Many things can go on the list and it will be slightly different each time but each of the items that men offer can stimulate great conversations that can help illustrate the many factors that are related in keeping both men and women from living fuller lives. The elements on the list can be looked at from a historical perspective (i.e. "Although men

have traditionally been the hunters what percentage of food do you think women contribute in early societies?") as well as in the present ("How realistic is it for every man to be able to fix the family car nowadays with all the computer technology?" "How many of us are ok with helping with the cooking and cleaning in our homes?"). A core piece of this list is that men are often discouraged from expressing their feelings, and are often reluctant to going for help. Recognizing this can assist in making the men more comfortable with expressing emotions in the group and begin to prepare them for deeper work in later sessions. Ask the group what it takes to not let the expectations of others dictate how we live our truths and what we risk going against or not conforming to the list which has been referred to as "the code", "the pack rules", "the man box"... The list should be offered as something with both positive and negative elements and then moving on to the "What do you like about being a man?" can put a fun twist on the ending of the exercise. This list could go on for hours but get a few good ideas and then ask the group:

"So looking at this, whom would you say has it harder, men or women?"

The answer will almost always be "men" and then this can be concluded with a discussion about how this "boy code" keeps us from living true to ourselves and often stands in the way of us getting help and probably results in such things as higher suicide rates and resorting to violence. Challenge the men to be aware of the stereotypes in their daily lives and to notice if they find it limiting their options. How has it affected their relationships and parenting if they have kids?

Activity: the creation of the Relationship Needs List (15 -20 minutes)

The relationship needs list should also be uniquely created by each group and documented by the facilitator on flip chart sized paper. It should be kept posted in plain view as the list will be referred back to often during the program. It is a working document and additions should be encouraged as the men discover or find words for concepts that they feel are important for a healthy positive relationship. Most groups will come up with the basic elements such as fun, intimacy, respect, honesty, commitment and trust. If they do not offer up "equality" it may be something the facilitator should try to ask about later when the concept comes up. For example, "equality" could be added by referring back to the "man list" and after discussing some of the advantages and social inequalities that men currently benefit from. This is one element that can be used in a non-threatening manner to challenge the issue of control when it is needed, as well as gently giving the men a chance to visualize compassion for their partners. It is imperative that the element of safety is added to the list. Safety should be emphasized (a drawing can be helpful, whether a pyramid or a building) as the foundation for a healthy relationship. This is a core element of attachment theory as well, the "safe haven" that confirms our attachment and gives us

the courage to explore and overcome novel challenges. This element of attachment theory should be discussed with the men, linking its importance in childhood with their experiences in adult romantic relationships. Caution must be taken to avoid lengthy debates about the line between safety (protection) and respect (discipline-control) as some men may truly feel that they are protecting their partners by exerting some control over them. For example: "I had to show her that it was not acceptable to go out dressed like that, it was for her own good". Try to acknowledge the participant and gently confront him without shaming:

> **e.g.** *"That seems like something that you felt strongly about and I wonder if you were able to voice your concern without making your partner feel ashamed or afraid."*

Most men desire a healthy relationship for both them and their partner. There is no one right way to define this, look at how much intimate relationships have evolved in the last twenty years. The respectful relationship list is most effectively utilized as a working document to describe the dynamic dyad which is a romantic couple, a dyad where the thoughts, actions and feelings of each partner continually and sometimes lastingly affect each other. In the end of the program the list can be focused on again to have the men consider that such a relationship is possible and to walk away with insight as to what has been in the way for them. They can also reflect on what they can do to achieve a positive respectful relationship.

A typical Relationship Needs List: a diagram of a building works too!
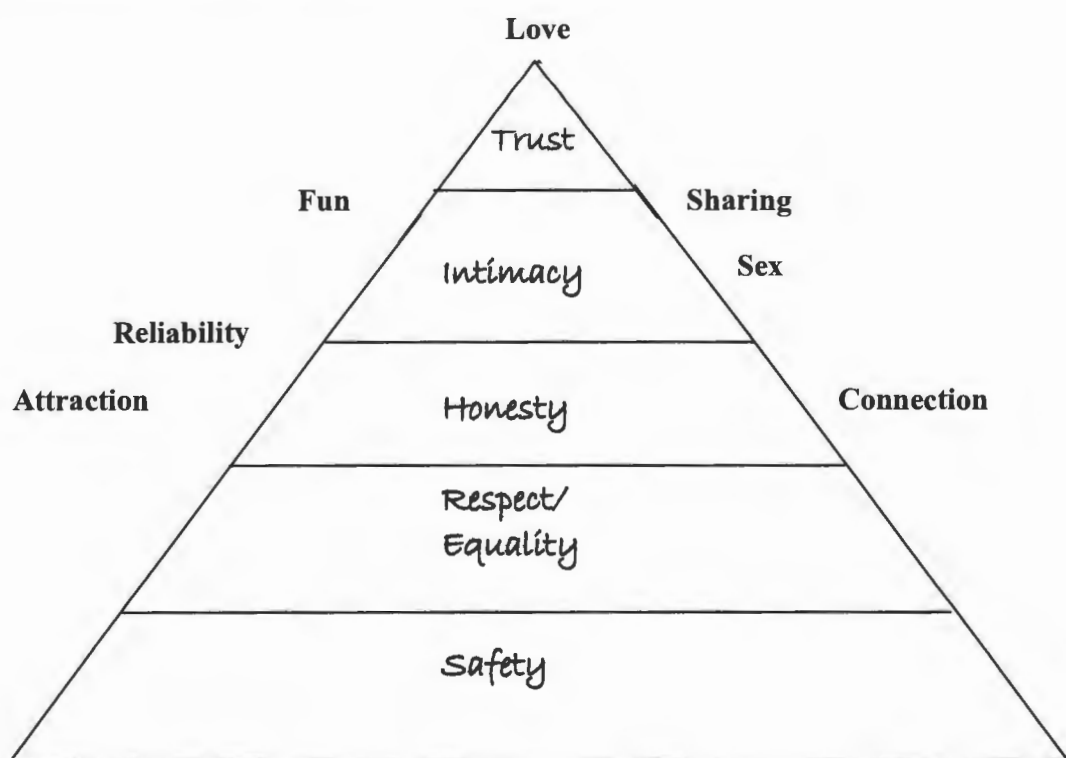
It is essential that safety forms the base of the diagram. Safety can be discussed in relationship to the concept of *safe haven* in attachment theory as a necessity for feeling secure. Do not worry about getting everything on the list right away, it can be added to later and will be posted each night and revisited in later sessions. It can also be offered as a positive role of men (not to take away from the empowerment of women by insinuating that they need men to be safe!). The group should be closed by asking the men if they had any final thoughts about what they went over today. The homework assignment will be to think about ways that stereotypes and attitudes have kept them from achieving some of the things on the relationship list.

References:

The relationship needs list indebted to Dr. Frank McGrath of Calgary (pyramid concept) and:

Moretti, M., Braber, K., & Obsuth, I. (2009). *Connect parent: An attachment focused treatment group for parents and caregivers.* Burnaby: Simon Fraser University.

The manhood list:

Pollack, W. (1998). *Real boys: Rescuing our sons from the myths of boyhood.* New York, NY: Henry Bolt and Company.

Roberts, A. (2001). *Safeteen: Powerful alternatives to violence.* Vancouver, B.C.: Polestar.

Recommended reading;

Moore, R. & Gillette D. (1992). *The warrior within: Accessing the knight in the male psyche.* New York, NY: Avon Books
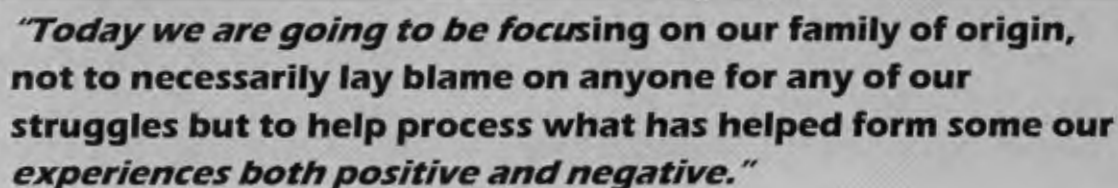
Session Three: Family Background

The session gives men a chance to tell and develop their stories. The goal of this experience is to help the men who need to resolve or come to terms with their childhood experiences. This is hoped to be the beginning for many in freeing themselves of harmful influences and work towards enhanced emotional self-regulation.

Check In (10 minutes):

This session should start by welcoming the men back and asking the group about the homework, if they had any thoughts about the last session, about society's expectations and their effect on relationships. If there is not a lot offered (unlikely but possible) a helpful idea would be bringing up something like the "Marlboro man", that image of the independent, tough guy propagated in many past media forms (John Wayne, Clint Eastwood, "Rambo",...) and how it has helped lead to a society where many men feel detached not only from their own feelings but from their families and loved ones. Ask the group: "How is this image working for us?" There may be some positives offered, acknowledge them but they are far outweighed by the negatives.

