A Description of the Change Processes Experienced by Female Victims of Intimate Partner Violence when They and Their Male Partners End the Violence and Maintain Their Relationships

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ABSTRACT

The purpose of this qualitative study was to describe the processes of change for female victims of intimate partner violence (IPV) who successfully completed a domestic-violence focused couples treatment (DVFCT) program with their male partners. Enhancing our understanding of the change processes for women who choose to remain in their relationships helps therapists develop more effective IPV treatment models when both partners are involved in treatment. While a goal of DVFC treatment is to end the violence, this study highlights the changes women victims made and how they evolved throughout the treatment process. This study describes those changes in order to develop targeted interventions to bring these changes about more purposefully. Two women were selected from a pool of 30 women who successfully participated in a 12 session DVFC treatment program.

Videotapes of 12 couples therapy sessions were analyzed using modified analytic induction (Manning, 1991). The Transtheoretical Model (TTM) (Prochaska & DiClemente, 1982, 1984) processes of change guided the analysis. Using modified analytic induction, we described participants' changes in attitudes and behaviors and the identifiable markers of these changes. Findings highlight a relational change process between spouses.

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CHAPTER I

INTRODUCTION

The Problem & its Setting

Change processes for clients in therapy have been of interest to researchers and helping professionals alike since the 1940s (Prochaska & DiClemente, 1982). Understanding how change occurs is important for marriage and family therapists in order to provide effective therapy for clients. While there are commonalities, the change process is unique to each individual, each couple, each family, and each social structure. Although change processes are complex, understanding the "components and processes that might comprise comprehensive, multilevel, process-based therapeutic change" is paramount (Sexton, Ridley, & Kleiner, 2004, p. 131). Therapists who understand the complexities and mechanisms of change processes can better assist clients as they progress through the course of therapy.

Change has many different forms and is measured in many ways. Researchers have developed numerous measurement tools to assess change in order to help professionals and clients alike understand the unique processes of change. While change processes can seem vague and/or hard to measure, it is important to clarify the process of change in order to replicate it as needed and increase the effectiveness of therapy. To this end, researchers have developed the Transtheoretical Model of Change (TTM) (DiClemente, McConnaughy, Norcross, & Prochaska, 1986; DiClemente & Prochaska,

1982; Prochaska, 2000; Prochaska & DiClemente, 1982, 1984; Prochaska, DiClemente, & Norcross, 1992; Prochaska & Norcross, 2001; Prochaska, Norcross, & DiClemente, 1995), a theoretical framework that attempts to explain the change process in order to assist individuals interested in making behavioral changes. Although the TTM is the theoretical framework which guides this study, many other theories of change and change models exist. For example, the assimilation model (Honos-Webb & Stiles, 1998; Honos-Webb, Surko, Stiles, & Greenberg, 1999), another stage model of change, relies on a client's ability to incorporate and integrate a problematic experience into the self. Werner's (1948) theory of development is another theory of change. Werner's theory of development combines "increasing differentiation and hierarchic integration" (as cited in Prochaska & DiClemente, 1982, p. 276). Still other change processes rely on introducing chaos into the client's system or on other mechanisms to interrupt the client's typical pattern.

The core organizing construct of the TTM developed by Prochaska and DiClemente (Prochaska & DiClemente, 1982, 1984) is the stages of change construct which assesses attitudes and behaviors associated with individual's readiness to change. Understanding stages of change, according to Prochaska and DiClemente, helps researchers and clinicians categorize individuals' readiness to change. Prochaska and DiClemente (1982, 1984) "surmised that what the different therapies had in common was a number of 'processes of change' that transcended the particular theoretical perspective" (as cited in Brown, 1997, p. 9). Subsequently, Prochaska et al. named 10 processes of change, a set of independent variables that effect transitions between the stages of change (Velicer et al., 1996). The processes of change are described as helping to facilitate a

person's movement through the stages of change including an individual's changing attitudes and behaviors.

In the last 20 years, the stage of change construct has been used to study many types of behavioral issues, especially health issues. To date, many studies have validated the applicability of the stages of change to smoking cessation, weight loss, adopting an exercise routine, and ending substance abuse among other issues (Marshall & Biddle, 2001; O'Hare, 1996; Petrocelli, 2002; Prochaska & DiClemente, 1983; Prochaska, Norcross, Fowler, Follick, & Abrams, 1992; Prochaska, Velicer, DiClemente, & Fava, 1988). Only recently has this model been used to study intimate partner violence (IPV). Stages of change principles, including the processes of change, describe an individual's readiness and actual attempts to change problem behaviors. The TTM also provides a useful framework for explaining and describing the processes by which individuals may be able to successfully eliminate violence directed toward intimate partners. Applying the TTM's constructs to the issue of IPV could be instructive and help researchers and clinicians alike when working with couples experiencing IPV.

IPV has been heavily researched in the last 30 years. There are many scholars in this field of research who have studied types of batterers (Johnson & Ferraro, 2000; Berns, Jacobson, & Gottman, 1999; Holtzworth-Munroe & Stuart, 1994), relationship dynamics (Lloyd & Emery, 1994; Dobash & Dobash, 1998), bi-directional violence (Kimmel, 2002; Cook & Harris, 1995; Vivian & Langhinrichsen-Rohling, 1994), assessed multiple forms of aggression (Margolin, 1987) including nonphysical abuse (Gondolf, 2002), and developed treatment strategies for the perpetrator (Tolman & Edleson, 1995), the victim and couples (Stith, Rosen, & McCollum, 2003). Very little of

the previous research and subsequent literature addresses and describes the female victim's process of change when she chooses to maintain her relationship and work with her partner to end the violence. This gap in the research is substantial, since 34% of female victims in abusive relationships remain with their partners and desire to maintain their relationship while ending the violence (Herbert, Silver, & Ellard, 1991 as cited in Stith, Rosen, McCollum, & Thomsen, 2004). Effective methods for breaking the cycle of abuse without terminating the relationship need to be identified and implemented since many women feel they are unable or do not want to leave an abusive relationship (Horton & Johnson, 1993). It is important to describe the female victim's process of change when she chooses to maintain her relationship.

To date, researchers have not assessed a female victim's process of change when both the woman and the man want to keep their relationship intact. Researchers have made progress in assessing the female victim's readiness to leave an abusive relationship (Brown, 1997). Researchers have also assessed male batterers' readiness to change in ending the violence in their relationships (Levesque, Gelles, & Velicer, 2000). It is important to investigate the change process for women victims of intimate partner violence who want to keep their relationship together. This study describes and theorizes about women's movement through stages of change using the processes of change as a template when the goal for the couple is to stay together, end the violence, and heal the relationship.

Rationale for the Study

At this time, there is no research that describes the woman's change process when the woman remains in the relationship and both partners work to end the violence. There

is an instrument to measure an individual's process and movement through the stages of change in general (URICA, McConnaughy, Prochaska, & Velicer, 1983) and there is an instrument used to measure a woman's readiness to leave an abusive relationship (PROCAWS, Brown, 1999). However, research has not yet measured the woman's movement through stages of change when she is staying in her relationship and is committed to having a violence-free relationship.

To date, researchers focusing on women victims of IPV have tended to focus on the reasons women leave or stay in abusive relationships (Bowker, 1983; Brown, 1997; Grisby & Hartman, 1997; Horton & Johnson, 1993; Landenberger, 1989). Although there is value in understanding the reasons behind a woman's choice, very little of the research has focused on her change process. Of this change process research, the sole focus has been on the change process women experience as they prepare to leave their abusive relationship (Brown, 1997). Brown developed the Process of Change in Abused Women Scale (PROCAWS) (1999) in order to profile women's progression through a change process as they prepare to and leave their abusive relationships. In the recent research aimed at understanding the women's process of leaving an abusive relationship, emphasis has been placed on the women's ability to leave. Some of this recent research has focused on a more empowering framework such as the Investment Model (Rusbult, 1980) for understanding the process of women leaving abusive relationships (Rhatigan, 2003) in contrast to theories proposed by Strube (1988) (e.g., learned helplessness and psychological entrapment). Other research has focused on the interpersonal factors (e.g. the safety of her children) that affect a female victim's readiness for change and process of leaving an abusive relationship (Kelley, 2003; Rosen & Stith, 1996).

Understanding and describing the processes of change is needed in order to provide effective, process-matched treatment for the female victim when she chooses to participate in therapy with her abusive partner. According to the TTM, staged-matched and process-matched interventions, rather than a one-size-fits-all type of intervention, are a key component to increasing the effectiveness of therapy. Therapists play an important role in helping these clients while they are in treatment with their abusive partner and it is imperative to understand and describe the process of change for the female victim just as it is for the male perpetrator so that treatment can be inclusive, comprehensive and effective. As Stith, Rosen, and McCollum (2003) suggest, "Failing to provide services to both parties in an ongoing relationship may inadvertently disadvantage the female partner who chooses to stay" (p. 411).

Significance of the Study

> *"There's not hardly anyone that would take a violent couple…I've called and you just get 'if he needs counseling call this number'…not even churches. There's nobody that wants to deal with violent couples. All they want to say is 'well how soon do you want to divorce?' Well, I'd really like to try to work it out first."*
>
> Female Client in domestic violence focused couples treatment
> (Stith, McCollum, Rosen, & Locke, 2003, p.519)

It has been estimated that between 20-50% of all women worldwide have been physically abused by their intimate partners or family members (Leeman, 2000). Intimate partner violence triples women's hospitalization for mental health disorders, substance abuse and suicidality (Kernic, Wolf, & Holt, 2000). Being able to assess and treat

intimate partner violence is imperative for all therapists and the therapeutic process needs to include effective treatments for both partners in a relationship where violence exists.

As the field is increasingly calling for treatment models developed from empirical research and managed care is increasingly requiring that providers are able to demonstrate that the treatment they provide works, research using the stage of change construct is even more important. This research has focused on individuals' readiness to change and success in changing behaviors. It is especially important to describe a female victim's process of change as she maintains her committed relationship in order to enhance our treatment approaches.

Theoretical Framework

When applying the stages of change theory to individuals attempting to make a change, individuals are viewed as progressing through a series of stages with each "stage characterized by certain types of thoughts, beliefs, values, and attitudes towards the change process, as well as accompanying behaviors and change strategies" (Brogan, Prochaska, & Prochaska, 1999, p. 107). Since this theory is best viewed as a spiral with individuals progressing and regressing in a circular motion, it is important to recognize that while an individual is primarily in one stage at any given time, he or she can exhibit characteristics of the other stages, usually the ones that border the primary stage (Levesque, Gelles, & Velicer, 2000). There are four stages in the construct: precontemplation, contemplation, action, and maintenance.

Overview of Stages

In the **precontemplation** stage, individuals do not think they have a problem and may feel pressured or obligated to be in treatment. Some precontemplators may admit to

having a problem but have no intention of making changes. In the **contemplation** stage, individuals begin taking responsibility for their problems and may be struggling to understand their issues. An individual in the contemplation stage may seek more information about the problem but has not yet committed to changing it. For individuals in the **action** stage, they are taking responsibility for their problems and are struggling to make changes. They have made overt changes within the last 6 months although they may need help to make their desired changes. In the **maintenance** stage, individuals have already made changes in the previous 6 months. In this stage, individuals need help in maintaining their changes and preventing relapse.

A typical thought for an individual in precontemplation would be, "As far as I am concerned, I do not have any problems that need changing." Generally, precontemplators do not intend to make a change in the next 6 months even if they admit they have a problem. Many feel pressured or obligated to be in treatment. Since many individuals enter treatment for violence toward their intimate partners through the court system (as nonvoluntary clients) (Gondolf, 1990) or because of threats from others such as spouses, family members or bosses, many of these individuals might fit into the precontemplation stage. These individuals may not think they have a problem with violence or, if they are aware of violence in their relationship, may not think that it is their problem. A female victim of IPV may not think there is anything she can do to protect herself, might not be aware of her options, or might not think that violence is a problem. "Resistance to recognizing the problem is a hallmark of this stage; any behavioral changes that are made are likely to persist only for as long as the external pressure exists" (Begun et al., 2001, p.

109). The individual in the precontemplation stage may admit to having a problem but have no intention or desire to change it.

In general, an individual in contemplation may be gaining awareness about their problem and may be struggling to understand it. While still not committed to making a change, a contemplator may be seeking more information about the problem and the pros and cons of changing. An individual in the contemplation stage is beginning to become aware of the violence in his/her relationship and may be struggling to understand it. He/she may be seeking more information but has not made a commitment to changing. Getting "stuck" in this stage is common as individuals weigh the pros and cons of the problem and the potential costs involved in finding a solution (Begun et al., 2003). A female victim of IPV who is in this stage might become aware of her circumstances, she may be considering whether she should stay in or leave the relationship. Her options and possible next steps may not be clear to her and she may need help in determining and clarifying her need to change as her awareness about her situation grows.

Individuals in the action stage develop an approach to change with specific plans and time frames. "The action-oriented individual is actively modifying behavior, revising cognitions, attitudes, values, and belief systems, and regulating the environment in order to overcome the specified problem" (Begun et al., 2001, p. 114). At this stage, the female victim might be implementing her safety plan as needed, using and practicing time-out procedures when necessary and making the behaviorally-based changes she has determined are necessary.

An individual in maintenance continues the changes that were made during the action stage and consistently behaves in ways that support these new changes. The female

victim at the maintenance stage might be sustaining her safety and continuing to integrate these changes into her life and relationship. Sustaining these behavioral changes throughout and beyond the action stage (6 months) and avoiding relapse characterizes an individual in the maintenance stage.

The stage of change theoretical framework also includes 10 processes of change. These processes help us to understand how behavior change happens. Previous studies have shown that different processes of change occur at particular stages of change. The 10 processes of change are (Levesque, Prochaska & Prochaska, 1999; Petrocelli, 2002):

1. Consciousness Raising: increasing awareness and information about the change or its benefits; information about the self and the problem are explored and brought to concrete awareness;
2. Dramatic Relief: experiencing negative emotions associated with failure to change and relief that comes with success; affect is experienced and expressed regarding the problems and potential solutions;
3. Environmental Reevaluation: considering how the change will have a positive impact on the social and physical environment; problems and potential solutions are considered with regard to how they influence the physical environment;
4. Self-Liberation: the belief that one can help make the change happen and commitment based on that belief; the potential for a desirable outcome and the changes required for it are examined in terms of ability and commitment;
5. Self-Reevaluation: considering how one's identity, happiness, and success can be enhanced by the change; the self is reevaluated with respect to the antecedents and potential solutions to the problem;

6. Stimulus Control: restructuring the environment to remove cues for non-participation and add cues for participation in the change; stimuli that are associated with, or encountered before, the activation of the problem behaviors are avoided;
7. Helping Relationships: seeking and using social support to help with change; interpersonal relationships with people who care are further developed by trusting them and being open;
8. Counterconditioning: substituting new behaviors and cognitions for the old ways of working; alternatives for problem behaviors are constructed and tested;
9. Reinforcement Management: finding intrinsic and extrinsic rewards for new ways of working; rewards from the self or others become contingent upon changes required to meet goals; and
10. Social Liberation: the community empowers individuals to participate in the change; the opportunity for more desirable behaviors becomes increasingly available and valued by society.

Individuals in the early stages (precontemplation & contemplation) generally rely more on the experiential processes of change such as consciousness raising, dramatic relief and self-reevaluation. Individuals in the later stages (action & maintenance) typically rely more on behavioral processes of change such as counterconditioning, stimulus control and reinforcement management techniques (Levesque, Prochaska, & Prochaska, 1999). “Experiential (including cognitive and affective changes) change processes involve thinking about or feeling a particular emotion about one’s problematic behavior in terms of how if affects the self and others. Behavioral processes involve

active attempts at behavior change or manipulation of the environment in order to foster behavior change" (Eckhardt, Babcock, & Homack, 2004, p. 82). In essence, the processes of change used most frequently during the early stages of change are more experiential, demonstrating the maturing thoughts of the individual's more realistic assessment of their situation. In the later stages of change, the processes used most frequently reflect the individual's decision to make behavioral changes, based in large part upon that earlier, more realistic assessment. The following table highlights the use of the processes of change as they relate to the stages of change.

Table 1: Transtheoretical Model Stages of Change with suggested Processes of Change

Precontemplation	Contemplation	Preparation	Action	Maintenance
Experiential	***Processes***		***Behavioral***	***Processes***
Consciousness	Raising			
Dramatic	Relief			
Environmental	Reevaluation			
	Self	Reevaluation		
		Self	Liberation	
			Reinforcement	Management
			Helping	Relationships
			Counter	Conditioning
			Stimulus	Control
			Social	Liberation

For a female victim of intimate partner violence, her processes of change might be described as:

1. Consciousness Raising: With a therapist, a woman might start talking about the impact of her violent partner has on her life, she may wonder if all spouses are violent, and if she is doing something to cause his violence. In this case, she might receive information from the therapist about violent relationships which helps the woman's perspective grow and broaden.
2. Dramatic Relief: A woman may experience feelings of desperation, isolation, and guilt for the violence in her relationship. She may feel like it is her fault or be angry with herself for not being able to stop it or for putting up with it. She may experience relief for starting therapy. She may be experiencing worry, concern, and fear for her children or pets.
3. Environmental Reevaluation: Her awareness of the impact of the violence on her environment may grow including the impact on her children and pets and in her overall living environment. Perhaps she states, "I am tired of living in fear in my own home."
4. Self Liberation: She may begin evaluating the pros and cons of making changes to protect herself from the violence and thinking about whether she is able to sustain the possible changes required.
5. Self Reevaluation: She may begin thinking of herself as she was before she was in a violent relationship or perhaps thinking ahead when she is no longer in a violent relationship. She may reevaluate herself in relationship to potential solutions.

6. Stimulus Control: She may remove weapons from the home. She might avoid situations and/or certain topics of conversation such as known “sore spots” that might provoke violence.
7. Helping Relationships: She may no longer hide the violence in her relationship from supportive friends and family. She might seek out trusted relationships where she can be honest and open and receive support and encouragement in return. She may break her patterns of isolation and realize she is not alone.
8. Counterconditioning: With the help of a therapist, she may think of alternatives including a safety plan, a no violence contract, and/or a time-out procedure and she might actively work toward implementing these alternatives when appropriate.
9. Reinforcement Management: At this point, her support groups, friends, and therapist might reinforce her worth and her ability to sustain the changes she is making. She might receive acknowledgement and positive reinforcement to continue her changes.
10. Social Liberation: She might get encouragement and positive reinforcement messages from society indicating that violence is not acceptable. She may believe the changes she is making are valued by her community.

Purpose of the Study

The purpose of this study is to describe the processes of change for two female victims of IPV who, along with their male partners, are committed to keeping their relationships intact and to ending the violence. Using Prochaska’s & DiClemente’s (1982, 1984) stage of change and process of change constructs as guides, I describe each

woman's change processes and hypothesize about how she was able to successfully end the violence and maintain her relationship (although, clearly I do not want to imply that the female is responsible for ending the violence).

This study adds to the existing research base since the change processes of female victims of IPV have not been described when the women are committed to continuing their relationships with their partners. This study adds to our understanding about change processes which will help researchers and clinicians develop more effective IPV treatment models for both partners. This study contributes to the body of research in this area with the aim of furthering efforts to end IPV. Additionally, this study generates ideas for future research while providing clarification of the processes of change construct as the processes relate to IPV.

Hypothesis

This study hypothesizes that women who stay with their violent partners and successfully complete couples IPV treatment have moved through some discernable TTM processes of change which have identifiable markers that describe their changes in attitudes and behaviors.

This study also hypothesizes that participant's experience and use of the identified TTM processes of change would be in the general order developed by Prochaska and DiClemente (1982, 1984).

CHAPTER II

LITERATURE REVIEW

Since the 1970s, intimate partner violence (IPV) has been heavily researched. Some aspects of IPV such as batterer typologies (Berns, Jacobson, & Gottman, 1999; Holtzworth-Munroe & Stuart, 1994), relationship dynamics (Dobash & Dobash, 1998; Lloyd & Emery, 2000), bi-directional violence (Cook & Harris, 1995; Kimmel, 2002; Vivian & Langhinrichsen-Rohling, 1994), and multiple forms of aggression (Margolin, 1987) including nonphysical abuse (Gondolf, 2002) have been well researched and documented. These studies have provided background and value for researchers and clinicians who have strived to find effective means to work with individuals and couples in ending the violence in their intimate relationships. Within the body of research, however, gaps exist. One of these gaps is the description of the change processes for individuals and couples who work together to end the violence in their relationship.

This literature review is based on an investigation of this gap. This review will touch on leading research on IPV and the nature of the process used by women to end the violence in their intimate relationships. In taking a closer look, the focus of this research can be loosely categorized under the following headings: change processes for women who leave their partners, change processes for women who stay with their partners, the role of the partner in the change processes, and the need for conjoint treatment. The review begins with a brief discussion of the guiding framework: the Transtheoretical Model of Change (TTM) (Prochaska & DiClemente, 1982, 1984).

In the IPV literature, a large body of research has examined female victims of IPV. While not exhaustive, important insights are offered. The majority of these studies

have focused on women victims leaving their abusive partners (Martin et al., 2000; Senter & Caldwell, 2002; Merritt-Gray & Wuest, 1995; Anderson & Saunders, 2003; Sullivan & Bybee, 1999). Fewer studies are dedicated to understanding why women stay in abusive relationships (Rhodes & McKenzie, 1998; Peled et al., 2000). While addressing the abused woman's process of deciding whether to leave or stay in her relationship, very few studies have addressed the change processes specifically. Previous studies, for the most part, have focused on the impact of the violence and documented the outcome for the battered woman staying or leaving (Holtzworth-Munroe, Smutzler, & Sandin, 1997). While understanding the elements of each battered woman's experience is valid and important, describing her personal process of change is certainly one of the next research frontiers in the IPV field.

In more recent years, research has begun on the processes of change within the context of IPV. Scholars have assessed the process of change for male batterers' readiness to end the violence in their relationships (Levesque, Gelles, & Velicer, 2000). For women victims of IPV, scholars have described the process of the female victim leaving an abusive relationship (Brown, 1997; Landenberger, 1989). Very little of the previous research and subsequent literature addresses and describes the female victim's process of change when she chooses to maintain her relationship and work with her partner to end the violence. This is the case even though 34% of female victims in abusive relationships remain with their partners and desire to maintain their relationship while ending the violence (Herbert, Silver, & Ellard, 1991 as cited in Stith, Rosen, McCollum, & Thomsen, 2004). Effective methods for breaking the cycle of abuse without terminating the relationship need to be identified and implemented since many

women feel they are either unable or unwilling to leave an abusive relationship (Horton & Johnson, 1993).

One of the challenges to studying and documenting the abused woman's process of change is the complexity of the abuse itself. The experiences of the battered woman are not linear or straight-forward and her decision to stay in or leave her abusive relationship unfolds over time (Lerner & Kennedy, 2000). Full of contradictions, the battered woman's feelings toward her partner and herself are reflected in the multifaceted nature of the literature and research available today (Landenberger, 1989). Research findings are complex at a minimum and often contradictory (Rhodes & McKenzie, 1998); therefore, tracking and documenting changes is more difficult for both the abused woman and the researcher. "If we consider the embedded context of a marriage or relationship in which one of the partners is threatening the other with bodily and psychological harm for staying, or leaving; in which financial and social resources may be limited; in which children may be shared; and in which the woman loves her partner, the picture of how to deal with the situation is not so clear cut. The question then becomes, 'How does she go about making changes in her life to free herself from violence and abuse?'" (Brown, 1997, p. 8).

The context of a battered woman's lives also involves the influences of her partner. Changes occur within the context of the self (the battered woman), the context and environment of the relationship (Brown, 1997; Landenberger, 1989), and in the interactional context of relationship patterns (the relationship itself changes) (Brown, 1997; Landenberger, 1989). As Brown (1997) states, in the case of measuring change in IPV, "individual change in this case is relational change" (p. 9). As a result, expanding or

fine-tuning research to include the influence of a battered woman's partner's change processes may be indicated. The context and environment of behavior change for the battered woman choosing to maintain her relationship - while working to end the violence - may necessitate elaboration and/or alteration of the processes of change to include to the influence of her partner's change as suggested by Brown (1997).

In an effort to clarify the process of change for women victims, IPV-related change process research will serve multiple clinical and practical needs. Gathering rich descriptions of these women's change processes and describing their change processes will provide practical value and offer clinical guidelines. In essence, previous research is making the point that we must start to understand the complex context of abusive relationships and describe the processes of change in order to provide effective treatment (Brown, 1997; Landenberger, 1989; Lerner & Kennedy, 2000). Understanding the context and dynamics of abusive relationships and the change processes that occur in these intimate relationships is important when considering how to end the violence. When a couple wants to maintain their relationship and work together to end the violence, there is a gap in the literature. In part, this study aims to fill this gap. Understanding and describing the change processes will direct future research and help guide treatment which could enable couples to work together to end the violence in their relationship.

Theoretical Framework: The Use of the Transtheoretical Model

It is not uncommon for one body of research to influence another. This has certainly been the case with the fairly recent integration of behavioral change research in to the field of IPV. Many advances have occurred in behavioral change research over the

recent decades. One of these advances has been in the application of the TTM (Prochaska & DiClemente, 1982, 1984) and its usefulness across a wide-range of behavioral changes. While many of these studies have been relevant, a majority of these studies document change for an individual, i.e. smoking cessation, weight loss, substance use (Velicer, Rossi, Prochaska, & DiClemente, 1996). According to this model, individuals progress through the stages of change. Each of the four stages (precontemplation, contemplation, action, and maintainence) is characterized by changes reflected in thoughts, behaviors, and values. Processes of change, in contrast, are a set of ten independent variables within the TTM (Prochaska & DiClemente, 1982, 1984) that individuals use to progress through the four stages of change. The processes of change, experiential and behavioral techniques and strategies, produce change in stages and help to clarify both the needs and impacts of behavior change. These processes were described in Chapter I (p. 12).

An important element of the TTM is its circular, recursive nature. As a developmental process, progress is made in a spiral motion which normalizes the concept of relapse for an individual making behavior changes. Relapse, as stated by the stages of change construct, is a natural and normal expectation regarding any change process. Rather than seeing relapse as a failure, relapse, within this model, is seen as an opportunity to re-evaluate desired changes and to re-create strategies to keep one progressing through the processes of change. Understanding the nature of relapse within the change process can be helpful in keeping IPV victims protected and safe since relapse can be costly for the victim and safety is paramount.

Another key concept for the stages of change model is the use of stage-matched interventions. Individuals seeking behavior change who do not use an appropriately timed

intervention increase their chances of failing to make the desired changes. Integrating stages of change with processes of change has proven to be an effective way to design and provide stage-matched interventions for individuals making changes.

McConnaughy, Prochaska, and Velicer (1983) developed the University of Rhode Island Change Assessment (URICA) which measures attitude and behavior change across a wide-spectrum of behaviors. In order to apply the TTM to battered women's change processes, Brown (1997) developed the Process of Change Abused Women Scale (PROCAWS). Similar to the URICA, PROCAWS assesses the attitudes and behaviors for women leaving abusive relationships. Based on the application of the stages of change, Brown (1999) developed four PROCAWS profiles: precontemplation, letting go, acting and hoping, and engaged. However, there is no instrument developed for women progressing through stages of change when she wants to maintain her relationship and work with her partner to end the violence.

The Change Process When Women Leave their Abusive Relationships

To date, there have been few studies focused specifically on the change processes the woman victim uses to leave her abusive relationship. Landenberger (1989) used the entrapment and recovery model to describe the process of women leaving abusive relationships. Both Brown (1997) and Burke, Geilen, McDonnell, O'Campo, and Maman (2001) used the TTM (Prochaska & DiClemente, 1982, 1984) in order to understand and describe the change processes of battered women.

Landenberger (1989) studied women (n=30) who were currently in an abusive relationship or had recently left an abusive partner in order to understand and describe the process of entrapment and recovery from an abusive relationship. The participants of her

study were recruited through newspaper advertisements, a community support group, and a shelter for battered women. Participants were interviewed once using an open-ended, semistructured interview format. The purpose of this study was to describe the circumstances that influence women to leave or remain in an abusive intimate heterosexual relationship.

Based on the findings, Landenberger (1989) named a four-phase process for abused women: binding, enduring, disengaging, and recovery. She determined that women pass through these four phases progressively as they make sense of their experiences, gain awareness of their interactions with their abusive partners, and their self-changes (Landenberger, 1989).

While Landenberger focused her study of the change process for women leaving an abusive relationship, she highlights important and essential components of all change processes. She suggests that an abused woman is "struggling to interpret meaning and make decisions within a context of mixed messages regarding the violence by her perpetrator, family, and community. This results in a skewed reality. Change is complex, and concurrently includes levels of self, the relationship, and her family and community. She may be in different phases … at once, but change is cumulative and visible over time" (as cited in Dienemann et al., 2002, p. 222).

Several years later, Grisgby and Hartman (1997) proposed a barriers model to name and help clinicians and researchers understand the complex issues influencing a woman's decisions to stay in or leave her abusive relationship. These barriers are: external environment, family and social role expectations, psychological consequences of relationship violence, and childhood abuse and neglect experiences. Other studies

identify barriers in the woman's process of leaving: lack of support from family and friends, continued threats of violence from the abuser, inadequate community assistance, and lack of employment and/or financial resources (Gondolf, 1988; Kalmuss & Strauss, 1990; Strube & Barbour, 1983; Sullivan, 1991).

About the same time that Grisgby and Hartman (1997) proposed a barriers model, the TTM was beginning to be used to measure change for IPV victims. Brown's (1997) article explored the usefulness of the TTM when its four main constructs (stages of change, processes of change, decisional balance, and self-efficacy) were applied to the decisions battered women face in overcoming the violence in their intimate relationships. The purpose of this article was to explore how applying the TTM can improve our understanding of how abused women make changes with an overall goal of measuring these changes systematically. "To measure the effect of programs for battered women, we must go beyond outcome measures looking at instances of violence and leaving the abuser and examine the incremental and measurable process of change" (Brown, 1997, p. 7). Additionally, measuring the behavior of the abusers has not aided the battered woman directly. Until recently, components that the battered woman has control over or an ability to direct have not been measured (Brown, 1997).

Providing services, treatment programs, and interventions for abused women without understanding how change occurs and the subsequent change processes will ultimately disservice the abused women seeking treatment according to the TTM. For instance, for a battered woman in the early stages of wondering if the violence in her relationship is her fault (precontemplation stage), might benefit from an early understanding that what she is experiencing is abuse (consciousness raising process of

change). She might also realize that it is wrong (dramatic relief process of change), and that it is not her fault (self-reevaluation process of change) (Brown, 1997). In the later stages of change, for instance, assertiveness training is the counterconditioning process of change and group support is the helping relationships process of change (Brown, 1997). "Acceptance of a stage-based approach to behavior change allows us to understand the effect of both the internal and external constraints [barriers] that battered women face in trying to end the violence in their lives" (Brown, 1997, p. 15).