Activity: Family of origin (40-45 minutes)

> *"Today we are going to be focusing on our family of origin, not to necessarily lay blame on anyone for any of our struggles but to help process what has helped form some our experiences both positive and negative."*

The facilitators could start by disclosing a little about their own upbringing. This should be strategically chosen to be fairly light, relevant, honest and to help strengthen the connection with the group. Try to offer some things that are less than ideal as well as some things that you admire about your caregivers. Then offer the floor to the group, the use of a talking stick or feather can be helpful to allow each person a chance to be listened to and if members offer very little let that go at this time. This activity can take up some time or can be fairly short, depending on the level of safety and experiences of the group. If a member takes up too much time facilitators may have to intervene respectfully:

If there is sufficient time for further activities then the group can be asked further questions:

> **e.g. *"Being mindful of the time we have a lot to get through, we will get more chances to explore each other's experiences as we go on, how would you sum this up?***

> *"What about how your caregivers parented and related to people do you like?"*
>
> *"How did your experience in your family help to form you?"*
>
> *"What have you changed in your own parenting and relationships?"*

After a 10 minute break, reconvene the men and for the final activity offer them a chance to go a bit deeper. Explain that there is a vast array of experiences that affect our upbringings such as addictions, trauma, loss, moving, divorce, etc. but offer that we can use some of these adverse experiences to strengthen ourselves, especially if we are able to find supportive people as we grow up.

An exercise than can be insightful is to ask the group "If you were to write a book about your childhood, what would the title be?" Some of the group may not be comfortable or not find this useful but others may offer ideas that can provide stimulating conversation. This can be a good time to utilize Michael White's narrative technique of "remembering", allowing participants to discuss experiences and people who they would like to demote or write out of their life stories and give recognition to positive influences that deserve more prominent membership in their stories. Merely telling the story can be cathartic but sometimes it may require working towards forgiveness (e.g. "What would it take you to be able to forgive this person?"), analyzing how the other person came to the place where they were, or offering techniques such as the *empty chair* to give the group member a chance to say some of the things (to the 'offender' imagined as sitting in the empty chair placed in front of them) that they would like or need to say to a person who may have affected them negatively in powerful ways.

At this point check in with the men:

> *"This may have been an intense session for some of us tonight; I would like to check in on how everyone is feeling?"*

If there are men in the group who have been somewhat disengaged consider reaching out them:

> *"You have been fairly quiet so far, would you be willing to share how this has been for you?"*

Source: Corey (2008)

Homework:

When the group has reached closure of the session offer:

> *"For homework I would like you to think about the things that you value about your past as well as how some of your experiences may be getting in the way of your current relationships? Put some thought into what you need to do to reach those ideals that we put on the relationship needs list.*

Caution: If there are members of the group who you feel are traumatized or triggered by this session please take some time to debrief with them after the group has left or if need be perhaps schedule a meeting with them before the next group. Have them leave with a plan that they can follow (phone #'s, crisis line...) if they find themselves feeling overwhelmed.

References:

Corey, G. (2008). *Student manual for theory and practice of group counseling.* Belmont: Thompson, Brooks/Cole.

Session Four: Working Models

The goal of this session is to give the men some insight into their inner experience and through this awareness to help alleviate patterns of externalizing responsibility.

Check In: (15 – 20 minutes) - a quick review may be helpful:

> **Facilitator one:** *"I would like to thank everyone for their commitment and work so far and for getting here on time. So far we have looked at manhood, what we seek in our relationships and how our experiences in childhood affect us as adults, tonight we will be extending that conversation to look at the concept of working models. "*
>
> **Facilitator two:** *"First let's check in on how our week went and what thoughts anyone has regarding where we left of f last week asking you to think about what we may need to do to let go or perhaps strengthen how we honour some of the things from our past?*

Again if there is not much offered it may be helpful for the facilitators to model with an example from their own experience:

> **Example:** *"My father was a real perfectionist and sometimes I resented him for it, now I have learned to relax a bit and I think it has helped me to have higher standards, I still have to remind myself when I need to let something go and pick my battles wisely."*

Lesson: a brief over view of working models (10 minutes):

Facilitators should have a solid understanding of attachment theory but this discussion could get a little academic, keeping the language simple and the overview short will minimize boring or marginalizing the participants. Ask them for input, encourage questions, deliver it with energy! Facilitators could read out loud the working models

handout which should be provided to the group in advance so that they can follow if they like.

Following this ask the group:

"Do you have any questions about the concept of working models before we move on to a discussion?"

Activity: Exploring our relationships (35 -40 minutes):

"I would like us to explore with each other how these working models may be affecting our romantic relationships as adults. I wonder if we could go around the group and talk about our relationships related to how our working models operate. Think about how you feel about intimacy and distance and how you might react to certain situations such as needing space or craving contact."

After a short five or ten minute break thank the group for sharing and offer that becoming aware of our own reaction patterns can help us to break out of them if necessary and that we can learn to respond with wisdom rather than react as we gain positive experience. Domestic or intimate partner violence rates are much higher in younger couples.

Ask the group to consider the triggers that they think might be behind the issues that they have had with violence. This can be done as a brainstorm, recording the comments on flip chart of whiteboard. Ask the group what they might have been thinking and feeling when experiencing these triggers. It may be hard for them to do this but it can be helpful for them to consider the connection between the triggers and their working models.

"I would like you to think of a situation that resulted in a conflict and try to offer what you were thinking and feeling and what triggered you to become angry." It might help to write "thinking and feeling?" and "triggers?" on a flipchart

styles and what kind of effect this has had on their experiences with intimacy. What is working, what is not?

Recommended reading:

Feeney, J.A. (2008). Adult romantic attachment: Developments in the study of couple Relationships. In J. Cassidy and P.R. Shaver (Eds.), *Handbook of Attachment* (pp. 456-486). New York, the Guilford Press.

Sonkin, D. & Dutton, D. (2003). Treatment of assaultive men from an attachment perspective. In Dutton , D. & Sonkin, D. (Eds.). *Intimate violence: Contemporary treatment innovations. New York, NY. Haworth Publishing.*

Session Four Handout: **Working Models**

Our minds love to be able to predict, they are wired to be able to detect patterns. Even as infants our brains began internally sorting our interactions with our caregivers. Based on previous experiences with our caregivers the infant begins to imagine what future interactions will be like. John Bowlby (1969) regarded that such predictions are not limited to attachment, for survival reasons we learn to predict all manner of things. These predictions begin before we have learned language and are done through symbolic representation, through memories of images, facial expressions, sounds, touch, feeding and other caregiving actions. Through the interactions with an attuned caregiver the child develops models of his/her self as loved and secure and the caregiver as loving and protective.

The child thus develops a model about how acceptable or unacceptable he is as well as how accessible the caregiver is. It is entirely possible that the infant may experience each attachment figure in much different ways and so the attachment styles may vary for each relationship. The primary caregivers are not surprisingly those relationships which form the strongest patterns that endure into adulthood. If the caregivers are responsive and available the infant will develop a secure attachment bond. If the caregivers are, for whatever reason, less responsive, frightening or abusive the child will develop strategies to protect himself.

Some of these less helpful strategies include (don't get too worried about the terms):

❖ Intense Expression of our anger (Violence, Coercion,...)

❖ Defensive exclusion: burying awareness of difficult to   bear information such as abuse (shutting it out)

❖ Segregated systems: fragmented pieces of ourselves such as a grieving or angry child that can intrude into our moods or behaviours.

❖ Dissociation: freezing or tuning out

These defensive strategies may cause problems in our relationships with others as we mature. They are generated by emotions in our subconscious and often we are unaware when they are at work. The strategies eventually get wired into the level of our consciousness where they manifest as thought patterns. If our caregivers were unresponsive we may come to be dismissing or avoidant of others because we have come to believe that others cannot be relied upon. If our caregivers were inconsistent or threatening we can become ambivalent or preoccupied, both craving and fearing connection at the same time. Some children come to believe that others are not trustworthy and in adulthood will often limit their intimacy to maintain distance and their need for autonomy. They will often cut off their anger but may lash out if they feel threatened. Other children will feel less in control of their own lives and can come to desire extreme levels of connection while fearing rejection, often suffering from anxiety and showing heightened anger and distress.
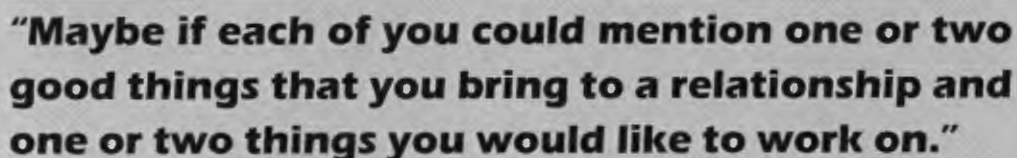
To sum it up more simply, working models are the ways that we tend to predict the behaviour of others. In our relationships our working models show up in the ways that we expect people to act or respond towards us. Sometimes they get in the way of change and also keep us from recognizing change and fresh responses from others.

The good news is that these working models are subject to change and growth themselves, through coming to understand and value ourselves and our experiences and often as the result of finding a way to relate to others that is based on respect and equality.