While the primary aim of Brown's (1997) study was to understand and describe the leaving process for abused women, Brown discussed the interactional nature of ending the violence for women who choose to remain in their relationships. "Having left the abuser is one possibility, but it does not allow for the cases in which the woman has remained with the abuser, and through a number of actions, has managed to demand and receive a reduction in, or an end to, the violence" (Brown, 1997, p. 13). Unique to the dilemmas of battered women, individual change is relational change; that is, "changes would be occurring not only in the context of a relationship but to a relationship" (Brown, 1997, p. 9). Because the use of the TTM to date has focused on individual behavioral change, the processes of change may need to be enhanced or altered to incorporate the partner's influence. The specific and complex nature of abused women's lives "may require elaboration of the processes of change" (p. 19). In studying the activities and creative survival strategies of battered women in relationship to those who abuse them, designing and implementing more effective interventions may be the outcome (Brown, 1997). Understanding and describing her behaviors, her decisions, and her choices and

how she interacts with her situation could show us how she strategizes around her need for change and subsequently implements changes in her life.

In a qualitative analysis, Burke, Geilen, McDonnell, O'Campo, and Maman (2001) suggest that the TTM is an effective method for understanding how women end the abuse in their intimate relationships by leaving the relationship. The women studied (n=78) for this research were a subset of Project WAVE, a larger study of HIV, domestic violence, and women's health (Gielen, McDonnell, Burke, & O'Campo, 2000). The purpose of this analysis was to determine if women's descriptions of working to end the violence in their intimate relationships were consistent with the TTM approach to change.

After completing the quantitative section of the interview process, participants who had a recent history or were currently involved in an abusive relationship were randomly selected to participate in the in-depth interview process. Using generalized, open-ended questions, the women were asked to talk about their experiences of abuse in their intimate relationships. The original aim of the qualitative portion of the study was to collect contextual information and details on the women's experiences of abuse; not to apply the TTM (Burke et al., 2001). The questions focused on how the women viewed the violence, if they wanted the violence to end, and, if applicable, steps they took to end the violence. The processes of change were not explored until completion of the research since initially this study was not designed to use the TTM.

Burke et al.'s (2001) qualitative analysis suggests that battered women talk about five stages which were connected to the TTM stages of change: (a) not recognizing the abuse as a problem (precontemplation), (b) acknowledging the problem (contemplation), (c) considering their options (preparation), (d) selecting an option and deciding to take an

action toward ending the abuse (action), and (e) keeping themselves safe via various strategies (maintenance) (Burke et al., 2001). The researchers suggest that using qualitative techniques to explore the TTM generally, and the processes of change specifically, in order to understand and explore stage-oriented change process is valuable and imperative for development of interventions, strategies, and programs to assist battered women more effectively and comprehensively.

In describing the woman victim's process of change in ending the violence in her relationship, many IPV researchers and advocates assumed that the most positive change she could make was to leave the relationship. While it is a positive change for women to leave their abusive spouse as a method to living violence-free; it is not the only option. There appears to be an assumption in the literature that women want to leave their abusive partners when, if fact, the opposite may be true. While the literature addresses women's inabilities to leave abusive relationships either due to entrapment, barriers, or other reasons, it is important to recognize that some women do not want to leave and make the empowered choice to work with their partners to end the violence. Distinguishing between women staying because they lack the resources to leave or women staying because they are working with their partners to end the violence is important. The present study details women's change processes when they and their male partners are committed to maintaining their relationships *and* ending the violence.

The Change Process When Women Sustain their Relationships and Work With their Partners to End the Violence

From the perspective of women staying in their relationships to work with their partners in ending the violence, the literature is sparse at best. Only in the last 10 years

have treatment programs for IPV begun to treat the couple together helping them sustain their relationship while ending the violence (Bograd & Mederos, 1999; Harway & Hansen, 1994; Lipchik & Kubicki, 1996; Stith, Rosen, & McCollum, 2003). Previously, successfully ending the violence usually meant that the victim left the abuser. If the female victim of IPV stayed with her partner, this was typically perceived as a failure on her part or on the part of mental health workers tasked to get her away from her abuser.

Bowker's (1983) study (n=136) was designed to fill a gap in the existing literature created by the lack of information and detail on the strategies and resources used by battered women to triumph over violence in their marriages. To recruit the sample of 136 women who stayed with their partners and ended the abuse, Bowker and his colleagues contacted Milwaukee, Wisc., social agencies, newspapers, radio stations, and television stations. In order to be included in the study, the women who responded must have experienced physical violence at least once by a person she was living with or married to at the time of the abuse. Additionally, she had to have triumphed over the violence, with or without help of the aggressor, and the violence had to have ended at least one year ago. In this retrospective study, informal, in-depth interviews were conducted with a combination of probing, repeating questions, and reconciling inconsistencies which decreased the number of mistakes based on recall. If details could not be recalled with clarity, the entire interview was deleted from the study.

After the interviews were conducted, they were coded to standard scales according to violent incidences and various formal and informal help-sources. The violent incidences were measured according to an elaborated version of the Conflict Tactics Scale (CTS) (Straus, 1979). All couples in the study were heterosexual and,

except for six cases, the information provided for the study was provided by the woman. At the time of the interview, not all of the women were living with their partners. Of those married (94% of this study), 50% were no longer living with their husbands although most had successfully ended the violence while still married or together. Sometimes years after the violence had ceased, divorce occurred for reasons other than IPV (Bowker, 1983).

Rather than tell abused women to "grin and bear it" or "see your lawyer," Bowker's (1983) study aimed to provide practical as well as realistic information for abused women and their families. A long-term objective was to provide clear knowledge for mental health professionals and related social support networks. An additional objective of the study was to increase the self-esteem in the battered women participants. Rather than reinforce the battered woman as a victim who is unable or unsuccessful in dealing with the violence in her marriage, this study highlighted the strengths and resiliencies of each woman who was usually working very hard to decrease or end the violence in her marriage.

Bowker's (1983) study found that the single most important determinant in a woman ending the abuse was her "single-minded determination that the abuse must end" (p. 13). Participating in support groups was the second most important factor for a woman living violence-free with her former batterer. This study also highlighted the importance of the male batterer participating in the change process. From the perspective of the women, the batterer's fear of divorce, desire for a healthy relationship, fear of the police or legal system, enabled the women to be effective in demanding an end to the violence and, ultimately, living violence-free.

Bowker (1983) and colleagues found that there were six personal strategies and techniques used by battered women to end the violence: (1) talking the batterer out of the abuse, (2) finding a way to have him commit to ending the abuse (promising), (3) threatening him with non-violent action such as calling the police or filing for divorce, (4) hiding from him, (5) becoming passive as a form of self-defense while abuse was occurring in order to minimize the physical harm done, and (6) fighting back. Avoidance was added as a strategy once the researchers decided to consider it an active choice made by the woman before violence occurred which made it distinct from hiding (which is used after violence has begun). While being analytically distinct, these personal strategies overlap in practical ways. The boundaries between some of the strategies blur as an abusive incident builds or unfolds (Bowker, 1983).

Data were collected on 283 incidents and consisted of the wife using rational arguments to convince the batterer to end the abuse (Bowker, 1983). This talking strategy was used in 33% of all incidents. At times, talking was a brief discussion while at other times it occurred over years within the context of a marriage. While the promising strategy was used in 45% of incidents, it is one of the more vague tactics. Six percent of the promises were based on love and another six percent on ethics. The husband usually made the promise spontaneously in the context of a fight or argument. In the cases where the wife pleaded with the batterer and he felt compelled to promise to end the violence, the success rate was lower. In 23% of the incidents, the women used threats of non-violent action such as calling the police (43%) or obtaining legal separation or divorce (49%). Non-violent threats were the most successful of all personal strategies used by the women. While sometimes effective in ending a specific violent incident, hiding was

not effective in ending violence within the marriage permanently. Hiding, used in 26% of all violent incidents, consisted of running out of the house (70%), hiding in another room (20%), or hiding behind furniture (8%). Although the passive defense tactic was the most commonly used strategy (90%), it almost never had a positive impact on the batterer's behavior. Passive defense tactics such as covering the body with hands, arms, or feet was also associated with crying (which helped some batterer's realize their effect and stop the violence) or with submission to his dominance (which increased these batterer's level of violence). Used in 29% of battering incidents, the participants in this study relied less on aggressively defending themselves by kicking, biting, or hitting with a fist (53%) to combat their husband's violence. Slapping was used 18%, hitting or trying to hit with a solid object was used 14%, and throwing something hard was used in 5% of violent incidents. Paradoxically, aggressive defense strategies could be dangerous and increase the violence by making the batterer more angry (42%) or could result in an apology and termination of the violence (26%). By avoiding their husband's sight or by ignoring or failing to participate in an argument, battered women attempted to avoid abuse in just over half of the abusive incidents. Similar to the hiding techniques, the women who used the avoidance tactic had to surrender their freedom, in part, for a chance to avoid a violent incident or to make the impact of a violent incident less severe.

According to Bowker (1983) and his colleagues, the abusive husband who valued his marriage and his wife showing absolute resolution and determination that the violence must end, was a better predictor of him reforming his behavior than any one of or combination of strategies or help-sources used by her to end the violence. It was also found that women who sustained their marriage and were successful in ending the

violence mentioned personal strategies and informal resources as significant in ending the abuse.

Ten years after Bowker's study, Horton and Johnson studied women victims' process of achieving a non-violent relationship. Horton and Johnson's (1993) study recruited 185 women victims of IPV who had been in intimate, sexual, cohabitating relationships with their partners at the time the abuse occurred. All participants had experienced more than one episode of physical abuse and 96% had experienced severe abuse at least one time as measured by the CTS (Straus, 1979). When responding to the questionnaire, all victims had been violence free for at least a year. Of the participants, 158 no longer lived with their formerly abusive partner, 17 women maintained the relationship without violence and felt satisfied with it and 11 women sustained their relationship without violence but were not satisfied with it. In-depth surveys were used to gather descriptions of participants' use of professional help, personal coping skills, and satisfaction with their personal decisions. Relationship values, reasons for remaining in the relationship, strategies for ending the violence, and patterns of resource use were documented. Their research identified women who successfully ended abusive relationships, profiled these women's personal and abuse histories, described their strategies for ending the abuse in their relationship, and reported these women's satisfaction with treatment methods and results.

The abusive partner's participation in the change process was found to be important in this study. While not usually considered a resource for the victim, the abusive partner's cooperation in treatment and with ending the cycle of abuse emerged as a critical component in ensuring a positive resolution for the survivor and maintenance of

the relationship. Clearly, one of the primary predictors of women survivors' abilities to remain with their partners was their partners' participation in the change process including his personal commitments to change and alteration of behaviors (Horton & Johnson, 1993, p. 486). For the survivor who sustained her relationship without violence, outside resources were used by a large percentage of these survivors' partners who made personal commitments to alter their behaviors and end the violence (Horton & Johnson, 1993). Satisfied survivors' partners' efforts and behavioral changes also contributed positively to their success" (p. 488). Satisfied survivors' positive outlooks, caring feelings toward their partners, mutual commitment to the relationships, and belief in the change process were determined to be important for couples to sustain their relationship and live violence-free. Satisfied survivors clearly felt a strong emotional attachment to their partners and felt hopeful in contrast to the dissatisfied survivors who felt emotionally detached and distant from their partners.

Based on their findings, Horton and Johnson (1993) suggest that there are three areas of emphasis: Under certain conditions, abuse can end and the relationship can be sustained, abusers must be proactive for the relationship to survive, and abusers need to receive treatment early.

Results from Horton and Johnson's (1993) study indicate that survivors who remained in their relationships were older and had been married longer than those who didn't sustain their relationships. Those who remained with their spouses in violence-free relationships but were dissatisfied were considerably older, in longer term relationships, and had more children than those who remained with their partners and were satisfied. Surprisingly, the survivors who remained with their spouses and were satisfied with their

relationships reportedly experienced “much more physical abuse and to have received more medical attention on average than had those who left or were dissatisfied” (p. 485). These women, however, were subjected to considerably less sexual abuse and their children experienced less abuse.

The survivors in Horton and Johnson’s (1993) study made several suggestions for dealing with abusive relationships: be aware of the problem and realize that nobody deserves to be abused; take initiative to build self-esteem and self-confidence and be willing to leave the relationship if necessary; and to seek professional counseling. The most critical resource was their spouse’s participation and cooperation in ending the abuse. The abusive spouses of survivors who sustained their relationships joined the survivors in the healing process by participating in counseling together.

Many clinicians and researchers in the field believed that the only way for abuse to end was to physically separate the couple. However, because some victims desired to maintain their relationship and end the violence, Horton and Johnson (1993) suggest that effective strategies and treatment approaches that have been successful in sustaining the relationship and ending the violence warrant further study. “Effective methods for ending abuse without terminating the relationship need to be identified (Horton & Johnson, 1993, p. 482).” Interestingly, the research casts a potential vote of support for conjoint treatment with some violent couples in order to treat marital distress. Horton and Johnson (1993) found, “…although the quality of the relationship does not emerge as an early concern among couples who attempt to end the cycle of abuse, it eventually becomes a critical issue in preserving the marriage” (p. 482).

Campbell et al. (1998) also studied the process women victims (n=31) of domestic violence use in achieving nonviolence. They collected data from participants at three different times over two and a half years. The majority of women in this study either left their abusive relationships or were in the process of leaving their relationship, while three women were still in their relationship after almost four years and were not being abused. These three women were in relationships now free from all forms of coercive control for at least one year. Campbell et al. found most women initiated a "process of achieving nonviolence" rather than leaving their relationship. Instead of a clearly defined, linear process, these women described both leaving their spouse and returning again as well as in their thinking and feelings about their relationship. This process included a number of components: (a) responding to turning points by thinking about and labeling what was happening to them; (b) negotiating internally with self and externally with their abuser; (c) trying various strategies and combinations of strategies to curtail the abuse and improve their relationship (Campbell et al., 1998).

A turning point, according to Campbell et al. (1998), "was a specific incident or process that was seen as pivotal to how the relationship was viewed, how the woman viewed herself, or a major decision to leave the relationship" (p. 751). There were many types of turning points and often women experienced more than one in their process of achieving nonviolence. The most obvious types of turning points were when the abuser escalated the abuse and, for a few women, the turning point was when they became violent themselves. Another turning point was cognitive when the woman realized and labeled herself as abused or that her relationship was abusive. This change in thinking

was seen as pivotal by the researchers who suggest “it either provided impetus to leave or influenced her decision to stay” (Campbell et al., 1998, p. 752).

For the participants in Campbell’s (1998) study, negotiating with self or partner was another strategy used for achieving nonviolence. For some women, this negotiation process was a necessary step in the process of coming to terms with their problem of abuse and/or control and then deciding that action was required. Negotiations were both vague and concrete and there was an element of bargaining according to Campbell et al. (1998). For example, a concrete negotiation might entail her offering to do something he wanted in exchange for him ending the abuse and/or seeking professional help (most often for substance abuse or a mental health problem).

Lastly, women in Campbell’s (1998) study selected a combination of strategies to curtail the abuse. These strategies were developed through a conscious and evaluative process of decision making, revising, and choosing new strategies when others proved ineffective. A group of active problem-solving strategies emerged including: calling the police, seeking advice or help from others, fighting back or hitting first, leaving, self-talk, taking financial actions, and avoiding or hiding. These strategies were used with varying degrees of success. An additional strategy, subordinating self, was seen as a critical element of the active problem-solving process. Campbell et al. (1998) determined there were four different types of subordinating: doing what their partners wanted, silencing themselves, assuming a passive position and acting docile, and, lastly, ignoring their partners’ behaviors and pretending they (their abusive behaviors) did not exist.

A strength of Campbell et al.’s (1998) study was its prospective nature with the women describing the process as it occurred rather than retrospectively. While the

information collected in this study was harder to categorize and, at times, contradictory, the descriptions were more likely to reflect actual experiences of battered women. As noted earlier, achieving nonviolence is not a linear process and perhaps not always progressive. Women's responses to abuse are never static and ending the relationship does not necessarily end the violence, nor does the relationship have to end for abuse to stop. "It is important to realize that it indeed is possible for relationships to become violence free (and noncontrolling) as well as for the violence to decrease to a point that women consider tolerable. This is not to say that women should remain in abusive relationships, but that we need to offer women creative interventions that help them monitor their ongoing physical safety and emotional safety, as they negotiate their own individual process toward freedom from violence" (Campbell et al., 1998, p. 757).The women in this study were engaged in a daily, active process of making decisions for effectively dealing with and strategizing to end the violence in their relationship. While being aware of the need for change in their abusive relationships, they made many decisions about when and to what extent these changes would or could occur. Self-talk, decisions to subordinate, and negotiate were essential elements to many women staying safe as they progressed through the process of achieving nonviolence.

In an additional study aimed at understanding women victim's preservation of their relationship, Dienemann et al. (2002) developed the Domestic Violence Survivor Assessment (DVSA) (n=87). The goal of the DVSA, which used Landenberger's theory of entrapment and recovery as a guiding framework, was to capture the woman victim's reality and assist counselors in effectively guiding her to a better understanding of her complex circumstances. In the process of developing the DVSA, Dienemann et al.

collaborated with three hospitals and two agencies developing five specific goals for women clients. They were: (1) increase effectiveness of survivor's safety practices, (2) increase survivor's knowledge of the "healthiness" of the relationship (or lack thereof), (3) increase the effectiveness of survivors' coping skills with life situations, (4) rebuild survivors' self-identity; increase survivors' self-sufficiency, and (5) decrease survivors' trauma and stress symptoms.

Cluster analysis was used to analyze the data which indicated three primary groups of women: preservation of the relationship, preservation of the self, and preservation of the resolution. Of the participants in this study, 7.6% were clustered in the preservation of the relationship; 41.3% were identified in the preservation of self cluster; and 34.8% were in the preservation of resolution cluster.

For women in the preservation of the relationship cluster, seeking temporary shelter and/or information on how to preserve their families and minimize discussion of violence were often the goals. These women interpreted the violence as not representational of their relationship but as a result of a temporary problem in the batterer's life. In a clinical setting, Dienemann et al. (2002) suggest that counseling a woman who is committed to preserving her relationship should focus on helping her to understand the cycle of violence, to overcome the shame associated with being a victim, and to identify the disruptive patterns in her relationship. "It is vital that counselors acknowledge that the woman is the expert on how and when to resolve her dilemma and express respect for her autonomy. Women often report that counselors become negative if they return later for assistance and have not left their partners" (Dienemann et al., 2002, p. 227). Counselors need to avoid suggesting or promoting a linear process of change as a

standard and to make sure to avoid blaming survivors for not being able to change their partners' behaviors and actions.

The second group of women were the ones in the preservation of the self cluster. These women, as described by clinicians, viewed themselves as abused, were concerned about their own well-being and safety, and were conflicted about their relationships with their abusers. As the researchers state, these women often missed counseling appointments or would stay in a shelter to protect themselves (Dienemann et al., 2002). When counseling a woman in the preservation of self group, the counselor needs to help the woman identify risks and create a safety plan. Referral information and victim's assistance information are also appropriate.

Preservation of resolution was the third group of women in the Dienemann et al. (2002) study. In the pilot study, all of these women had left their relationships and had worked out some resolution to curtail the violence in their relationships. These participants sought support groups and social services to gain support in restructuring their lives (Dienemann et al., 2002). The authors suggest that counselors working with a woman in the preservation of resolution group should help the woman focus on her strengths and competencies. Support groups are very helpful for women in this group to work through their feelings and share their successes and fears.

During the time agency staff worked with the women, they observed changes in the women and "strongly believed that leaving was not a valid measure of ending the abuse or recovering from the abuse" (Dienemann et al., 2002, p. 224). One of three adaptations made by the staff was recognizing that resolution of abuse could occur through the partner changing as well as through the woman leaving (Dienemann, 2002).

Dienemann et al. (2002) state that “the goal is empowerment that is as complex as the woman’s circumstances and may be a slow and uneven process, but is still achievable and measurable” (p. 228).

The Role of the Perpetrator in the Change Process for Women Victims who stay in Their Relationship

As the previously mentioned Bowker (1983) and Horton and Johnson (1993) studies highlight, one of the critical changes for women who remain with their former batterers in violence-free relationships was the perpetrator’s active role in ending the violence and the resulting changes in their relationship dynamics. The influence of their partners’ behavior change and the impact of this change on their interactions have proven to be instrumental in order for battered women to remain with their partners in violence-free relationships (Bowker, 1983; Brown, 1997; Horton & Johnson, 1993).

As research highlights, strategies used by the abusive partner in the change process become a resource for the woman victim. His involvement in the change process was shown to be a critical component in ensuring a positive resolution for a woman who remains with her partner in a violence-free relationship (Horton & Johnson, 1993).

The Need for Conjoint Domestic Violence Treatment and the Role it Plays in the Maintenance of the Relationship

Based on observations and research, many clinicians have concluded that the only way to end violence within a couple was to separate the couple. Many victims of IPV, however, desire to maintain their relationship and end the violence. This reality indicates the importance of developing strategies for successful treatment in order for a couple to sustain their relationship while working together to end the violence.

"Successful survivors" as Horton and Johnson (1993) name them, are the women who worked with their partners to end the abuse, remained with their partners, and felt satisfied with their relationships. They described the important role the quality of the relationship held in maintaining the marriages of their participants while working together to end the violence. "Their positive outlook on and feelings toward their partners reflected an atmosphere of caring, mutual commitment to the relationship, and belief in the change process" (Horton & Johnson, 1993, p. 488). This was true even after, on average, partners of batterers endured violence in their relationship for ten years. Satisfied survivors felt hopeful and a strong emotional attachment to their partner whose efforts and behavioral changes helped to create success for the couple in ending the violence. Conjoint treatment can address underlying relationship dynamics and distress which may be contributing to the violence in the relationship in addition to highlighting the relationship dynamics resulting in healthy attachment and connection. For the woman who wants to maintain her relationship, failing to provide conjoint treatment, or only providing separate treatment options, may inadvertently disadvantage her (Stith, Rosen, & McCollum, 2003).

As Lloyd and Emery (1994) corroborate, there are two keys to stopping aggression in romantic relationships: the aggressor must commit to cease the aggression (Willbach, 1989) and couples must develop productive and healthy conflict negotiation skills, develop patterns that promote relationship growth, and prevent escalated and intense emotional conflict (Cahn, 1990; Infante, Sabourin, Rudd, & Shannon, 1990). Conjoint therapy could address the IPV issues while helping the couple learn and practice functional and responsible negotiation and interactional skills.

Summary

While the progression of research within the field of IPV is obvious, it is also clear that the complex nature of IPV and its related issues make it a complicated issue for battered women, clinicians, and researchers. Gathering the rich descriptions of how women victims have worked with their partners and successfully created violence-free relationships has provided a broader picture of their needs, both theoretically and practically. Clinicians and researchers can use these descriptions, coupled with the existing literature on the impacts and outcomes of violent acts within intimate relationships, to design and provide effective treatment strategies. To this end, this study aims to add a descriptive piece to the existing literature by describing the change processes for women victims of IPV as they work with their partners in ending the violence and sustain their relationships. As the current literature suggests, this missing piece will add context, enhance our understanding, and guide future interventions for women victims and their participating partners in recovering their relationships from their violent pasts.

CHAPTER III

METHODS

This study described two women's change processes as they were participating in conjoint treatment with their partners while both worked to end the violence in their relationships. This study had the advantage of collecting data from the participants' first-hand as their changes were occurring while also hearing from their partners. This provided context for each couple's relationship dynamics and environment. While some of the discussion of the violence was retrospective, this study had the advantage of seeing the female partner make sense of her situation while in treatment.

Sample and Procedure

This study is a secondary analysis of data collected for a larger study conducted at Virginia Polytechnic Institute and State University in Falls Church for a project funded by the National Institute of Mental Health. The purpose of the original study was to develop and pilot test program for couples' treatment of perpetrators of intimate partner violence (IPV) and their abused partners.

For this larger study, participants were self-referred, referred by the court system, or referred by domestic violence treatment programs to a couple's treatment program (Stith, Rosen, & McCollum, 2003). To be eligible, male participants had to be at least 18 years old, involved in a relationship where physical violence had occurred, willing and able to participate in a male only anger management program, and agree to participate in at least 10 out of 12 conjoint or multi-couple therapy sessions with their willing partner. Exclusionary criteria were existing patterns of severe abuse, violence occurring outside

the home, substance abuse, use or threat of use of weapons in a previous violent episode, refusal to remove weapons from the home, and refusal to sign a no-violence contract.

In order to participate in the research project, interested individuals called the Center for Family Services and spoke with a graduate assistant who was trained in screening perspective participants and in intake procedures. During the telephone screening procedure, the graduate assistant assessed for level of violence, substance abuse issues, and mental health issues as well as obtaining referral source information. After this initial interview, if the interested individual met the inclusionary criteria and was interested in the treatment services being offered, this person came to the Center for Family Services to complete an intake questionnaire.

All participants signed an informed consent form which identified the purpose of the research project, the potential risks and benefits, their right to discontinue their participation in the study at any time for any reason, and that all the information they provided and discussed during treatment would be protected by confidentiality laws. Their first interview was conducted by trained therapist interns at the Center for Family Services and then participants were left alone to complete a pre-test booklet including six validated instruments. In all cases, male and female participants were interviewed separately and completed the pre-test booklets in separate rooms.

The overall treatment approach was Solution-focused therapy (de Shazer, 1991) although several theoretical frameworks were integrated including Bowen Family Systems (Bowen, 1978), narrative approaches (Jenkins, 1990), cognitive-behavioral approaches (Saunders, 1989; Tolman & Edleson, 1989), and feminist informed approaches.

Participants of the Current Study

The two couples selected for this study are a subset of the original sample of 30 couples. These two couples were selected based on the following criteria:

- At follow-up, both partners reported a violence-free relationship.
- At follow-up, they were still married and reported being satisfied with their relationship.
- They met with their co-therapists for at least ten sessions and these ten sessions were videotaped.
- All four participants completed the intake interview and pre-test, post-test, and follow-up booklets including the Conflict Tactics Scale, Revised (CTS2); the female participants completed the Attitudes and Behaviors questionnaire (URICA) at pre-test.
- All four participants completed written follow-up reports.

Instruments

Since the theoretical frameworks for this study are the stages of change and processes of change constructs within the TTM, the instrument used to initially assess the females' readiness for change was the 16-question version of the University of Rhode Island Change Assessment (URICA).

URICA

The University of Rhode Island Change Assessment (URICA) was developed by McConnaughy, Prochaska and Velicer (1983). Initially, 125 questions were used to assess an individual's readiness to change in five hypothesized areas of change (five stages of change: precontemplation, contemplation, preparation, action, and

maintenance). “These five stages of change were formulated as a fundamental part of a transtheoretical therapy model of change for the fragmented field of psychotherapy” (Prochaska & DiClemente, 1983). On the basis of principal component analysis, the 125 items were eventually reduced to 32 items covering the four stages of change. (The preparation stage was dropped at the second stage of analysis when it was determined that is was not distinct enough from contemplation and action in the minds of the subjects. Therefore, only four stages of change are measured.)

A continuous measure, individuals scale responses to the 16 items with a 1-5 Likert Scale (1=strongly disagree, 5=strongly agree). Sample URICA questions representing each stage of change:

- **Precontemplation:** As far as I’m concerned, I don’t have any problems that need changing.
- **Contemplation:** I’ve been thinking that I might want to change something about myself.
- **Action:** I am finally doing some work on my problem.
- **Maintenance:** I have been successful in working on my problem but I’m not sure I can keep up the effort on my own.

Although the scale is still being validated, “the results of the study which developed the URICA measurement instrument indicate that the brief questionnaire is a ‘highly reliable instrument for measuring the stages of change in psychotherapy’” (McConnaughy, Prochaska, & Velicer, 1983, p. 374).

In scoring each participant’s URICA, the sums of each cluster (precontemplation, contemplation, action, and maintenance) were plotted according to standardized T-scores. Each participant’s profile most closely matched the “Decision-Making” profile (McConnaughy, Prochaska, & Velicer, 1983) indicating that participants were still contemplating their problems although they have started to take some action. While

participant's URICA scores most closely matched the Decision-Making profile, it is important to note that matching participant scores with previously determined profiles is not always exact. In the cases of the participants of this study, their profiles matched the direction and shape of the previously determined profiles (below-average scores on pre-contemplation and maintenance and above-average scores on contemplation and action) (McConnaughy et al., 1983), their scores of contemplation were average or slightly above average. Their scores for action, however, were just below average. Thus, both participants were categorized as contemplators.

Conflict Tactics Scale, Revised

To assess the level and severity of violence, Conflict Tactics Scale, Revised (CTS2) (Straus, Hamby, Bony-McCoy, & Sugarman, 1996) was used at pre-test, post-test, and follow-up. Three of the CTS2 subscales were used in this study: psychological aggression, minor physical aggression, and severe physical aggression. The CTS2 is both self-report and partner-report. In the pre-test, participants scaled the frequency of violent acts within the past year (1= 1-4 times in the past year, 2 = 5-15 times, 3 = more than 15 times, 4 = not in the past year, but it did happen before, 0 = this has never happened). For the follow-up test, the participants were asked to report based on their and their partner's use of violence since the last time they had completed the instrument. Internal consistency for the CTS2 ranges from Cronbach's alpha .79 to .95 (Straus et al, 1996).

Pre-Test Booklet

Each participant completed a pre-test booklet which included 3 open-ended questions and 5 questions answered using the Likert Scale. The 3 open-ended questions were: (1) What do you hope will change about you, your partner, and your relationship as

a result of participating in couples counseling? (2) What are your concerns or fears about beginning couples counseling? (3) If you could give your therapist advice on how he/she could be most helpful to you, what would you advise your therapist to do?

The additional 5 questions pertained to the participant's certainty that they would not be physically violent or psychologically abusive and their certainty that their partner would not be physically violent or psychologically abusive. All answers were scaled using a 1 – 4 Likert Scale of (1) Not at all, (2) A little bit, (3) A moderate amount, (4) A great deal. Questions were: (1) How certain are you that YOUR PARTNER will not be physically violent (push, shove, hit or worse) toward you at some point in the future? (2) How certain are you that YOUR PARTNER will not be psychologically abusive (put downs, name calling, threats of harm) toward you at some point in the future? (3) How certain are you that YOU will not be physically violent (push, shove, hit or worse) toward your partner at some point in the future? (4) How certain are you that YOU will not be psychologically abusive (put downs, name calling, threats of harm) toward your partner at some point in the future? (5) In general, how confident are you that the counseling process will be helpful? Answers for question 5 were (1) Very confident, (2) Somewhat confident, (3) Not very confident, (4) Not at all confident.

Follow-Up Report

In the three-month follow-up report, participants were asked 4 open-ended questions and 4 questions answered using the Likert Scale. The 4 open-ended questions were: (1) As you look back on your couples counseling experience, what stands out for you? (2) What changes, if any, have you noticed in the last three months in the following areas? How, if at all, are these changes related to your participation in couples therapy?