Session Five – Feelings and Thoughts

Check in (20 – 25 minutes)

The goal of this session is to make the men aware how their working models are playing out in their thoughts about relationships. This technique is targeted more at the men who relate to others with a preoccupied attachment style but the role plays and the icebergs in the handout are aimed to offer contemplation for all of the participants. After welcoming the men back ask how they are doing and what they are feeling about the program so far. After a go-around ask them about the homework: what thoughts they had about what is working for them and what is not in their relationships.

> **"Maybe if each of you could mention one or two good things that you bring to a relationship and one or two things you would like to work on."**

Following this it would be a good time to revisit the relationship needs list and see if anything needs to be added, spend a couple of minutes reviewing it.

The rest of this session will address thoughts and beliefs that come in to play in relationships. While it will be important for the men to contemplate the errors in thinking that often manifest in close relationship there should be as much focus on skills that can help provide alternative patterns of understanding and these will be the focus of session eight. Here, take caution not to create a shaming environment with an air of "you are thinking wrong" but instead foster an inquisitive exploration into how we sometimes get to these unhelpful reactions. This lesson will include a role play. A couple of options are provided to accommodate the makeup of the facilitator team, feel free to customize them to the group and facilitators. Provide the handout outlining feelings and thoughts and common thinking errors.

Activity: Role play (30 - 40 minutes)

Let the group know that you will be presenting a role play, instruct them to focus on what the characters are feeling and thinking. Do not worry about sticking to the script exactly; just get the general feel of the scenario across, play with it!

Role play 1: Home Late

Explain setting, this is a couple at home. Adjust the language (cursing) to your comfort.

Have one partner (the "husband") sitting down. Have the other enter the room.

Cynthia: Hi honey.

Bob (sternly): you could have called, where have you been?

Cynthia: I was helping Marge do her taxes and then I went to do some shopping, it is only six thirty.

Bob: yah well how the fuck am I supposed to know where you are? And I am starved to boot, I worked my ass off today.

Cynthia: I am sorry. I will make you something.

Bob (stands up and steps close to Cynthia): don't you think you should let me know when you are running around so I don't have to wonder where you are.

Cynthia (shies away): I wasn't running around hon, you know I always help Marge with her taxes and she pays me.

Bob: ...and I come home to no dinner.

Cynthia (pleads): oh relax.

Bob (angrily): RELAX!??

Optional Role Play:

This role play presents a father and son. Introduce the characters, have the son enter the room.

Dad: where the hell have you been?

Son: I was over playing some games at Bill's.

Dad: you had the house to yourself all weekend and you couldn't even do the dishes, and I asked you to change the stinking cat litter. I should toss that little rodent out.

Son: aww come on dad. I got called into work and then I went out with mom for lunch, I cut the lawn and vacuumed the basement...

Dad: I asked you to do one simple thing, it frickin' reeks in the bathroom, I should start charging you room and board if you can't pull your weight around here. Don't be so useless!

Son: thanks a lot, I really feel appreciated, maybe I should just move out. (walks away)

Dad: get back here!

Son: screw you! (exits)

Write on the flip chart "feeling and thinking".

"What do you think that the people in the play were feeling and thinking?"

The group may get caught up in the context of the situation, that is ok at first but don't let it drag on, there is a lot of things that could be discussed about the scenarios. Record their comments on the flip chart or white board. If necessary remind them that you asked them to consider what the people where feeling and what they were thinking so that they focus on those things. Really try to get them to empathize with the characters. Refer to the handout; discuss the icebergs, drawing attention to the behaviour iceberg discussing how our actions are often a communication of many different things. Get them to refer to the *thinking errors* on the second page, ask them if they can find examples of these in the role play. Ask them how they might have felt if they were the man in the scenario. How might they have approached the situation so that everyone felt respected and the relationship was not injured? Ask them to suggest ways that the scenario could have gone better. Write down their suggestions but try to steer them into focusing on rewriting the man's part so that he could express his concern but keep the situation safe. If you have time before a break offer a revision role play using their suggestions.

Activity: bring an example from your own lives (30 minutes)

Have a look at the feelings and thoughts handout; get some examples from the group of each type of thinking error. Explain that you would like a few brave volunteers to explore a recent time when they were "ticked off" or upset at someone. Warn them that you will be asking the group for feedback so that they are prepared. Have them offer the example and if it is appropriate note down some basic details. Ask them what they were feeling and thinking and note that as well. Then ask the group what they think that the other person (who was the recipient of the anger) was feeling and thinking. Keep it safe by containing any shaming comments, keep it constructive. Get them to try to see both perspectives. Ask the man who offered the story to reflect on what he could have done to avoid getting aggravated.

Ask the group how we get the perspective of others? Discuss the benefits of taking a moment to ask a person whom you are having a conflict with what they are feeling and thinking rather than jumping to conclusions. Review the role play, ask the group to reflect on what the working models of the man in the scenario might have been doing to keep him from communicating in a more effective manner. Thank the group for sharing their stories and close by pointing out that even short little situations are loaded with many background scripts, contexts and perspectives. Offer that at times reacting promptly is beneficial, ask for some examples and write them down. Leave the group with the statement that understanding the bigger picture in our relational interactions often takes work and requires us to learn to investigate before responding, to avoid reacting.

<u>Feelings and Thoughts Handout: The Icebergs</u>

What lies below our thoughts, feelings and behaviours?

Consciousness   'She doesn't care.'   Attacking   Arguing
                'Can I trust?'
                Thoughts   **Behaviours**

Preconscious   Memories   Thoughts
                Knowledge   Predictions
                Thinking Errors   Societal Expectations
                Selfish Needs   Release, Communication
                                      Feelings
Subconscious   Shameful experiences Goals:
                immoral urges   -Protection
                deepest fears   -Survival

Working
Models

                Rage   Jealousy
                Feelings

                urge, sensation
                Threat, Loss
                Thinking Errors
                Memories, Illness
                other feelings:
                (fear, shame,
                vulnerability,
                rejection, ...)

<u>Feelings and Thoughts Handout p.2</u>

Common Thinking Errors:

Personalizing: taking things personal with poor evidence
> *"He purposely disobeyed me because he hates me."*

Overgeneralization: using language like "everyone", "always", "never" with little evidence to make such a judgment
> *"All kids are lazy nowadays."*

Selective Attention: using selective details as evidence to reach conclusions or justify views
> *"It is obvious he does not respect me, he walked away while I was talking"*

Black and White Thinking: all or nothing logic
> *"If she is not happy being my wife she obviously doesn't love me"*

Blaming: avoiding responsibility by attributing blame to others
> *"if she would have listened to me I wouldn't have got mad."*

Catastrophizing: making mountains out of molehills, distorting proportions
> *"She obviously thinks I am a horrible husband because she didn't call me when she was going to be late, she thinks I don't care?"*

Minimizing: reducing the significance of thing, rationalizing
> *"I only called him a couple of names and he has been pouting since"*

Must-izing or Should-ing: using unrealistic, nonflexible language
> *"He would do what I asked if he respected me."*

> *"She must realize that I have to know where she is."*

Labelling: unfairly damning or insulting others down
> *"He is useless, all he wants to do is play video games."*

Mind Reading: we all do it but when are we projecting your own stuff on others?
> *"I know she thinks less of me because she has to go out and work?"*

Session Six: Anger

Have the manhood and relationship needs lists posted in the working area in plain view for this session.

<u>Check in and intro</u>: (15 minutes)

This session will focus on anger but will provide a chance to discuss other emotions as well and offer further exploration of the communicative role of emotions. After having the group check in on how they are feeling explain that the session will turn the focus on anger and ask them for a definition of "anger". Acknowledge and validate everyone's ideas and record them on the board if you like but focus on and offer if necessary the definition of anger as a feeling: "a feeling of great displeasure or hostility; wrath" according to Webster's dictionary (2003). Anger can also be a verb, to annoy, irritate, rile, infuriate... Anger can be an addictive stimulant and self-empowering release that can make it tough to break. Expressed anger can also serve to gain autonomy or distance in relationships and conversely to coerce, guilt or shame partners into reinitiating attachment bonds. Stosny (1995) believed that rather than seeking to teach abusers to control anger therapist should focus on helping men to regulate their attachment emotions related to shame, guilt, abandonment and engulfment. For the abuser, these often trigger the anger. The goal of this session is to better understand anger and improve faculty to address what lies underneath it. The emotion iceberg from last week can be used in this illustration.

<u>Discussion</u>: (15 – 20minutes)

In this discussion have the group look at what is behind our anger in relationships:

> *"John Bowlby (1969) saw frustrated attachment needs to be the cause of most interpersonal anger. What does that mean?"*

You are looking for the group to offer ideas such as the need for safety, caring, tenderness. You will get many of the same things found on the relationship needs list and perhaps more. You should add any new ideas to the list.

> *"Anger is often a reaction to a perceived threat, what types of things can be threatened in an intimate relationship that would induce anger?"*

Refer to the relationship needs list as you accept some of the men's ideas. For example

- Jealousy or similar responses could be looked at through all of the key areas: safety, intimacy, honesty, trust, respect...
- Insult or disrespect can be related to respect obviously but also to intimacy because a person has to have a certain level of intimacy to know where our vulnerabilities are.
- The role of reciprocal caregiving could be discussed, is this on the list?

Exercise: the benefits and costs of Anger: (15 - 20 minutes)

Draw two columns under the word anger, entitle one column 'benefits' (which will hopefully be the narrower one!) and the other 'costs'. Ask the group first to look at benefits. Look for "an infant's communication strategy when it is scared, hungry, sick or tired" and "a survival mechanism which ignites our fight or flight responses". Other good ideas will be offered such as "scoring a touchdown after getting a dirty hit", "lifting a heavy object off of a child", record them all but focus on one that can used to describe anger as integral to communication.

Under costs, the list can go on for some time and most men will have sufficient experience to provide a rich list for discussion. Some of the key points could be:

- You will lose relationships
- You can get charged if it turns violent
- Your partner or children could be hurt
- You could take it out on someone who does not deserve it
- You can get sick from your own stress if you have it too often or hold it in too much.

If the group does not get it add "You can miss opportunities to balance and improve relationships" as this can help in the understanding that disagreements and misunderstandings can be growth experiences just as they can cause rupture and breakdown when anger is expressed with violence. Ask the group what they think will happen to the anger in the relationship when both partners are able to safely talk about the things that anger them.

Most of these points are worthy of further discussion as fits your group. This exercise can help men to relax their thinking around anger and embrace its primal communicative role while accepting safe ways of expressing it. The next brief exercise will investigate the many ways that anger can be communicated. Use your board or flipchart, after most of the ideas seem to have surfaced add extra questions such as: "How do infants communicate anger?", "How can we safely express it?", "What if we take a 'time out'?" Ask the men for some examples that use "I statements", discuss the importance of I statement is communicating emotions.

Brainstorm: (15 minutes)

How do we communicate our anger?

- **Facial Expressions**
- **Tone of voice, raise voice, yell**
- **Assume an aggressive stance**
- **(stand, move closer, eye contact...**
- **Rapid breathing and movement**
- **Withdrawal –silent treatment**
  -leave -internalize

What if we take a time out?
        -better than leaving -time to reflect

How do we communicate anger as infants?
        scream, cry, fuss, kick

How else can we safely express our anger?
        Use words!

some examples:

- **"It makes me feel angry when you insult my job in front of your friends."**
- **"I feel angry when you ignore me all night."**
- **"I get miffed, ...angry, when you forget that we made plans"**

<u>Di</u>scussion and closing: (20 minutes)

The next exercise will involve having a few volunteers present situations from their own lives when they were able to communicate their anger.

> *"Anger may result in violence but it does not need to!* **Can you think of a time when you were really angry with someone and you were able to explain it, does anyone have an example form their own life?"**
>
> **To each that offers:**
>
> *"Were they were able to accept it and talk about it?"*
>
> *"How did* it *turn out?"*
>
> *"How did it feel?"*
>
> *to group: "What if we don't express our anger?"*
>
> *"How do you contain your anger?"*
>
> *"How can you release it, what are some healthy ways?"*
> **Note: Go around the circle with this one, almost everyone will be able to offer something!**

> "Ultimately we are each responsible for how we regulate our anger, tonight we have looked at some reasons why we might experience anger, and some ideas about healthy ways that we can express out anger. For homework I would like you to think about how anger has affected your life, try to bring a story or something else, a song, a piece of art or even an object *that can help us understand what you went through.*"

Suggested Reading:

DeFoore, W.G. (2004). *Anger: Deal with it, heal with it, stop it from killing you.* Deerfield Beach, Fl: Health Communications.

Session Seven: The Cost of Violence

The goal of this session is largely psychoeducational, to give the group a chance to discuss and appreciate the wide effects of violence and to offer some alternative skills to replace violence.

Check in: (20 minutes)

Have the men discuss the homework assignment, try to let each member tell their story without analyzing it. If the discussion becomes counterproductive refocus the group on looking at how they have been affected by anger or direct them to concepts on the relationship needs list.

Discussion: (35 minutes)

Thank the group for sharing, the discussion about anger leads nicely to what this session is about: taking a closer look at violence in conflict.
Ask them, "What does the word violence mean to you?" and record their ideas.

> **"Violence is closely related to anger, we have looked at how anger has affected us, now let's look some of the effects of violence."**

Look at some of the stories the group brings pointing out some of the conflicting thoughts and feelings that we can have when violence erupts. Record the key points of effect from the stories (stress, breakup, fear, injury, legal issues) and point out the similarity to the costs of anger discussion from last group. Make sure to add "the damaging psychological effects on victims" and that "witnessing and experiencing violence can have detrimental effects on child development" if they are not brought up. In Canada, most forms of crime are currently going down except violent crime and domestic violence is particular has remained constant. Explain to the group that intimate partner violence is the top reason why women attend emergency rooms in Canada. Ask them what they think the top reasons are for men, they will likely know the answers.

Ask the group:

> **"Why do you think intimate violence remains an issue in our society?"**
>
> **"What can we do about it?"**

> *"Men have been warriors for thousands of years, what does it mean to be a warrior in today's world?"*

Again, without meaning to disempower women refer to the manhood list and discuss that some of the ideas that the men put out can be seen to be incompatible to intimate abuse (e.g. protect the family, defender).

Refer now to the relationship needs list. Ask the group how the experience of violence can interact with some of the items on the list. Ask the men to name some of the emotions that they had when they committed and experienced violence, there may be some slightly "positive" statements such as "I felt a total rush of adrenaline", acknowledge them but do not feel the need to get caught up on them. Among the comments look for "shame" and "guilt" and discuss the difference between the two. Guilt is the feeling of having done something wrong, shame is painful, embarrassing guilt. Explain that admitting and accepting our guilt can help release shame and help us to grow.

Discussion and role play "Why violence?": (25 -30 minutes)

Ask the group to think about a time when they had resorted to violence and to analyze why it happened. Discuss the possibility that it is unfortunately sometimes used to control others, ask the group if they think this is possible.

Offer a short role play, the characters could be a father and wife or a father and son, introduce the roles to the group.

Role Play:

> **Dad (sternly): there is NO WAY you are going to the reunion dressed like that!**
>
> **Other: oh and now you are telling me how to dress, that's just great, screw you.**
>
> **Dad (stand and raises fist): *you're cruisin'!***
>
> **Other: yah, away from you? (leaves)**
>
> **Dad: GET THE FRICK BACK HERE!**

Ask the group to comment on what they saw happening in the role play. Ask them what they thought the characters might be feeling. Record the responses on the white board. Explore control if it is not offered:"what was the man trying to control?" Ask them where the line stands between control and respect in a relationship.

Ask them:

> *"What do we have a right to try to control?"*

Ultimately the answer you are seeking is "ourselves" but be prepared to discuss other offers such as "the well being of the family" by relating them back to the relationship needs list.

> *"How can we express our discomfort with something without intimidating our loved ones?"*
>
> *"How could the man in the role play have communicated his concerns?"*

Point out that we have to jump to some conclusions to even think about this because we don't know the context. This is not a bad thing, we are continually doing this to keep attuned to our environment. Discuss with the group how it feels to be in a situation where the person you are having a conflict with does not seem to understand the context of your situation.

> **"What options we have at our disposal when someone does not understand us?"**
>
> **"Violence sometimes erupts because there is a breakdown in communication. What do you think some of the barriers are to communicating with your intimate partner?"**

What is needed for effective communication?

Flipchart Discussion:

What are the key factors in effective communication?

-assertiveness -staying calm

-clearly stating perspective

-making eye contact

- using "I" statements   -be honest

   -say what you mean, speak your truth

what about 'body' language (what %of comm.?)

   - standing or sit facing   -open

   - relaxed posture   -give space

   - no arms crossed, fists

Offer some more examples of "I" statements: "I feel a little uncomfortable with you wearing a sexy top to visit with my family"; "I would really appreciate it if you would not drink this at this function because this job is really important to me."

Closing and Homework: (10 minutes)

    Ask the men if there is anything that has come up for them or if there is anything they need from the program as we approach the last three sessions. For homework ask the men to think about a time when they felt that they were being unfairly controlled, restrained or restricted by another person and to be prepared to talk about it in group.

Session Eight: Mentalization

<u>Check in and homework exploration:</u> (20 minutes)

Discussing what is offered by way of the homework assignment will work as a great introduction to tonight's goals: the exploration of compassion, empathy, and giving the group a chance to practice taking the perspective of another.

> *"It is sometimes hard for someone who is physically more powerful than another to appreciate how uncomfortable and frightening even slight gestures can be."*

The feeling of being constrained or oppressed can not only induce fear but also invalidation and at the other extreme contempt and the desire for vengeance. It is not necessary to get an example from each participant but ask the men to think about an example from their own lives and to try to put some words to what they feel remembering the incident. Some examples may be: bitter, angry, "pissed off", humiliated, resentful, defensive, provoked, etc.

> *"Most people can think of a time when there was a power imbalance and they felt controlled. When this happens too often it can breed anger and/or poor self esteem."*

<u>Exercise in Empathy:</u> (20 minutes)

Distribute the handout on mentalization/empathy and discuss what empathy really means. To begin this activity it might be helpful for one of the facilitators to offer a story from their own experience in which they failed to properly empathize with someone and describe how it turned out or made them feel.