Changes in yourself; Changes in your partner; Changes in your relationship; Changes in your children (if you have any). (3) Have you used other mental health services since you have participated in couples counseling? If yes, what mental health services were they? (4) Is there anything else that you would like us to know? Do you have any advice for us, any comments?

The additional 4 questions pertained to the participant's certainty that they would not be physically violent or psychologically abusive and their certainty that their partner would not be physically violent or psychologically abusive. All answers were scaled using a 1 – 4 Likert Scale of (1) Very certain, (2) Fairly certain, (3) Somewhat certain, (4) Very uncertain. Questions were: (1) How certain are you that YOUR PARTNER will not be physically violent (push, shove, hit or worse) toward you at some point in the future? (2) How certain are you that YOUR PARTNER will not be psychologically abusive (put downs, name calling, threats of harm) toward you at some point in the future? (3) How certain are you that YOU will not be physically violent (push, shove, hit or worse) toward your partner at some point in the future? (4) How certain are you that YOU will not be psychologically abusive (put downs, name calling, threats of harm) toward your partner at some point in the future?

Procedure

This qualitative study started with review of participant files in order to select two couples who met the criteria established for the study. Videotapes of these couples' sessions were reviewed in a private location at the Center for Family Services. Data related to each participant's change process was collected from the videotapes using the Transtheoretical Model's (TTM) (Prochaska & DiClemente, 1982, 1984) processes of

change as a guide. Other change processes were noted even if the change processes did not appear to fit within the framework of the TTM. I collected data on paper using a chart developed to mark the change processes identified and the context for these change processes (Appendices A & B). Additionally, this chart had space on it for my notes including but not limited to my reaction to unique or extraordinary statements or actions that occurred during a session. Also, anything related to the process or content of therapy that was relevant to the change processes of the participants was recorded. In addition to this chart, I took notes on every session highlighting the change-markers in order to put the changes in context of the overall therapeutic process.

In organizing the data, the first step was to name the changes each participant made. This was done through a series of written exercises which helped me organize the data and my thoughts, and gain clarity on what changes actually occurred during treatment. After naming the changes for each participant, I described the change process and applied the TTM's processes of change. This process showed me what data fit within the TTM and what data did not fit. After naming the TTM's processes of change used by each participant, I named the additional changes made by the participants and explained the context surrounding each additional change. I then described the goodness of fit with the TTM's process of change construct as well as hypothesized additional change processes that may help clinicians understand and describe the change process for female victims of IPV who want to stay with their partners and work together to end the violence.

Discussions between me and the chairperson of this study were important in obtaining clarity about the actual changes made by participants. My process included

several brainstorming sessions where my thoughts as well as findings from the data were put on poster-size paper in order to organize and clarify the change processes. There were several iterations of the findings which, successively, included more breath and depth. Based on these iterations, my initial direction of the study changed as the findings emerged and became more clear.

Design and Data Analysis

Modified Analytical Induction

Therapy sessions were videotaped during the actual research project and I analyzed data as I watched the videotapes. Data were analyzed according to modified analytic induction (Manning, 1991). Modified analytic induction relies on preselected hypotheses and concepts on which they are based (Gilgun, 1995). Similar to grounded theory (Glaser, 1991, 1978; Glaser & Strauss, 1967; Strauss, 1987; Strauss & Corbin, 1990), analytic induction allows the data to emerge over the course of analysis but hypotheses are developed before research is conducted. Therefore, it is important to recognize that hypotheses can be hunches, assumptions or more grounded in research and theory, or a combination of these. In using modified analytic induction, hypotheses can be revised over the course of data analysis and it is important to stress that disproving a hypothesis is just as important as supporting a hypothesis. Bogdan and Biklen (1992) described modified analytic induction as the process of "developing descriptive hypotheses that identify patterns of behaviors, interactions, and perceptions" (Bogdan & Biklen, 1992 as cited in Gilgun, 1995, p. 269).

In order to collect the data, I used a variety of types of data: demographic information, videotapes, post-test booklets, and follow-up reports. I observed two female

participants' statements, language and tone, body language, overall presentation during review of videotaped sessions in order to assess for a goodness of fit with the processes of change construct (Prochaska & DiClemente, 1982, 1984). As part of this process, I triangulated what I observed during collection of the data with the information provided by the participant (i.e. their experience of treatment) in the post-test booklets and follow-up reports.

The primary purpose of this study was to describe the change processes of two female victims of IPV as they participated and completed conjoint therapy with their partners to end the violence in their relationships. I hypothesized that women who stay with their violent partners and successfully complete couples IPV treatment have moved through some discernable change processes that fit within the TTM which have identifiable markers which describe changes in their attitudes and behaviors.

CHAPTER IV

RESULTS

The Transtheoretical Model's 10 processes of change have been used to describe individual behavior change particularly as one progresses through the stages of change. The earlier processes of change are the more experiential processes where the later processes rely more on behaviors individuals use in order to progress in their behavior change (see Table 1). While the therapy provided for the participants and their husbands was not based on the Transtheoretical Model's stages of change or processes of change, it was my intention to review the videotapes of treatment sessions and look specifically for markers of the TTM processes of change as well as to describe all the relevant changes whether they fit the processes of change or not.

In order to better understand the processes of change and how the participants' changes may fit or not with the processes of change, I first had to specifically name the changes each participant experienced. Previously, when the processes of change construct has been used by researchers, the change for the individual was obvious: stop smoking, lose weight, practice safe sex, or even, leave your abusive husband. In this study, however, part of the challenge was naming the specific changes each participant made throughout the treatment process and then looking at those changes to see how they fit within the TTM processes of change. While each participant completed a pre-test booklet asking what they hope will change with themselves, their partner, and their relationship, the changes I observed while watching the videotapes were not exactly the same as the changes participants wrote during pre-test.

When assessing the processes of change, it is clear that the TTM processes of change were written and defined with individual behavior changes in mind. The hard part with this study, however, was that the changes were not determined by a single, individual behavioral change but by a series of both individual and relational changes. Although naming these changes is more complex than naming an individualized behavior change, there is a clear bottom-line for these couples attending therapy: the change they were seeking was to end the violence in their relationship. How they each went about achieving this change is the process being described in this chapter.

Background: Delores & Daniel[1]

Delores and Daniel are a Caucasian couple in their fifties with two sons, one in college and one in high school. They have been married for twenty-eight years. During their intake session, both spouses named the other spouse as having the problem. According to the information provided on the Conflict Tactics Scale, Revised (CTS2) (Straus, Hamby, Bony-McCoy, & Sugarman, 1996), he had hit her twice, pushed, grabbed, slapped, had thrown objects, destroyed something of hers, and used verbal abuse towards her. Also reported on the CTS2, he reported that she slapped him. When they presented for therapy, they were at one of their lowest relational points, "We started at a real low level," he stated in the final session, "one of the lowest." During the intake session, she stated that she was not optimistic about sustaining the relationship. In session 2, Delores stated, "Frankly, I have been ready to leave [the marriage] many times. If I didn't have kids, I would have left a long time ago."

Over the course of therapy, the co-therapists primarily used Solution-focused Therapy including asking miracle questions, scaling questions, and exception questions

[1] Pseudonyms

of both spouses. The co-therapists provided psychoeducational information such as how emotions are routed through the brain, the differences between introverts and extroverts, and described the continuum of anger, "I" statements, and reflective listening. A genogram was also created for Daniel's family.

Synopsis of Delores' Changes

When Delores completed her pre-test questionnaire, her score on the URICA put her in the contemplation stage of change. Over the course of treatment, Delores appeared to make minor changes which appeared to lead to a major change. Her minor changes were: learning to listen to Daniel and understand his point-of-view, monitoring herself in order to avoid known "sore spots," and making direct requests of Daniel. During the last half of treatment (sessions 8 – 12), her changes became more pronounced and she was able to articulate her changes in a much clearer manner (something she was not able to do early on in treatment). Her major change was, as she said at the end of session 11, her "frame of reference" which she stated was very different than when she and Daniel started therapy. Delores's changes were evident in a few distinct areas of her life and all these changes were underlined by her new frame of reference which I named, "I can make it happen," as shown by her ability to monitor herself, take action regarding her hopes and dreams, and to make direct requests of her husband.

Delores' Changes

In thinking about Delores' changes, three types were apparent. One was behavioral such as walking away in order to avoid arguments and listening to her husband. The second area of change centered on her affective state and, thirdly, she got clear cognitively that she could make it happen and she could pursue her dreams.

Clearly, some of these changes are not simply cognitive or behavioral or affective. In studying her change process, there are overlaps where a cognition lead to a new affective state or where a behavioral change lead to affective and cognitive changes. In unpacking her change process, most of her markers of change did not have a distinct starting point but they were series of changes which became clear over time.

In making behavioral changes, Delores learned to walk away from potential escalating situations or known triggers and she learned to listen to Daniel and understand his point of view. Additionally, she made some changes that appeared to result from her feeling that she was worthy and deserved better treatment from him such as making direct requests, learning to walk away from potentially escalating situations (monitoring self) in order to gain perspective, and noticing Daniel's efforts and changes. She also spent more time with Daniel.

Changes with Delores' affective state included her ability to start making direct requests of Daniel. This change appeared to indicate a new degree of safety in their relationship as Delores appeared to feel less threatened and defensive during the sessions as she smiled more often and her tone of voice softened during the last few sessions. She also monitored her own affect by walking away from known trigger situations and chose not to speak when she realized it could easily become an argument and abusive. For instance, during the final session, Delores said that she had learned to step away to gain perspective and she had learned to "hear all sides of a problem." Additionally, as one of the co-therapists highlighted in the final session, Delores was able to notice and articulate her own changes.

Cognitively, Delores realized over time that she deserved to work towards her dreams and she learned that she did not need to wait for him to plan her dream for her (she had been waiting years for him to take her to Italy). For instance, in session 2, Delores reportedly felt rejected and ignored by Daniel. When describing her marriage, she said, "…sadness, pain, impass…hard to feel heard…he does what he wants." In the next session, Delores' changes were evident as she had started planning the Italy trip which started by stating, "I'm doing this and he can join me if he wants to." This was a turning point in their process since one of her dreams was to go to Italy and she determined that she could make it happen rather than wait any longer for Daniel to make it happen. Interestingly, when she started planning the trip, Daniel became very interested and took over the planning and "did a nice job" according to Delores. Both Delores and Daniel went on the trip and had a good time.

As previously mentioned, Delores' changes were a series of behavioral, cognitive, and affective changes which seemed to lead to a major change in her frame of reference from feeling ignored, hurt, and rejected to "I can make this happen." Whether planning her dream trip to Italy or monitoring herself well enough to walk away from the dishwasher when Daniel is reloading it his way after she had already loaded it, at the end of treatment, Delores was expressing entitlement to her safety, her worthiness, and her life being more of what she wanted.

Background: Mandy & Mark[2]

Mandy and Mark are a Caucasian couple. He is in his late forties and she is in her late twenties. She was raised in a conservative Christian religion and he converted to her religion in order to marry her. They have been married for eight years. She has two girls

[2] Pseudonyms

from previous relationships and both of the girls' fathers live in another state. Mark and Mandy had recently moved at the time of their participation in conjoint therapy to work on ending the violence in their relationship.

Mark was raised in a chaotic, volatile, and hostile environment with an alcoholic father and an alcoholic step-father. Mandy, however, was raised in a very calm environment and never seen or experienced violence of any kind.

At the time of therapy, they called their lives a "pressure cooker." Within a few months, Mark had two physically violent incidences with family members. In the previous 2 months before starting therapy, Mark spanked Mandy's adolescent daughter and left marks on her. Child Protective Services (CPS) was called by the daughter's school officials and both Mark and Mandy were charged with abuse and neglect of both girls. At about the same time, this daughter also witnessed the recent physical abuse incident between Mark and Mandy. In this incident, Mark grabbed Mandy in a threatening manner; the police were called, and he was arrested for intimate partner violence (IPV). As a result, she sought medical attention. Mark was mandated to a sixteen week anger management group for men. Before couples therapy commenced, Mark reported on the CTS2 that he swore, threw things, twisted Mandy's arm, pushed or shoved her, punched her, destroyed her objects, choked her, shouted at her, slammed her against the wall, grabbed her, beat her up, kicked her, and threatened to hit her. She reported on the CTS2 that she swore and shouted at him.

With this couple, general life and marital stressors confounded their relational distress. Their increased stress was a result of several factors: moving, higher cost of

living in their new location, being part of the court system with the CPS case, and a general lack of recreational exercise which had been such a vital part of their relationship.

Much of the therapy provided for Mark and Mandy centered around their multiple stressors although it was clear that the underlying reason for their attendance was two physically violent incidences where Mark hit Mandy. The co-therapists used primarily Solution-focused Therapy as well as a general process-orientation for treatment. Treatment for Mark and Mandy also focused on building coping skills and strategies in order to manage their multiple stressors more effectively.

In the first session, Mandy stated that her prime expectation was "to understand more of who we are in this relationship." She had some general fear of the physical violence repeating and, at times, she said that it made her wish she had married somebody else. She hesitated to make a safety plan including making her own set of car keys (which was encouraged by the therapist) since one of his control tactics was to take her keys. She felt that if she made a safety plan including getting her own set of keys, that she would be being dishonest. Knowing this, one of her primary coping strategies was to monitor and silence herself. She said, "The only thing I have thought about [when asked about keeping herself safe] is that I watch what's said and how it's said."

While she had not made her own set of car keys (as a metaphor for taking care of her own safety), her bottom-line was evident by her statement: "I've gotten to the point where I won't go through that [being abused] again," she said shaking her head back and forth. "If all else fails, I'll get my stuff and be on the road…if it is going to get to that point, then I am better off on my own." For this battered woman, she had reached a clear

bottom-line before starting therapy. These statements were made during her first session of therapy and reflect the starting point for her change process.

Synopsis of Mandy's Changes

During the pre-test, Mandy scored as a contemplator on the URICA stages of change questionnaire. Throughout the course of treatment, Mandy appeared to make minor changes with a major change at the time of the final session. She learned to listen to Mark while also listening to her own needs. She came to therapy with a clear bottom-line that she would not tolerate another violent episode. It appeared as though Mandy's major change was in recognizing her need to re-connect with herself and "find myself within myself" as shown by her statement in their final session, "I need to find myself within myself and then find myself within the marriage" and that she "can't go back into salvaging of a marriage because I haven't salvaged myself yet."

Mandy's Changes

Mandy's changes were a series of behavioral, cognitive, and affective changes which seemed to lead to a major change towards the end of treatment. Behaviorally, Mandy's changes were that she learned to listen to Mark and realized the value in this and she asked for space from him both literally and figuratively. She needed a break from the intensity of their relationship and from him monitoring her with multiple phone calls during the day. Over the course of therapy, she was eventually able to ask for this as well as name her bottom-line of zero-tolerance for abusive behaviors from Mark.

Mandy made affective changes through the course of therapy as well which led to new recognitions that she needed "to find myself within myself and then find myself within the marriage" and that she "can't go back into salvaging of a marriage because I

haven't salvaged myself yet." Interestingly enough, it seemed that through their many conversations about her need for space, including the possibility of separating, that these conversations actually brought them closer together and feeling more connected to each other.

Mandy's started therapy with a bottom-line that she would not tolerate another abusive incident. Over her time in therapy, Mandy made additional cognitive changes which resulted in a better understanding of who she was in relationship to her husband.