> **Example:**
>
> Once when I was in my early twenties I was walking down the street in the city and an elderly man approached me on the street and said, 'Good day sir, would you be able to help me, I need some money for my medication." "Yah, get a job!" I said and walked away. Later I felt pretty bad because I did not know his story and I had plenty of change in my pocket.'

Discuss the handout; ask the group how empathy differs from sympathy. Discuss how empathy relates to compassion and *mentalization*, a term used by psychologists to describe perspective taking. Have the men split into groups of three and have each man attempt to relate a similar experience, instruct the other men to merely listen without offering judgment or comments, ask them to merely imagine how the speaker felt and sit with that feeling.

Close off before the break by acknowledging that these are some tough feelings and that is why it is so important for us to explore them. Refer back to the relationship list; ask the group:

> **"What pieces of the list are impacted by power imbalances?"**
>
> **"How can power imbalances be moved toward equality through empathy and compassion?"**

Role Plays (30 minutes)

Explain to the group that you will be offering some quick role plays to portray some ways that people might react to a situation in a relationship, the roles are flexible, don't worry about getting the lines perfect, just think about the concept you are portraying. Instruct the men to think about the working models of the actors and what they might be feeling.

First Role Play

Player 1: did you get the milk and my smokes?

Player 2: yep, they're on the table?

Player 1: where is my change?

Player 2: there was six bucks left but I bought some cereal.

Player 1: next time ask! That was my coffee money for tomorrow, what do you think money just grows on trees?

Player 2: I'm sorry, there was nothing for breakfast.

Player 1: yah, well fuck it, look I am trying to watch the game.

Ask the group what the players might have been feeling. Some of what they offer will be thoughts, accept them too but gently point out the distinction; we're looking for feelings here. Again, try to avoid letting the group get bogged down in the context.

Second Role Play

Player 1: did you get the milk and my smokes?

Player 2: yep, they're on the table?

Player 1: *why didn't you bring them in,* where is my change?

Player 2: there was six bucks left but I bought some cereal.

Player 1: *[sarcastically] well that is typical isn't it, [mumbles] guess I should have gone myself.*
Player 2: I'm sorry, there was nothing for breakfast.

Player 1 (back to watching TV): *'scuse me, I am trying to watch this.*

Ask the group again what this was like for the characters. Ask them if they recognize the characters in either play. Ask them how the two men presented differ? Get them to rewrite a script based on empathy and then present it.

Explain that there are a variety of ways that we can respond to every scenario; it is always a choice but the more ready we are to respond with empathy and compassion the easier it is to make that choice. It makes it easier to do the right thing when we consider what others might be feeling about our interactions. This gets easier with practice and the results will be that you will collect many loyal friends and contacts who truly respect you. Ask the group to think about how they would like to be remembered as men and fathers, write down the responses.

Homework:

Ask the men to think about how they would know when their partner was feeling afraid of them and what things they could do to make them feel safe.

Recommended Reading:

Bateman, A., Fonagy, P. (2006). *Mentalization-based treatment for borderline personality disorder: A practical guide.* New York, NY: Oxford University Press.

Bateman and Fonagy (2006) warned against inconsequential discussions that can be locked into with clients who are in a mode of "psychic equivalence", and they offer some insights regarding what they term pseudo-mentalization that should be understood by facilitators prior to attempting to teach and explore mentalization skills. They define pseudo-mentalization as the appearance of trying to understand another that is not intended to improve communication, that may be expressed in rigid, absolute terms and that is largely self interested. Bateman and Fonagy (2006) envisioned three types of pseudo-mentalization:

1   intrusive – often affecting attachment relationships, characterized by over generalized, unqualified, intuition style mind reading attempts.
2   overactive – excessive mentalization appearing as "idealization of insight for its own sake" (p.74).
3   destructively inaccurate – accusatory statements which undermine the target person's subjective experience.

Stosny, S. (1995). *Treating attachment abuse.* New York, NY: Springer Publishing.

Szalavitz, M & Perry, B. (2010). *Born for love: Why empathy is essential-and endangered.* New York, NY: Harper Collins Publishers.

Session Eight Handout: What is Mentalization?

To live compassionately and master mentalization you must practice EMPATHY by:

- starting with SELF COMPASSION!
- GRASPING THE POWER of empowering others
- focusing on the other person – notice them, face them, make non-threatening eye contact, collect them with your attention
- compassionate expression, open, non aggressive stance
- REALLY listening – avoid interrupting, ask questions to clarify their feelings without interrogating
- being CURIOUS about their feelings and thoughts, identify and name them when it feels right
- VALIDATING and ACKNOWLEDGING their feelings and perspective
- avoiding giving advice or opinions unless you are asked to and you understand the whole story
- seeing beneath their defenses (think about the icebergs!)
- UNDERSTANDING and ACCEPTING the genuine experience of the other
- allowing others their feelings without having to fix, correct, explain or educate them
- give them support as they change the meaning for themselves

Sounds easy? It is, START WITH COMPASSION!

Session Nine: Relationships

This session will be asking the men to look deeper at relationships and to explore their own experiences and ideals. As the program nears its end it is time to integrate the lessons covered and to offer hope that toxic emotions such as shame can be let go and hurtful tactics such as coercion can be replaced by healthier patterns such as compassion.

Check in:

Have the men explore their homework, it may be a struggle for some men but you might see some of the guys coming to some helpful insights about how their partners might be feeling. Be sure to steer the discussion towards the importance of looking at the perspective of others as essential to the maintenance of respect in our relationships. This is a good time to ask the men to think back about the goals they set for themselves at the start of the program and to comment on how they feel about them and what more needs to be done. It might help to have the goals handy in case they don't remember exactly.

Exercise One: Growth (30 minutes)

Have the men refer to goals they drew up in beginning of the program.

> *"Next I would like everyone to think about the goals that we each set at the beginning of the program and to discuss any changes that you have noticed or things that you might do differently in your relationships. Who would like to start?"*

After the men have all had a chance to speak, discuss what has gotten in the way of their relationships. Also, review if they have discovered any strategies that they might find useful in negotiating challenges in their future interactions.

> *"Try to think about a time when things got unbalanced for you recently and how you might handle it in a more productive way?"*

Have a couple of men offer examples, time permitting you might even ask for a volunteer to discuss something that they are currently struggling with in a relationship and how they might address it in a way that is more likely to strengthen the relationship.

<u>Exercise Two: Guilt vs. Shame</u> (15 - 20 minutes)

The group may have talked about some hard stuff; this is a good time to explore the difference between guilt and shame. If a child grows up with caregivers who are not well attuned and fail to offer corrective experiences the child can begin to feel that they are bad (shame) rather than doing things that are wrong (guilt). If this is a persistent state then shame can come to be a definitive part of the child's personality and they may become aggressive, controlling or resistant as a defense against feeling that way. One of the ways that therapists or facilitators can help to heal a shame based identity is through radical acceptance: empathy and curiosity in approaching helping clients to value their experience and learn from it.

Ask the group if they can offer definitions for shame and guilt. The important difference is that guilt requires accepting responsibility for a wrongdoing and shame is a feeling of pain or disgrace related to guilt.

> *"Understanding our working models can help us to accept that we have done wrong and to understand how this came to be. In doing this we can learn from our mistakes and not let them define who we are as people."*

> *"I would like to take a moment for all of us to silently think about something that we have done that we might feel shame for, when you have found something think to yourself, I did this and I have learned from this."*

Ask the group to comment on ways that shame has been used against them or ways that they have used shame against others that they are close to.

This is not an easy exercise, ask the group if it was difficult or useful, ask them to consider and comment on it.

Ask them:

> *"How do we help ourselves or get help when we feel such things?"*

<u>Exercise Three: Needs</u> (30 minutes)

In traditional societies multiple generations often lived under the same roof and communities lived within close proximity to each other for convenience and safety purposes. In modern times these practices are not as common and frequently there is much pressure on romantic relationships to provide most of the needs for connection that we have as people. Discuss this with the group and ask them what some of the effects of this pressure might be?

Responses will vary but look for: frustration when all of your needs do not seem to be getting met, getting bored with each other and feeling the need for contact with others possibly fuelling jealousy or resentment.

"This intimacy that we seek can often be intertwined with sexual desire but just as often is a sign that we naturally crave new connections and are drawn to learning and experiencing fresh things, how can we facilitate this for both partners in a relationship?"

This can be an engaging conversation, you may be required as a facilitator to keep it respectful and if need be to challenge comments without being judgmental or humiliating participants. Write the words connection and independence on the flipchart or board and ask the men what they have done in relationships to achieve each.

"This is a struggle that exists in all relationships. How we negotiate this struggle makes the difference between healthy communication and painful conflict. As we learn to acknowledge our triggers and sensitivities we will experience relapses where our anger erupts. We will be asking you to develop safety plans so that you have some safety mechanisms in place that you can use if you feel yourself losing control."

Thank the group for all the work they have done so far, explain that the last session will give them a chance to offer feedback to the program which will be used to continually

improve the program for future participants and let them know that you will be providing food (budget permitting) and certificates. Ask if they have any allergies and food suggestions.

The homework will be for the men to sketch some ideas (provide a blank copy of the safety plan from Appendix B) that they can use as part of their safety plans that will be finished in the next session. Be sure to inform them that the next session may run slightly over two hours to accommodate the feedback session so that they can plan accordingly.

Session Ten: Celebration and Evaluation

Check In: (20 minutes)

Thank the men for attending the group; acknowledge that they have begun a transformational journey. Ask them how they feel about the group coming to a close.

> *"As we come to appreciate that violence has such far reaching consequences, we may begin to take a stand against violence that we see in the world. This has been the mission of many strong women since the 1970's but men are beginning to find a role in addressing this issue. Daniel Sonkin, a foremost researcher on domestic violence has found that witnessing violence in the home is the top factor correlated to perpetrating violence in adulthood. For each of us one question to think about is: 'What kind of legacy do you want to leave for your children or grandchildren?'"*
>
> After the men have had a chance to comment on this inquire:
>
> *"How do you feel looking forward into your future?"*

Activity: safety Plans (30 minutes)

Give the men time to individually work on their safety plans, ask the men who would be comfortable being in a support role offer their contact info and write it on the board. This will require some individual attention from facilitators and be prepared to help participants who may struggle with literacy. Circulate around the room and help the men to work on their plans.

Offer refreshments (a celebratory cake would be great!) when they have their plans worked out satisfactorily.

Feedback Session (30 -40 minutes)

The feedback interview (in Appendix D) is ideally done by someone other than the facilitators such as a supervisor or colleague (Moretti, Braber, & Obsuth, 2009). The interview will elicit a combination of verbal and written responses but all questions should be read verbally by interviewers in the group format; if it is has to be done by the facilitators it should be handed out and written anonymously by participants. Doing it verbally can help men who struggle with literacy to offer their feedback, but it can also be intimidating for more introverted participants. Seemingly, provide a handout of the questionnaire to the group and encourage them to write responses down if they think of anything additional. All members should be encouraged to respond to the scale questions on the paper.

Let the group know that their feedback is taken very seriously to help improve the program and encourage them to ask questions if they need clarification. Remind them that they will be hearing from the program in three months for a follow-up and encourage them to continue to seek help from friends and professionals when they need it. Encourage them to keep their safety plans in a convenient place so that they can access them if they feel triggered. Let them know that they may have slip ups in their relationships but that this does not mean that they have to give up on their path. Introduce the interviewers who should in turn thank the facilitators for their work and have them make applicable comments and thanks to the group as they leave.

The written responses should be done anonymously so instruct the group not to put names on them. Encourage the group to be honest with their responses. Let them know that you will be writing down verbal responses but that they will be kept confidential. Read each question and explain the scale for response. Try to record the verbal feedback of all group members.

Chapter Five: Conclusion

In this project I have applied some of the developments of attachment theory specifically to the treatment of assaultive men. There is still much to be done in the field of batterer treatment and this is but a small attempt to address the issue. Furthermore, I have sought to integrate several theories of psychotherapy to address some of the variants presented in a group of assaultive men. CBT is selected to address the need to recognize thinking errors, improve coping skills for men who are reactive, and also to capitalize on the power of the mind to enact change. Psychodynamic therapy is included to permit deeper exploration, the curative potential of understanding how one comes to a certain point, and the appreciation of conflict and insight oriented feedback from the facilitator and group. In short, the group will get a chance to explore their inner selves and past and how those experiences interact with a complicated and dynamic outer world. Attachment theory fits because it helps to understand the abusive personality, provides a link between cognitive and psychodynamic theory in its understanding of emotions and emotion regulation and also helps to define a compassionate treatment model that has promise to enact growth.

Situating the Author in the Project

I developed an interest in working with abusive men both on a personal and professional level. On a professional level I have been attempting to apply attachment theory to my work with boys since attending training with Dr. Gordon Neufeld in 2003, and have been further privileged to attend trainings by Jackson Katz, PhD, Dr. Gabor Maté, Dr. Bruce Perry, and Dr. Diane Benoit that have offered techniques and theory applicable to the practice of helping boys and men lead healthy fulfilling lives. I was

trained in 2001, and have since facilitated and experimented with, Anita Robert's (2001) psychoeducational, youth violence prevention program, Safeteen, realizing that it can be adapted into an effective session with grown men. I have helped develop and deliver a passage into manhood and high school program entitled "strength from the inside" for grade seven boys that I have been co-delivering for seven years, six with local high school counselor Larry Johannesen, MEd. I have also been on the local Violence Awareness and Prevention Committee since 2002. While I am not convinced that media is as important to the issue of male violence as he is, it was the training with Jackson Katz in 2004 that inspired me to attempt to do more to address violence perpetrated by males in the community in which I live. I have facilitated several men's forums, youth engagement forums, father and son nights and breakfast meetings, chaired a Mayor's Task force to address street violence from 2001 through 2003 and have been invited to speak to men, boys and women's groups by several First Nations bands in the Cariboo-Chilcotin region on the issue of violence. In 15 years of working with struggling boys I came to realize that insecurity and issues of trauma and unresolved grief were almost ubiquitous themes. Attachment sensitive group therapy seemed to me to have a huge untapped potential in addressing this and I am excited that others (Don Dutton, Daniel Sonkin, Steven Stosny) seem to have influenced me in terms of this realization. I am currently partaking in a continuing education program offered by Alan Schore and will soon be completing Daniel Sonkin's certification training on assaultive men's program development. My current employment with the Child and Youth Mental Health division of the Ministry of Children and Families does not entail direct therapeutic work with assaultive adults but often we are in contact with them and I treat many boys with violent records and conduct disorders.

Furthermore, the fallout from a recent tragic murder suicide in our province has resulted in directives that appear to be putting significant focus towards more thorough work with abusive fathers and I hope to be of some use in this important initiative although it is working with youth where my true passions lie.

Cautions to Consider

The proposed program has been structured with attachment processes at the centre of the theoretical basis, however it must be recognized that the attachment behavioural system is only one piece of the puzzle. Ainsworth (1989) considered an intimate relationship to be an integration of the sexual, attachment and caregiving systems (as cited in George, 2009). All of these realms are worthy of some exploration and will be paid attention to in this program. It is hoped that looking at three dimensions of attachment: behaviour, working models, and defensive exclusion will have healing effects for abusive men of various subtypes but it must be accepted that not all men will experience change and some will recidivate.

Dutton (2007) cautioned that abuse can be a reinforced as a habit due to its ability to vent off stress and ward off shame. West and George (1999) pointed out that working models are conservative and resistant to change unless disruptive circumstances are present. These circumstances may result in some clients abandoning treatment. Arousing the prescribed level of elevated affect will take a talented pair of facilitators. In discussing BPD, Linehan (1993) warned that clients with BPD often exhibit rigid polarized thought processes which inhibit their ability to envision change and transition. In particular to this issue, Mills (2008) recommends eliciting support from those that care about the offender. Helping them to build attachments in the outside world will help them to stay on the path;

the path that is built around the hope that men can reintegrate pieces of themselves that have been disintegrated or suppressed. It is hoped that healing in what Bowlby (1973) referred to as the "inner ring" can take place so that they can construct a new persona in the "outer ring", (note: Siegel, (2010) discussed this as the "hub" and "rim" which is a nice metaphor to use in a group of men), where interaction with the environment occurs; one that does not rely on violence as a relational strategy or even a last resort. Crittenden (2008) asked us to resist defining problems as individual pathologies but rather to work on them as interpersonal processes. This program advocates substantial individual work but most of it is aimed at conflict related, family system generated interpersonal patterns that are considered dynamic, capable of change. In this we should not neglect considering what works in relationships. Pollack and Mackay (2001) cautioned that care must be paid that the men do not use program material as ammunition to further attack their partners (as cited in Scott, 2004). Permission should be sought to contact victims as well as offenders at prescribed dates following the program not only to measure efficacy but to also help strengthen safety plans for victims. Obviously measuring recurrence of violence will be the key factor. Perhaps other things such as relationship satisfaction, stress and conflict tactics should be assessed as well. Dudley, McKloskey and Kustron (2008) emphasized the need to recognize lethality risk factors during interventions and some information regarding this will be included in the facilitator manual.

Oka and Whiting (2011) warned that participants may empathize with each other in ways that reinforce their abusive patterns. Loue (2000) advised the use of feminist sensitive interventions to derail such dialogues. Care should however be exercised throughout on assumptions of heterosexuality; homosexual and bisexual men (and women)

have most of the same relationship issues and should be welcomed into the program. Care must also be taken to resist creating feelings of exoneration (i.e. by blaming difficult childhoods) that keep participants from accepting responsibility for their violence. The goal which must be emphasized is for the men to understand their circumstances and their tendencies for the purpose of allowing growth and healing. Exercises which strive to practice perspective taking need to be cautiously guided beyond concrete depths. Scott (2004) found in her evaluation of many different treatment models that dropout rates can be as high as seventy five percent and facilitators should be prepared to deal with drop out.