Like Delores, the boundaries between Mandy's behavioral, affective, or cognitive changes overlap. For instance, having a clear bottom-line reflects a cognitive change which also included a behavioral component of naming her bottom-line. Because Mandy started the treatment process with a clear bottom-line and clearly stated needs, her changes appeared differently than Delores'.

Participant Changes Related to the TTM Processes of Change

The Transtheoretical Model's (TTM) (Prochaska & DiClemente, 1982, 1984) 10 processes of change have been used to describe individual behavior change particularly as one progresses through the stages of change. While the therapy provided for Delores and Mandy and their husbands was not based on the TTM stages of change or processes of change, it was this study's intention to review their courses of treatment and look for markers of change, specifically the processes of change. As the findings emerged over the course of this research, conflicts regarding the relevance of the TTM processes of change arose. It was found that the processes of change are constraining when applied to the changes the participants of this study made. In a general sense, the processes of change described in TTM were more dis-similar than similar to the actual change

processes used by the participants. While at least six of the ten processes of change were used by each participant to some degree, there was little evidence of a true and natural fit for most of the processes. Most of the participants' changes that did fit within the processes of change construct were only a piece of or a component of the specified process of change, not the exact change processes, timing, or order of the processes of change specified by the TTM. Therefore, of this study's two hypotheses, hypothesis one was only partially supported and hypothesis two was not supported.

Despite the conflicts for the true fit between most of the processes of change and the changes made by the participants of this study, there were three processes of change which seemed to truly fit for Delores and for Mandy. For Delores, they were consciousness raising, stimulus control, and helping relationships. For Mandy, the processes used were self-reevaluation, self-liberation, and helping relationships.

An example for one of Delores' true fits appeared to be consciousness raising. The co-therapists, during the course of Delores' therapy, used psychoeducational interventions with her which broadened her awareness and her understanding of her relationship and relationship dynamics with Daniel. An example of the consciousness raising interventions were discussions regarding the differences between introvert and extrovert styles as well as understanding of how the physiology of the brain routes rational and irrational thoughts in an effort to explain how different reactions get triggered at different times. The second process Delores seemed to use and also appeared to be a true fit as indicated by the TTM was stimulus control which is defined as removing triggering stimuli. Delores removed herself from triggering stimuli and monitored herself by walking out of the kitchen when Daniel reloaded the dishwasher

after she had already loaded it. The loading of the dishwasher was an ongoing issue that was problematic for Delores and Daniel and led to many arguments. Her ability to monitor herself and walk away rather than participate in an escalating conflict with Daniel reflects a significant change for her. The third process of change that truly fit for Delores was helping relationships. This process, defined as therapeutic alliances and rapport building with social service agencies to help with desired changes, clearly fit for Delores as she and Daniel participated in therapy to work on ending the abuse in their relationship.

For Mandy's change process, three processes of change seemed to be true fits according to the TTM: self-reevaluation, self-liberation, and helping relationships. In using self-reevaluation, the process of change used when the participant considers how one's identity, happiness, and success can be enhanced by the change, appeared to be significant in a conversation Mandy had with Mark the night before their final therapy session. During this heart-to-heart conversation, she asked herself, "Did I do all that I am capable of doing, fixing, changing?" She appeared to be assessing her own capabilities and desires. Similarly, self-liberation was the second process of change for Mandy that seemed to be a true fit. Self-liberation is the belief that one can change and the commitment to change based on the belief that one can change. Towards the end of therapy, Mandy stated, "I have got to find myself with myself and then find myself within the marriage." Similarly to Delores, helping relationships was the third process of change with a true fit for Mandy. This process, support from therapeutic alliances and social support services, was used when she and Mark arranged for and participated in therapy.

As the tables below highlight and the remainder of this chapter details, in addition to the 3 processes of change that were determined to be true fits, three to six additional processes of change fit to some degree for each of the participants: six for Delores and three for Mandy. These processes were ones participants used with partial use and fit. Although the participants used these to varying degrees, there is not an exact fit between their use of the process and the TTM specified use. I determined, however, that the participant's use of these processes warranted detail and discussion. For Delores, these 6 processes were environmental reevaluation, self-reevaluation, self-liberation, reinforcement management, counterconditioning, and dramatic relief. For Mandy, the 3 processes that fit to some degree were dramatic relief, consciousness raising, and reinforcement management.

Additionally, for each participant there was at least one process of change that was not used and/or did not fit. One process of change didn't fit for Delores and four did not fit for Mandy. Within these, one was the same for each participant: social liberation. Accordingly, social liberation is the one that did not fit for Delores. In addition to social liberation, the 3 other processes that did not fit for Mandy were stimulus control, counterconditioning, and environmental reevaluation.

Despite each of the participants' use of at least 6 processes of change, questioning the relevance and usefulness of the TTM processes of change is necessary. As mentioned, most of the 10 processes were either only partially used or not used at all. For the processes used by participants exactly as suggested by the TTM (three processes for each participant), it is important to point out that the timing indicated by the TTM did not match the participants' timing for use of that specific process of change. For instance, the

TTM indicates that the use of helping relationships would occur during the later stages of change, i.e. action and maintenance. Both participants of this study, however, used helping relationships to initiate the therapy as well as throughout their entire therapeutic process. Another example of the timing of the processes of change not being a good fit with this study's findings was Delores' use of consciousness raising. During Delores' therapy, some consciousness raising was used throughout the course of therapy with emphasis of these types of interventions during the final 4 sessions (Session 9: psychological education about the continuum of anger and the difference between anger and violence; Sessions 9 & 10: the use of "I" statements; Session 10 & 11: co-therapists teach reflective listening; Session 11: psychological education regarding introvert/extrovert style differences). The TTM suggests that consciousness raising would be used early in the therapeutic process (during precontemplation and contemplation stages of change) although these findings show this participant using consciousness raising in the later sessions. Additionally, for Mandy, her use of dramatic relief came mostly at the very end of treatment (the night before her final session). The TTM suggests that dramatic relief would be used early in the course of change during the precontemplation and contemplations stages as shown in Table 1 (p. 12).

In contrast to Table 1, the following tables identify which processes were used by each participant during the course of therapy.

Table 2: Delores' Use & Timing of TTM Processes of Change

YES*** = true use & fit
yes = partial use & fit
some = minimal use & fit
not used = not used at all & does not fit

Delores' Changes	Sess 2	Sess 3	Sess 5	Sess 7	Sess 8	Sess 9	Sess 10	Sess 11	Sess 12	Generally
Consciousness Raising	some	some	some	some	some	YES ***	YES ***	YES ***	YES ***	
Helping Relationships	YES ***	YES ***	YES ***	YES ***	YES ***	YES ***	YES ***	YES ***	YES ***	
Stimulus Control						YES ***	YES ***		YES ***	
Environmental Reevaluation									yes	
Self Reevaluation										yes
Self Liberation										yes
Reinforcement Management			yes						yes	
Counter-Conditioning		yes							yes	
Dramatic Relief										some
Social Liberation										not used

Table 3: Mandy's Use & Timing of TTM Processes of Change

YES*** = true use & fit
yes = partial use & fit
some = minimal use & fit
not used = not used at all & does not fit

Mandy's Changes	Sess 1	Sess 2	Sess 3	Sess 4	Sess 5	Sess 6	Sess 8	Sess 9	Sess 10	Generally
Helping Relationships	YES ***	YES ***	YES ***	YES ***	YES ***	YES ***	YES ***	YES ***	YES ***	
Self Reevaluation									YES ***	
Self Liberation									YES ***	
Dramatic Relief									YES ***	yes
Consciousness Raising	yes									yes
Reinforcement Management									yes	
Environmental Reevaluation										not used
Counter-Conditioning										not used
Stimulus Control										not used
Social Liberation										not used

From these tables, it is clear that the timing of participant's use of particular processes of change doesn't match the timing suggested by the TTM.

Delores' Use of the TTM Processes of Change

Consciousness Raising (increasing awareness): In using consciousness raising, information about the self and the problem are explored including benefits of changing in order to broaden awareness. For Delores, evidence of this TTM process of change was apparent throughout the course of treatment which built on her understanding of her

relationship. The co-therapists used psychological education with Delores and her husband in order to explain some primary differences between them such as one partner being an introvert and the other partner being an extrovert and the impact of these different styles. Also, the physiology of the brain was discussed so that each of them understood how rational and irrational thoughts are routed through the brain in an effort to explain how specific reactions get triggered at different times. These educational interventions provided information which helped to increase Delores' awareness about herself in relationship with Daniel. Throughout the course of these conversations, Delores was able to explore her thoughts and response patterns to Daniel and possible new ways to handle situations. Through these processes she gained awareness of her interactional patterns with Daniel and the impact of these patterns on her, their relationship, and their family.

Dramatic Relief (emotional arousal): With dramatic relief, affect is experienced and expressed regarding the problem and potential solutions. Negative emotions associated with a failure to change and/or relief and positive emotions as a result of changes made are experienced. Delores experienced some of the negative emotions associated with her situation in that she had been very angry and possibly depressed about being ignored by Daniel for so long. Delores related that early in their relationship Daniel would compliment her and make her feel important. She said she felt noticed. Now, however, she said, "Something is more important to him than I am. Everything is more important than me. If he cared, he would look at his wife and say something." It appeared that Delores experienced the negative emotions associated with failure to change although Delores never showed the relief associated with making a change that

would indicate that dramatic relief was one of the processes of change she experienced fully.

Environmental Reevaluation (social reappraisal): Environmental reevaluation considers how Delores' change of "I can make this happen" was connected or related to her social and physical environment. Social reappraisal is the recognition of positive outcomes of the changes on others and Delores might have been using social reappraisal when she became clear that she did not want to fight in front of the kids. Delores made a direct request to Daniel to make their arguments "completely private" so that their sons would not be negatively impacted by their arguments.

Social Liberation (environmental opportunities): With social liberation, the individual making the change relies on his or her community to empower him or her to make the changes and the resulting changes are valued by the community and society at large. Although Delores doesn't show signs of using social liberation, our society's value on violence-free relationships could have impacted her decision to work towards ending the violence in her relationship. It was also possible for Delores to have gotten messages from her surrounding community and society about the negative impact of IPV which led her to seek treatment.

Self-Reevaluation (self-reappraisal): Self-Reevaluation relates to how one's identity, happiness, and success can be enhanced by the change and the self is reevaluated with respect to the solutions and outcomes of the desired changes. For Delores, over the course of treatment, she seemed to have remembered and re-connected to a sense of herself as a deserving person. It appears that she became more empowered, less threatened, and less defensive as she spoke directly to Daniel, starting making direct

requests and taking action on her dreams and desires such as the trip to Italy. Early in the therapeutic process, she stated, “I learned to survive,” when talking about her childhood and “I’ve determined I’m not going to let him or anybody else suck the oxygen out of me,” when relating the challenges she has experienced in her marriage to Daniel. After the therapist complemented her on her strength, Delores stated, “A long time ago I designated myself as important enough to self-sustain.” Although Delores appeared to have had resiliencies since early childhood challenges, the therapy process appeared to have help them to deepen and take root for her as a result of her reconnection with herself.

Stimulus Control (re-engineering): In using stimulus control, stimuli that are associated with problem behaviors are avoided. For Delores, monitoring herself and walking away from potential arguments or abusive situations (she removed herself from triggering stimuli) are examples of stimulus control. In an effort to restructure her environment to remove triggers and avoid activation of negative situations and behaviors, she learned the importance of walking away from known negative situations which enabled her to practice self control. By avoiding certain triggers or conversations which typically led to escalation and arguments with Daniel, she was exhibiting new behaviors and new abilities to manage herself. In Delores’ and Daniel’s day-to-day living, loading the dishwasher was the focus of numerous arguments. She would load the dishwasher to her satisfaction and he would reload it according to his standards. For her, this situation created tension, arguments, and abusive situations since she felt undermined, devalued, and inferior to her husband. During session 10, she related that she felt annoyed and resigned when he would reload the dishwasher. She stated, “If he would pay attention to

the big issues in our lives like he does the dishwasher, our lives would be a lot different." For Daniel, who was an engineer, he thought there was a superior way to load the dishwasher for maximum efficiency and he often proceeded to reload it after Delores had loaded. He said when talking about this issue during session 9, "I know how to do this better. There's a right way to do it." As part of her process of change, Delores started to walk out of the kitchen when Daniel reloaded the dishwasher so that she was able to avoid an argument with Daniel. In a more general sense, Delores reported that she learned to pick her battles with Daniel and was able to successfully monitor herself and avoid known "sore spots." During session 9 she said, "I keep more things to myself. I don't know that this is better to keep things from getting out." Although she stated that her monitoring led to fewer arguments, she wasn't sure if this "keeping things to herself" was a good thing or not. Over time, however, she was able to see the value of being able to choose her battles rather than reactively bring up known sore issues. Again, going back to her attitude of "I can make this happen," her ability to control herself and monitor herself highlight her change process in choosing how to respond to stimuli that were known triggers.

Helping Relationships (supporting): In using helping relationships, Delores sought help with her desired changes from social supports and relationships. Helping relationships was a process of change that Delores used when she became a participant in this research study and in therapy. Previous to therapy, she had never contacted social support agencies or counselors to help her with her abusive relationship although she did continue walking and playing tennis with friends which appeared to be an informal version of this helping relationships process of change. While her activities with friends

appeared to be a support system for her, they were informal and I don't know that she ever used these friendships to talk about her abusive relationship with Daniel. Based on her statements, she felt supported by these activities and relationships and that she looked forward to them as a time to do things she enjoyed. In a casual sense, these social relationships seemed to provide an outlet for her to continue to do things that brought her pleasure independent of her abusive spouse.

Counterconditioning (substituting): Counterconditioning is used when substituting new behaviors and cognitions for old behaviors and cognitions. In Delores' case, she substituted action for non-action. For instance, in session 3, she stated that she was planning a trip to Italy and that she finally initiated the planning process instead of continuing to wait for Daniel. Although she was angry and hurt that he did not care to plan a trip they have talked about for years, she was able to start the planning process on her own, announced to him that she was taking this trip, and let him know that he was welcomed to join her if he wanted to. Somehow, she was finding the courage to substitute taking action for complaining and nagging which reflects a cognitive change. Interestingly, as soon as she initiated the planning process for this Italy trip, Daniel got involved and started making plans as well. Eventually, he was planning the entire trip and, according to her reports, he did a nice job. The two of them took their dream trip to Italy in the middle of the treatment process of ending the abuse in their relationship and both reported having had a nice trip.

Reinforcement Management (rewarding): Reinforcement management is the intrinsic and extrinsic rewards for the new behaviors or ways of being and, for Delores, could be seen in the outcomes of her starting to plan their trip to Italy. Based on her

cognitive change to “I can make this happen,” she stopped waiting for him to plan the trip and she started planning the trip herself. As a result, it appears as though she experienced the rewards of her changes when Daniel became involved, joined her in the planning and on the trip itself, and she met her goal of going to Italy. His participation and involvement were, in a sense, a reward for her newly found sense of “I can make this happen” and in her self-agency.

Self-Liberation (committing): The belief that one can make desired changes and the commitment to these changes are self-liberation. Self-liberation was Delores’ internal commitment to the belief that she can make her desired changes happen and her subsequent commitment to pursuing the changes based on this belief. Related to self-reevaluation, Delores remembered and re-connected with her internal belief of, “A long time ago I designated myself as important enough to self-sustain.”

Summary of Delores’ Changes

While some of the data collected which described Delores’ change process were not distinctly and specifically connected to exact TTM processes of change, there was evidence of 3 of the 10 processes of change were truly used, 6 processes were partially used, and 1 process of change was not used at all. As previously mentioned, consciousness raising, helping relationships, and stimulus control were the 3 processes used by Delores according to the TTM. The 6 processes that were used partially were self-reevaluation, counterconditioning, reinforcement management, environmental reevaluation, dramatic relief, and self-liberation. There was no evidence of Delores’ use of social liberation process of change.