Looking Ahead

It may be that the avoidant and the preoccupied men need to be in separate groups but this proposal hypothesizes that having these variants together can work, and in some circumstances and exercises, help to teach each other. Respecting the participants as intelligent beings in the process of encouraging them to recognize their own attachment patterns can be further facilitated by the presence of others in the group who come from diverse backgrounds, have developed alternate coping mechanism, respond to different treatments and offer different perspectives. This variety could be helpful in easing dichotomous thinking and reactions that occur in a homogeneous group and may also help to generate transference enactments that a willing facilitator can address; enactments that may help to uncover dysregulated primitive affects such as shame and disgust that Schore (2003) advocated recognizing. Constant care must be taken to avoid shaming and to be strategic with confrontation. The facilitators will need to respect the comfort levels of participants related to disclosure within the group. The men must feel validated and allowed to be vulnerable but not pushed into opening up too quickly. They must be kept

active and engaged, all endeavors requiring considerable energy and attunement from facilitators who will need to be well trained professionals with considerable community connections and lines of communication. It is my desire to use the model discussed in this project and explore the efficacy of this model in my future work with men.

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Appendix A

Figure 1. Working Models: Schematic Representation of the Intrapsychic and Intersubjective Self

Positive Image of Self

Dismissing
I'm OK you're not OK

Secure
I'm OK you're OK

avoidance (-)   Image of Other   attraction (+)

High attachment anxiety

Fearful
I'm not OK you're not OK

Preoccupied
I'm not OK you're OK

Negative Image of Self
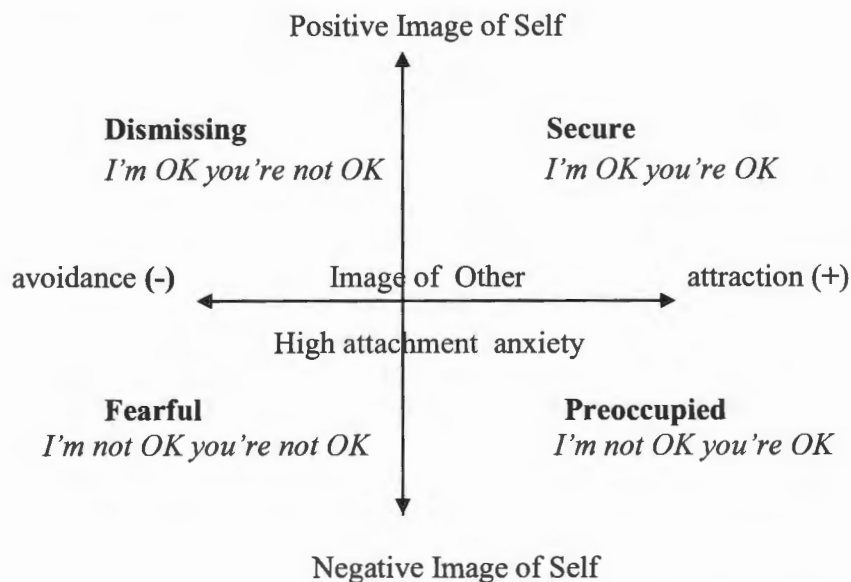
Figure X. Attachment styles graphed along "self" and "other" axes. Terminology from Transactional Analysis has been included (in italics) to show theoretical congruency and provide a simplified relational description. Adapted from Bartholomew, 1990; Bowlby, 1973; Berne, 1972; and Doumas et. al (2008) who discuss how internal working models can be classified along two dimensions: the model of the self (degree of dependency) and the model of the other (expectations about availability).

Appendix B: Sample Safety Plan

Client: Jimmy D		Date:		
Partner: June D	In contact? Yes	Child A: Fred		Age: 9
Child B: Julie		Age: 7	Child C:	Age:
Safety factors to be Addressed (list all issues of abuse)	Measurable outcomes required to ensure safety	Strategies/ services required to achieve outcomes		Review date
Violence against partner	Jimmy accepts responsibility for his violence against June. Jimmy identifies three people he can call if he feels that he may commit abuse.	Attendance of all sessions of Men's Healing Group, agreement to follow up contact for 24 months		three month, six month, one year, two years after group
Controlling behavior (refusal to leave family home when asked, refusal to pay child support, threatening to injure family pet)	Jimmy respects restraining order and does not attempt to contact June. Jimmy attends custody hearing and respects court orders.	Regularly scheduled meeting with probation officer. Jimmy actively participates in group activities and shows willingness to change. Jimmy is truthful at court hearing with the best interests of his children in mind.		Weekly during program
Psychological Abuse- Note: Jimmy has threatened suicide if June does not drop the charges and take him back.	Jimmy refrains from using putdowns against partner when visiting children.	Consultation with Social Worker to ensure that the visits are about spending quality time with the children.		three month, six month, one year, two years after group

Safety Plan: Jimmy D page: 2 Safety factors to be Addressed (list all issues of abuse)	Measurable outcomes required to ensure safety	Strategies/ Services required to achieve outcomes	Review date
Psychological Abuse cont'd	Jimmy accepts responsibility and recognizes all abusive behaviours.	Jimmy attends individual therapy.	three month, six month, one year, two years after group
Excessive drinking	Jimmy accepts that drinking is not an excuse for abuse and attempts to bring his alcohol consumption under control.	Jimmy attends AA after Men's Healing group is over.	
Post treatment support	Jimmy will reach out for help his best friend Bill or his buddy Bob from the program if he needs it. He will phone adult mental health ph 250-392-1483 if he feels critical	Jimmy will call Bill W. Ph 250-555-0123 or Bob C. ph. 250-555-4321 if he feels triggered or needs to talk	Ongoing

Appendix C: Interviews

Pre-inclusion Interview
Part One: Demographics
Client Name: Birth date:
Referral Source: Referral Contact: Phone #:
Address of Client: Phone #:   email:
Highest level of education:
Occupation:
Approximate Income (circle one): $0 - $15 000 $15 000 - $30 000 $30 000 - $60 000 $60 000+
Relationship status (check): Married ☐   Living Common Law ☐   Separated or Divorced ☐ Together but living apart ☐
Dependants (names, age):   Who do they live with:
Ethnicity/Nationality (Caucasian, First Nations, Indo-Canadian, Chinese, etc.):
Do you have any medical conditions or mental health diagnosis:

Part Two: Relationship Specifics   *Client:*

Have you been charged with assaulting your partner?   yes / no

If so, when (list all occasions):

Has your partner ever been charged with assaulting you?   yes / no

Have you assaulted your partner but not been charged?   yes / no

Consent to Contact Partner Form:

I, _____,(print name) hereby give consent for the Men's Healing administrators to contact and discuss my situation with my partner or ex-partner _____ (print name) both during and following the Men's Healing Program.

_____   _____
Signature of client   date   Witness   date

Contact Info of Partner/victim:

Name: Phone:

  Age: Cell:

Alternate Contact (for your partner) Name and Phone#:

Address of partner:

Partner or ex-partners place of employment:

Have you ever assaulted your children resulting in a child protection order?

yes   /   no

details:

Is there a current restraining order or no-contact order placed on you?

Yes   /   no

Details:

Are you in a new relationship in which abuse has not occurred?   yes   /   no

Name of new partner   _____

Consent to contact form complete for new partner   yes   /   no

Part Three: Relationship Dynamics

Have you ever intimidated your partner by yelling or threatening them?

Yes / no

If yes describe:

Have you ever withdrawn love, money, sex or material things (use of car etc.) to punish your partner?

Yes / no

If yes describe:

Would you consider yourself to be jealous or possessive? Describe:

What percentage would you take responsibility for your troubles?

0-----------10--------20----------30----------40---------50----------60---------70---------80---------90---------100

you are not
responsible
at all

you are totally
responsible

Part 3: Relationship Dynamics Continued

Do you feel that you have to 'walk on egg shells' or feel the need to apologize to your partner on a regular basis?

Yes / no

If yes describe:

Have you ever used weapons or threatened to use weapons against your

Partner or children?

Yes / no

If yes describe:

Do you prevent your partner from visiting or contact friends or family?

Yes / no

If yes describe:

List a five or six adjectives that would describe your most recent relationship (the one in which abuse occurred):

Part 4: Client Info and Background

Do you currently consume alcohol?   *yes / no*

Approximately how often?

Do you consume any other non-prescription drugs?   *yes / no*

List all that apply and frequency:

Are you currently taking any prescription medication?

List medications:

What was the situation of your caregivers growing up?

Parents- Married   ☐   Parents Living Common Law   ☐

Parents Separated or Divorced   ☐
    Which one did you live with?

Grandparents   ☐   Other (describe) _____

Foster Care   ☐

Briefly describe your upbringing:

Client Info and Background Continued:

As a child did you ever witness violence among the adults that were taking care of you?

yes / no

Approximately how many times?

Were you ever the victim of physical abuse as a child:

yes / no

Were you ever sexually abused as a child:

yes / no

Have you ever been convicted of a crime?

yes / no

If yes describe:

Part 5: Client Readiness for Treatment:

Would you like a relationship completely free from violence?

yes / no

How have you come to the decision to get help (outside referral, self referral...?)

Have you had counseling or treatment for abusive behaviour or violence before?

yes / no

If yes describe:

Have you made a decision to seek help before?

yes / no

If yes, what is different this time?

Are you willing to look at your own beliefs and behaviour in the interest of achieving relationships based on safety, respect and trust?

yes / no

What has gotten in the way of your relationships?

How has/have your partner or ex-partner and/or children tried to deal with your abuse?

Part 5: Client Readiness for Treatment continued

What have you done to try to control your violence up until now?

What are some of your triggers that have caused you to get violent?

Are you still together with the person who you have abused?

yes / no

Do you intend to seek reconciliation (getting back together) with this person?

yes / no

What do you hope to get out of this program?

Do you have any questions for us/me?

Follow-up client interview

Client Name: Birth date:

Address of Client: Phone #:

Time elapsed: 3 months ☐   6 months ☐ 12 months ☐   24 months ☐

Are you still in contact with your partner?

yes / no

If yes, describe your relationship:

If no, was the separation positive?

yes / no

Are you currently in another relationship?

yes / no

Have you committed any violence against someone intimate to you since finishing the Men's Healing Program

yes / no

Have you attended any other related programs or therapy?

yes / no

If yes, describe:

Follow-up client interview   *p. 2*

Looking back, how beneficial was the program on a scale of 1 to 5, 1 being not helpful at all and 5 being very helpful?

| 1 | 2 | 3 | 4 | 5 |

In retrospect, what did you get out of the Men's Healing Program?

Would you say that your relationships have been more satisfactory and respectful since completing the program?

yes / no

Why do you think that is?

Have you been charged for any violent offences or committed any violence on anyone since the program?

yes / no

Have you noticed any change in your ability to control your anger and other emotions since completing the program?

yes / no

Do you have any other feedback or comments?

Partner Contact Interview: pre- treatment
Name: Birth date:
₁Re: partner/ ex-partner (the 'client'):
Address: Telephone #:   Cell#: Alternate Contact phone#: Place of employment:
Relationship status (check): Married ☐   Living Common Law ☐   Separated or Divorced ☐ Together but living apart ☐
Do you have a current restraining order or no-contact order against your Partner/ex-partner (the client named above)? yes / no
Do you have any serious safety concerns in your dealing with your partner/ex-partner yes / no If yes, provide details:

Partner Contact Interview: pre- treatment   *p.2*

Have you received advocacy for your relationship difficulties?

yes   /   no

Have you received counseling or therapy for the abuse?

yes   /   no

If yes, describe:

If you were abused again would you report it to the police?

yes   /   no

If no, why?

Has the client been charged with assaulting you or your children?

yes   /   no

If yes, provide details (dates, frequency, nature of assault)

Do you have a safety plan?

yes   /   no

If yes, who assisted you?

Briefly describe your plan:

Partner Contact Interview: pre- treatment   *p.3*

Were you physically assaulted (hitting, punching, pushing, kicking) by your partner/ex-partner?

<div align="center">yes / no</div>

If yes, describe:

Were you psychologically abused by your partner (threats, derogatory comments, insults, frightening behaviour, intimidation, irrational blaming, excessive jealousy, controlling behaviour, constant criticism)?

<div align="center">yes / no</div>

If yes, describe (nature and frequency):

Were you ever sexually abused or assaulted by your partner/ex-partner?

<div align="center">yes / no</div>

Are you in need of legal advice or advocacy regarding your relationship?

<div align="center">yes / no</div>

Partner Contact Interview: pre- treatment   *p.4*

Are your children at risk or in need of protection because of your partner/ex-partner?

yes / no

If yes, describe:

Have you received couples' counselling for your relationship in the past?

yes / no

If yes, describe:

Do you agree to contact the program administrators if any further abuse, threats or intimidation take place once you have contacted the police?

yes / no

_____

Signature   Date

Consent for Follow up contact:

I, _____ (print name) hereby give consent to the Men's Healing program administrators to contact me for follow up regarding recidivism (further abuse) at 3 months, 6 months, 1 year and 2 years following the program.

_____   _____

Signature   Date   Witness

Post-treatment Partner Interview

Name: Date:

Time elapsed: 3 months ☐ 6 months ☐ 12 months ☐ 24 months ☐

Re: name (or file #) of client:

Address:

Telephone #:   Cell#:

Alternate Contact phone#:

Place of employment:

Are you still in contact with the client?

                                    yes / no

If yes, how recently?

Are you in a romantic relationship with the client?

                                    yes / no

If yes, have there been recurrences of abuse? Describe (dates, nature):

If no, what do you think made the difference?

What changes, if any, did you notice in the client as a result of the program?

Appendix D: Feedback Questionnaire

1. Was this program what you expected based on the information you received from referral sources and the pre-inclusion interview? (comment:)

2. Did the program fit your needs? (circle response)

         1   2   3   4   5

   It did not meet my needs   It was exactly what I
                                                                needed

3. Did you feel that the facilitators presented the material in a way that was easy to understand

         1   2   3   4   5

   It was difficult to understand   It was very easy to
                                                             understand

4. What did you like best about the program?

5. What did you get out of the program that you think you will be able to use in your relationships?

6. What would you like to see more of in the program?

7. What do you think the facilitators did well?

8. In what areas could the facilitators improve?

9. On a personal level, what degree of responsibility do you take for abuse that has occurred in your relationships?

0----------10--------20----------30----------40---------50----------60---------70---------80---------90---------100
you are not   you are
responsible   totally
at all   responsible

10. How confident are you that you will be able to have relationships free from abuse and violence?

            1   2   3   4   5

      not very confident   very confident

11. Do you have suggestions about the length of sessions?

        How about the number of sessions and the length of the   program?

12. What will you do differently after taking this program?

13. How would you rate this program on a scale of 1 to 10?

1 ---------2---------3---------4---------5---------6----------7---------8---------9---------10

poor   excellent

14. Can you describe any barriers you experienced to your ability to attend sessions?

15. Do you have any further questions or suggestions?

Appendix E: Confidentiality Forms

Sample CONSENT FOR RELEASE OF INFORMATION

I give permission for the following agencies to release information about:

_____ ,   date of birth: _____

to the Men's Healing Program facilitators and administrators regarding planning and following up on my treatment.

Please initial the agencies authorized to release information and to receive information. Please indicate the names of the individuals involved (if known).

_____   Ministry of Human Resources   _____

_____   Ministry of Child and Family Development   _____

_____   Interior Health   _____

_____   Probation   _____

_____   Family Doctor   _____

_____   Restorative Justice Program   _____

_____   Woman's Shelter   _____

_____   Victim (separate form must completed as well)   _____

_____   Other   _____

This consent will expire 24 months after termination of treatment.

_____   _____

Signature   Date

_____   _____

Witness   Date

<div align="center">

Sample REGARDING CONFIDENTIALITY Form
Men's Healing Program

</div>

Welcome to the Men's Healing Ending Abuse Program. Our assessment and counseling services to men and their families are provided through _____(Agency Name here)_____ at no charge.

As in all clinical services, records are kept on each client. Safeguarding the privacy of your personal information is an ethical obligation to you that all members of our staff take very seriously. We do not release any information about you or your family without your written permission, except as stated below. If you would like us to talk with someone, such as a doctor or clinician, about you or your case, we will ask you to sign a Release of Information form.

There are four major exceptions or LIMITS TO CONFIDENTIALITY:

1. If we have reason to believe a child is being abused, we are required by law to report our concerns to child protection personnel in the Ministry of Children and Family Development. Child abuse can be emotional, physical, or sexual.
2. If we have reason to believe that a person is a danger to him/herself or others, we must notify someone who has the ability to protect the person or risk.
3. If a judge orders us to appear in a court of law, we are obliged to answer the questions put to us, and submit our files if requested to do so. In such cases, the party requesting the information is asked to explain to the judge why the information is necessary.
4. Facilitators may at times review information about clients and families with other clinical staff. Consultation about various issues is one way that we can provide a better quality of service. All information shared is kept confidential within the mental health centre.

Please ask your facilitator if you have any questions about these limits to confidentiality.

<div align="center">

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT REGARDING CONFIDENTIALITY.

</div>

_____	_____
Name of client	DOB
_____	_____
Signature	Name of witness
_____	_____
Date	Signature of witness

Men's Healing Program   Sample CONSENT FOR TREATMENT
PO Box 701
150 Mile House, BC V0K 2G0

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the Freedom of Information and Protection of Privacy Act (FOIPP Act). Under certain circumstances, the collected information may be subject to disclosure as per the FOIPP Act. Any questions about the collection, use or disclosure of this information should be directed to the Director: Information, Privacy and Records Services Branch, 250.387.0820, PO Box 9702, Stn. Prov. Govt., Victoria, BC, V8W 9S1.

NAME OF CLIENT: _____

I, _____, agree to participate in the assessment,

        NAME OF CLIENT

treatment and follow up of the Men's Healing Program, the details of which have been explained to me by the program administrator.

The Men's Healing Program facilitators will provide the group therapy as explained by the administrator of the pre-inclusion interview.

I acknowledge that these issues have been explained to me and I understand them.

I agree and give consent to treatment.

_____   _____
Signature of Client/Participant   Signature of interview administrator

_____   _____
Date Signed (YYYY/MM/DD)   Date Signed (YYYY/MM/DD)