Of the TTM processes of change Delores used, aspects of each of these processes are distinct although there was some overlap within them. For instance, there was overlap between self-reevaluation and self-liberation. Self-reevaluation is the experiential reappraisal of self whereas self-liberation is the active use of committing and making behavioral change. Similarly, there was overlap between stimulus control and counterconditioning. While both processes of change are behavioral in nature, stimulus control involves removing triggers from the immediate area and counterconditioning is substituting one behavior for another.

At the end of the 11th session, the co-therapists asked Delores and Daniel to think ahead to the 12th and final session regarding the progress each of them had made. Delores responded with, "I think my frame of reference is different now than when I came for the first session." At the end of the therapy process, she was much better at articulating her progress and naming changes both have made than she was able to articulate during the early stages of treatment. She learned to hear all sides of a problem, she was looking at positives, and she was listening to his point of view. During the final session Delores said, "We've been married 28 years and we've gotten off track some. There are always peaks and valleys. I am feeling on track now."

Mandy's Processes of Change

Consciousness Raising (increasing awareness): Consciousness raising was not a major process of change for Mandy although some information and awareness was provided for her throughout therapy. She was encouraged by the therapist "to raise her bottom-line to keep her and her kids safe" when talking about her lack of awareness and subsequent action in creating a safety plan.

Mandy experiences Dramatic Relief (emotional arousal) as a result of the frustration, disappointment, and stress associated with violence with Mark, their relationship pattern of separating and getting back together, and the stress associated with Mark spanking her daughter and the resultant CPS involvement. She cried over her failure to affect the changes she wanted in her life and she expressed shock that she was in this situation. Regarding being abused by Mark, she said, "Shock took over and I couldn't really believe this is happening to me." At the end of therapy, Mandy's relief of gaining clarity on her needs and resultant changes were evident by her statements, tone of voice, and softness in her affect. Dramatic relief is a process of change that Mandy appeared to use at times throughout therapy.

For Environmental Reevaluation (social reappraisal), Mandy was very aware of the impact of her experience with Mark on her girls and it was a concern and motivation of hers. While the concern Mandy held for her girls appeared to be a motivating force for her to make changes, it was not clear that this process of change was actually used during Mandy's treatment process. For Mandy, although it seems as though she was hopeful the changes she and Mark were making would have a positive impact on the girls, this was not a process used to make the actual changes she made to end the violence in her relationship.

Social Liberation (environmental opportunities): There was no evidence of Mandy using social liberation.

Self-Reevaluation (self-reappraisal): Self-Reevaluation occurred for Mandy the night before the 10th and final session when she and Mark were having a heart-to-heart conversation and she asked herself, "Did I do all that I am capable of doing, fixing,

changing?" She was asking herself the hard questions and she was assessing her own abilities and capabilities. She appeared to be checking in with herself and seeing if she liked who she saw, how she answered those questions, and what she wanted to do about those questions and answers. For these reasons, it is clear that the self-reevaluation process of change was used with the dramatic impact of Mandy and Mark re-committing to their marriage after their previous conversations about separating.

Stimulus Control (re-engineering): There was no evidence of Mandy's use of stimulus control.

Mandy used Helping Relationships (supporting) when she initiated and participated in therapy in order to work towards ending the violence in her relationship.

Counterconditioning (substituting): There was no evidence of Mandy's use of counterconditioning.

Reinforcement Management (rewarding): Reinforcement management relies on the intrinsic and extrinsic rewards of change and this occurred for Mandy when she took risks emotionally to open up to Mark. She talked about past hurts and he was able to respond and support her. Rather than trying to maintain their previous façade of togetherness, these risks and subsequent reinforcers appeared to bring them closer and appeared to help them to connect in a much more authentic manner. During their final session which was the morning after this open-hearted conversation, she was visibly relaxed, she looked calmer, and she was more affectionate with Mark. She said that she wanted to write letters to Mark again (an old fashion expression of love) and "start taking an interest in him again."

Self-Liberation (committing): Self-liberating was a significant process of change for Mandy as she worked with Mark to end the violence in their relationship. When Mandy stated, “I have got to find myself within myself and then find myself within the marriage” and that she “can’t go back into salvaging of a marriage because I haven’t salvaged myself yet,” these beliefs about and commitments to herself reflect a strong and clear use of Self-Liberation. This commitment for Mandy culminated in the final session and appeared to be a result of her going through the process of probable separation and reconciliation with Mark. She appeared to be relieved and spoke of her appreciation of his openness, honesty, and commitment to their relationship.

Summary of Mandy’s Changes

Self-reevaluation, self-liberation, and helping relationships were the 3 TTM processes of change for Mandy with true fit and use leading to the most significant impacts. While there is overlap between self-reevaluation and self-liberation, according to the TTM, self-reevaluation is the experiential reappraisal of self where as self-liberation is the active use of committing and making behavioral change. Mandy’s recognition of her need to connect with herself and get back on track with her internal experience before trying to do the same with Mark highlights the exact nature of self-reevaluation. While it is impossible to follow up on her commitment to behavioral change (self-liberation), it appears from both of their follow-up reports that her commitment to get re-connected with herself and then her marriage may have occurred.

In a follow-up report, Mandy reported that she learned to listen more, was more confident, that she was cherishing her marriage, that she felt cherished by Mark, and that

he “did not rage as much.” As a couple, she reported that they were extremely open, expressing lots of love, and showing care and concern for one another.

Distinguishing Types of Change

In order to better understand the processes of change and how Delores’ and Mandy’s changes fit or did not fit with the processes of change, I determined the changes made by each participant. As mentioned previously, the TTM processes of change were defined and validated for individual behavior change. The difficult part of this study is that the changes made by participants were not determined only by a single, individual behavioral change but by a series of both individual and relational changes.

In an effort to differentiate between the types of individual changes studied, I have distinguished between major changes and minor changes. Major changes (changes with a “C”) are individual changes in attitude and/or behavior. In the case of a major change, quit smoking for instance, the change is clear and with definitive markers. Major changes for the participants of this study were: he takes responsibility, she stands up for herself, better communication, self-care, and spending healthy time together.

Minor changes (changes with a “c”) are the more subtle behavioral, cognitive, and affective changes that participants experienced. Minor changes, those seemingly connected more closely with the TTM processes of change, seem to be, in some cases, more difficult to detect and detail as they are not as obvious as major changes. At times, minor changes appear to be reflected by how a participant looked or sounded. At other times, minor changes appeared to be in or within a series of changes. Minor changes for the participants in this study were: he agreed to participate in therapy, he began to see his part in the conflict, she clarifies her bottom-line, she makes direct requests, they listened

to each other, they understood each other's point-of-view, they avoided sore subjects, they each took care of themselves by exercising and spending time with friends, and they spent healthy time together shopping, exercising, and watching television.

While it can be understood that the bottom-line for these couples attending therapy was that, at a minimum, the change they were seeking was to end the violence in their relationship, how they each went about achieving this change is a process including major and minor changes.

Understanding Participant Relational Changes

Considering the dynamic nature of the changes made by the participants brings attention to the new element of relational change. As this chapter highlights, the participant's minor and major changes were highly relational with and somewhat dependent on their partners' major change of stopping their violence.

Relational Processes of Change: Relational Impact of Partner's Change

The TTM processes of change literature, to date, does not specify relational processes of change although the potential need of and use of a relational change process has been mentioned in the literature (Brown, 1997). For the participants of this study, however, there was evidence of a relational process of change as described below.

In addition to each spouse making a mutual commitment to non-violence, the active participation and cooperation of Delores' and Mandy's husbands in treatment and their changes to end their violence was a fundamental and imperative step with direct impacts for the women's change processes. After committing to non-violence, it was imperative that the men take responsibility for their actions while the women stood up for themselves. For Daniel, the husband of Delores, in addition to his commitment to end his

violence and his acceptance of responsibility, his change process included other changes and, according to his statements about what he learned through therapy, he learned to listen more, he felt calmer inside, and he was not dwelling as much on the negative things. He had increased his time spent with Delores, watching television more with her and spending more time talking. He agreed with her that both of them were expressing more appreciation towards each other.

For Mandy's husband, Mark, his major change also was committing to end his violence and taking responsibility for his actions. These changes were reflected in his attitude and were represented by his comment during session 6 when he said, "Physical violence is counter-productive. I don't want to go back there." When, in the 10th and final session, his therapist asked him what he had learned, he said, "Respect for himself and respect for the other." His wife softened visibly just after he said this. Mark also focused on being an active listener with Mandy which he stated led to better communication. He said, "When she shuts me out, I used to pressure he talk, now I don't." He said he also realized that threatening divorce often was a dangerous thing to do. At the end of therapy, Mark said, "We're going to start taking an interest in each other again."

The spouses' mutual commitments to non-violence became the fundamental change. A subsequent major change of each husband – taking responsibility for his actions – proved to be necessary. Simultaneously, the women standing up for themselves was imperative for successfully making changes. A pattern of each spouse making minor and major changes ensued which, in the end, helped to shift the relationship dynamics for

each couple. The tables and narratives below illustrate the relational nature of their changes.

Table 4: Delores' & Daniel's Relational Change Process by Session

Daniel	**Delores**
Session 1: Previously, he had committed to non-violence.	**Session 1**: Previously, she had committed to non-violence. **Session 2**: She stated that she feels rejected and ignored. She said she has been ready to leave the marriage many times. "If I didn't have the kids, I would have left a long time ago."
Session 3: He talks about trying to be kinder, more interested in her and says, "By looking out for her more, she's looking out for me more." "I think I am making progress."	**Session 3**: She is planning her dream trip to Italy. She decided not to wait for him to plan the trip. He became interested and took over planning the trip for both of them. She spoke of her childhood and how she "…learned to survive."
Session 5: Two arguments in previous two weeks. He felt attacked and couldn't rationalize with her.	**Session 5**: Two arguments in previous two weeks. She reported that he experienced a "total loss of control" and was "throwing things." She felt stuck.
Session 7: He stated that he didn't know how to handle career disappointments and lack of friendships completely and that he was disappointed in himself. He stated that he "would handle some things differently if could do them over." He stated he wants to improve skills so that he feels more comfortable dealing with things in the future. Their son went off to college and this move was full of logistical problems but he stayed calm. As a result of this realization, he said, "Maybe I am processing information differently."	
They are laughing; she is more relaxed; he is more open and honest.	
He reports that he is calmer and that she is	

calmer. “Conflict is not as predominate,” he stated. “Continuing with therapy will be a big help – continue down this road – less anguish, less annoyance, more understanding.”

Session 8: Their son got sick while they were in Italy. Both he and she agreed that they worked well as a team.

When asked about the value of his previously completed genogram, he said, “I was emotionally immature compared to others.”

He reported that there was more tolerance and less tension within him and between them. “I don’t feel like forcing my will,” he stated. “I know I feel less tense internally.”

Session 8: She said, “Things have been better. His anger is more in check.” She reported that she still feels his control. “If I keep quiet, there is less conflict.” She said she has chosen to keep quiet, therefore there is less anger in the house.

Session 9: Vision of relationship **they both** want: Less tension/more tolerance.
Do things together.
Less anger.
Stop and discuss things.

“I react inappropriately,” he said when stating that sarcasm is a problem in their relationship.

Session 9: She said, “I have trouble presenting a problem without being afraid that he’s going to blow up.”

She said, “I have been thinking more about Daniel’s point of view. Trying to put myself in his shoes…it’s not easy.”

When talking about her changes, Delores reported that she is more thoughtful about what she brings up and she is more open to other’s point of view.

Session 11: He reported he is happier, “no issues.” He reported that he feels calm, nothing bothering him. He stated he wants help and techniques for establishing other relationships.

Session 11: In thinking ahead to the 12th and final session, she said, “I think my frame of reference is different now than when I came for the first session.”

Session 12: When asked what he has learned/skills he has picked up, he listed:

- Listen more
- Calmer inside
- Upset significantly less
- He’s not dwelling as much

Session 12: When asked what she has learned/skills she has picked up, she listed:

- Time outs
- Hearing all sides of a problem (learning to step away to gain perspective)

	• Three sides to all stories: my version, his version, third version When asked what she will see to know she is on track, she responded: Continue to look at other's point of view, know this a sore subject and don't go there, respecting each other's sensitivities, and listening to each other's point of view.
He stated, "I need support when something is bothering me. I need to know I am going to get heard." He agreed with Delores' request to designate a "vent-zone" although he didn't think the garage was the best place.	She makes a direct request to Daniel that they designate a "vent-zone" such as the garage so that arguments could be completely personal (so that negative things are not said in front of the kids).
He agrees they are on track. "We started at a real low level – one of the lowest."	"We've been married 28 years now and we've gotten off track some. There are always peaks and valleys. I am feeling on track now…hopefully a little better."
He asked how he would get connected in a social sense with the goal of making more social connections and finding others who share his interest. He asked, "Am I missing something?" He compliments Delores as being very good with their sons.	She compliments Daniel by saying how loyal he is to her and how family oriented he is.

One of the clearest examples of the relational change process was of Delores's ability to eventually make direct request of Daniel. In session 9, Delores said, "I have trouble presenting a problem without being afraid that he's going to blow up." She wanted to be able to talk about her experience without him getting angry in response. She continued, "Daniel is breathing down my neck." It appeared that she was afraid of stating a problem or her point-of-view out of fear of it escalating into an argument and perhaps an abusive situation. As Table 4 details, in session 12, however, she made a direct request

to Daniel that they not argue in front of their sons or in public. She asked for arguments to be completely personal and asked that they designate the garage as the "vent-zone." While Daniel did not like the idea of the garage per se, he did acknowledge her request and he said that he agreed with it conceptually. Together, they were going to determine a safe place for arguments. Her request was heard and he responded.

In understanding and describing this change process for Delores, it is important to point out the multiple changes this one interaction highlights. After their mutual commitment to non-violence, Daniel's cessation of violent behavior marks a major change and becomes the foundation for both of their subsequent changes. With these major changes as a backdrop, both Daniel and Delores embarked on a series of minor changes highlighted in Table 4. By the end of treatment (session 12), Delores began to assert herself as evident by her direct request. Seemingly, this change could have been a result of her feeling less threatened and more empowered. Secondly, Daniel's supportive response appeared to be an indicator of his changes and his ability to work with Delores which, in turn, rewarded her change attempts and efforts. She had been heard and acknowledged which are two elements she frequently stated during the early therapy sessions that were missing. So, in this case, his major change of ending his violent behaviors helped her with her minor changes which ultimately led to what appeared to be a major change in her "frame of reference" to "I can make this happen." These elements of their change processes were relational as changes in him led to changes in her and vice versa which led to changes in their relationship patterns.

I have named this process of change Relational Impact of Partner's Change. This encapsulates the impacts of one partner's changes on the other. For this process of

change, there are two main emphases: the actual changes made by one partner and the impact of those changes on the other partner. His changes supported her changes, she was able to recognize and verbalize his changes (eventually showing appreciation for him) and, lastly, the impact of his changes on her changes and vice versa were the third element of this relational change process. For example, after stating many times during the early sessions that she felt unimportant and devalued in their relationship, Delores' noticing Daniel's changes appeared to help her make changes herself. She began to listen to and understand his point-of-view, she started respecting his sensitivities, and she avoided sore subjects ("I know this is a sore subject and [I] don't go there," was a skill she said she learned). During the 12th and final session, Delores said, "I see Daniel trying to change for the better, making better connections with others, and there is more appreciation (going both directions)." While this newly named process of change highlights individual behavior change like the other processes of change, it also enhances the construct to include relational impacts of change, a new element for the TTM.

For Mandy and Mark, a similar process occurred detailed by Table 5.

Table 5: Mandy's & Mark's Relational Change Process by Session

Mark	**Mandy**
Session 1: Previously, he had committed to non-violence He is worried about being a repeat offender (He was arrested for spanking her daughter and then in treatment for hitting her.) but said, "smile and get past it," as his response to being asked about his worry. After two incidences of him pushing her and holding her down, he said, "I know I messed up. I should have just walked away. I deserve what I got." His goal for treatment is to have better communication; he stated that she shut him out and he would pressure her to talk.	**Session 1**: Previously, she had committed to non-violence. She is hanging in there. "I really couldn't believe this was happening to me," she said when she was asked about the violence incidents. She stated one of her goals was "to understand more of who we are in this relationship." When asked about his violent behavior, she replied, "Makes me wish I was married to somebody else." She had given no thought to safety plan although she said, "The only thing I've thought about is that I watch what is said and how it's said." One of his control tactics was to take her car keys and garage door openers but she hadn't made her own set of keys. She said, "I feel that by doing that, it's not totally honest." When encouraged by the therapist to raise her bottom-line to keep her and her kids safe, she said, "I've gotten to the point where I won't go through that (a violent incident) again. If all else fails, I'll get my stuff and be on the road."
Session 2: Points of view need to meet in the middle. He compliments her and gives her credit. **Both** stated themes: • Letting go of dreams • Others disappointing them • They've disappointed each other	**Session 2**: She said, "We're pretty close to pursuing a dream together."
	Session 3: When asked about her marriage, she said, "teetering on getting better and just go with the flow. If (reminders of negatives) come up, I don't pay attention to it. It's hard to progress – two steps forward;

	one step back." She said, "I think we need time away from each other. I need space." She said, "I don't think I should have to explain my lunch," after he called her three times to check up on her. She stated that she feels like her marriage is a no-win situation. She said she would go day-by-day and see how things change. She's wondering if she can last 25-30 years with this (in this marriage). When asked what it would take for her to take ownership in terms of her marriage, she responded, "Feeling like there is space in her marriage…a trust." She stated that he would also look at her when she talks and they would work out together: "it (working out) energizes their relationship – motivation to maintain relationship." She reported that "she hates his 20 questions," referring to Mark's multiple questions of her when she comes home. She said, "I don't feel trusted…space is a chance to build trust…don't smother me."
Session 4: Argument about her involvement in an issue with Mark's son. Session is spent individually.	**Session 4**: Argument about her involvement in an issue with Mark's son. Session is spent individually. **Session 5**: She stated, "We have let go of interests in the marriage. We are growing further and further. Neither one of us understood what it requires to sustain stuff. There's no understanding."
Session 5: *Regarding a conversation at home in the tub:* He said it was the best conversation they ever had. He started talking about his feelings and he reported that she listened. He said that he noticed her get calm and "we listened to each other." He said he	*Regarding a conversation at home in the tub:* She said, "Charade can't continue – need complete openness. If nothing else, we'll have open communication."

concentrated on active listening.
Session 6: When asked about the overarching message and the lessons learned, he said, "physical violence is counter-productive."

When therapist refers to all the turmoil in their relationship holding them together and asks them how they have been successful in containing all of it, he said, "Light at the end of the tunnel. We see a future."

Session 8: **They both** have agreed to separate and use therapy as closure for their relationship.

The night before session 10, Mandy and Mark had a heart-to-heart conversation.
Session 10: Regarding their change of taking space but not ending the marriage, he stated, "…a lot of emotion, crescendo, poured our hearts out, verbal back and forth and got it off our chests." When asked what he has learned, he said, "Respect for self and respect for other person."

He stated, "I got a flicker of hope when she said what she said."

He reported that he's made an effort with Mandy's daughters and that things are back on track with them.
On her report that he threatened divorce, he said, "I used it (the threats) to get a reaction…dangerous thing to do."

Session 6: As far as staying in the relationship, she said, "taking it day by day…looking for his small changes."

The night before session 10, Mandy and Mark had a heart-to-heart conversation.
Session 10: She stated that they have re-evaluated their situation, looked at the institution of marriage, threw up our wants and expectations. She stated that they are taking space but not separating.

She related a story from their past where she felt abandoned and that this feeling has kept her feeling guarded in relationship with him. Therapist reflected that she let her guard down and experienced a deep emotional connection during this heart-to-heart conversation. She realized, as a result of this conversation and connection that she "can't go back into salvaging of a marriage because I haven't salvaged myself yet. I have got to find me within myself and then find myself within the marriage."

She reflected on herself by asking, "Did I do all I am capable of doing, fixing, and changing?" She stated that she wants to build and pursue a friendship with Mark and have trust.
She said that he had threatened divorce before: "he was always the one to bring it up."

Similar to Delores' and Daniel's process of change, the relational nature of their individual changes was important. In the case of Mandy and Mark, it seemed as though when one of them opened up emotionally, the other would also. Over time, this process created a new interactional pattern which seemed to lead to more safety and honesty in the relationship. As evident by the details on Table 5, Mandy and Mark's increased safety and emotionally vulnerability appeared to be one of the impacts of their relational change process. It seems as though one partner's changes encouraged and supported the other partner's changes.

Conclusion

While there is question of the usefulness of the TTM processes of change related to the changes made by the participants of this study, there is relevance to describing the changes made by the participants. Highlighting each participant's change process in order to track the changes through the course of therapy helps clinicians and researchers. In some cases, the change processes used were similar for both participants and, in other cases, the change processes used were not similar. One common and significant thread, however, was the impact of each participant's spouses' changes on the participant. This relational impact of partners change highlights the relational nature of these changes that occur within the context of relationship dynamics. Previously, only individualized behavior changes had been described. The data which emerged from this study provided an entry into describing relational changes and these changes' impacts on the individuals and their relationship dynamics.

CHAPTER V

DISCUSSION

Unique to the dilemmas of battered women, individual change is relational change; that is, "changes would be occurring not only in the context of a relationship but to a relationship" (Brown, 1997, p. 9). Because the use of the Transtheoretical Model (TTM) (Prochaska & DiClemente, 1982, 1984) to date has focused on individual behavioral change, the processes of change may need to be enhanced or altered to incorporate the partner's influence. The specific and complex nature of abused women's lives "may require elaboration of the processes of change" (p. 19) to include the relational change process and its impacts.

It is clear from this study that relational change processes need to be described and understood in order to fully understand how female victims of intimate partner violence (IPV) can work with their partners to end the violence in their relationships. While the findings from this study were not described very clearly or most accurately from the application and perspective of the TTM processes of change construct, the data did highlight the importance of considering the relational nature of change for couples working together to end IPV.

Previous research found that the TTM and the processes of change appeared to fit for female victims leaving their abusive partners (Brown, 1997). Similar to Brown, Landerberger (1989) studied the process of women leaving abusive relationships. Unlike Landenberger's (1989) study where participants experiences "fell naturally into categories defined by phases of the process of entrapment and recovery" (p. 222), this study's participants did not fall naturally or clearly into most of the TTM processes of

change. The TTM does not consider the context for the individual changes within the relationship. This gap in the TTM limits its applicability as the context for change is the important backdrop for subsequent changes. It appears that the applicability of the TTM is limited based on this study's findings as the changes made by each participant were not determined by a single, individual behavioral change but by a series of both individual and relational changes as Brown (1997) suggested may be the case. Thus, Systems Theory may best describe the participants' changes this study details. Distinct from TTM processes of change, system's theory is characterized by the study of relationships (Nichols & Schwartz, 2001) with its focus on the relationship patterns rather than the individual characteristics of the individual. "Systems thinking concentrates less on basic building blocks, and more on patterns of relationship and how those patterns imply rules or principles by which a system is organized" (Nichols & Schwartz, 2001, p. 105). Therefore, changes in one part of the system or in one part of the couple can have anticipated and unanticipated changes in other parts of the system or couple. Exemplifying systems theory, this study's participants' minor and major changes were highly interactional with and somewhat dependent on their spouses' major changes beginning with ending the violence. Changes occur within the context of the self (the battered woman), the context and environment of the relationship (Brown, 1997; Landenburger, 1989), and in the interactional relationship patterns (the relationship itself changes) (Brown, 1997). The relational and systemic nature of IPV and the decisions a female victim makes on how to live violence-free, makes tracking and documenting changes more difficult for both the abused woman and the researcher.

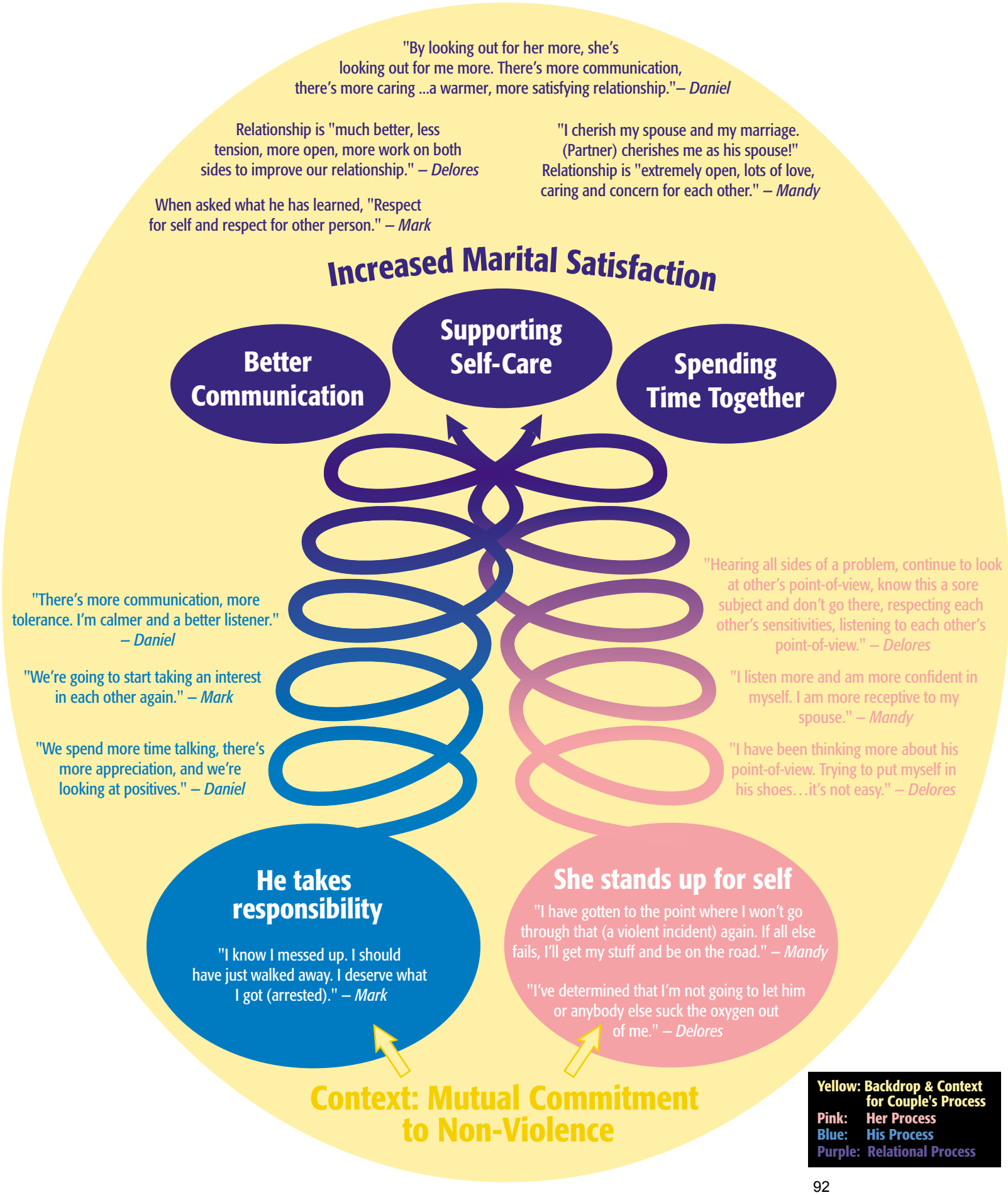
Relational Change Process Described

Similar to the findings of this study and according to Horton and Johnson (1993), one of the "primary predictors of women's abilities to safely remain with their partners was their partners' participation in the change process including their personal commitments to change and alteration of behaviors" (p. 486). From the data in this study, it appeared as though their fundamental change – commitment to ending the violence – was the foundation for each of their subsequent individual changes, whether these changes were minor or major. Both spouses' major and minor changes were framed by their mutual commitment to non-violence. There is one major change for each spouse that appeared necessary for this change process to be successful. For him, it was his acceptance of responsibility for his actions. For her, it was that she stands up for herself. From these simultaneous stances, the relational change process was punctuated by three major changes: better communication, taking care of self, and spending healthy time together. As each spouse committed to and experienced minor changes, there was a shift in their relational patterns as they worked together to end the violence and maintain their relationship. As a result, their marital satisfaction increased. See Figure 1: Change Process of Couples who Work Together to End Violence and Improve their Relationships on the next page.

Modified Analytic Induction as Method

The discovery of the importance of the relational change process for each of the participants and their partners was not expected. As the original hypotheses imply, I expected to focus only on the women's changes in order to highlight their changes towards personal empowerment and a violence-free relationship using the TTM processes

Change Process of Couples who Work Together to End Violence & Improve their Relationships



of change. It was as if I was overly loyal to the TTM processes of change and thought that I would be able to explain all her changes by applying this construct. Had it not been for the process of modified analytic induction, I would have been as constrained in this research as the TTM processes of change were on the participants of this study. Modified analytic induction required that I continually re-look at my hypothesis as the findings emerged in order to determine the proposed hypothesis' merit. As the researcher, this iterative process was an adjustment for me including the notion that the data did not have to support the hypothesis in order for the study to be relevant. And, in this case of using modified analytic induction, it was imperative that the hypothesis adjust as the data required. To this end, the data collected from this study supports a new hypothesis: Relational change processes are critical to the female victim's change process. That is, women who stay with their partners and successfully complete IPV treatment will have experienced the benefits of their partner's participation in treatment and their partners' cessation of violence and the women will make a series of minor and major changes as a result, in part, of these changes of their partners. The women's subsequent changes will lead to their partners' additional changes which will change their interactional patterns and relationship dynamics.

Since one of the goals of modified analytic induction is "…to develop descriptive statements of relationships among concepts…" (Gilgun, 1995, p. 278), hypotheses are used to illuminate and bring understanding that might be useful in developing theory, prevention practices, policy, and program develop for helping professionals. The findings of each modified analytic induction study, as Gilgun (1995) states, are "open ended,

subject to reformulation in other circumstances, but useful at the same time for the new insights they provide" (p. 278).

Limitations of Study

The insights gleaned, despite the small sample, merit consideration and can be helpful for clinicians and researchers. Although the sample is small, a significant amount of data was collected from a wide variety of sources enhancing this study's findings and relevance. Since this study is a secondary analysis, however, limitations exist based on the collection of data for the original study. Each couple missed at least one session and some sessions were not videotaped in full. It is possible that pertinent components of the change processes of each participant were missed based on these actualities. Also, the fact that the therapy provided for these participants was not based on or according to the TTM although this is the theoretical framework applied to the data. As a result, the researcher was forced to extrapolate, interpret, and make appropriate and relevant conjectures based on observations made while collecting the data.

Future Research

Applying the change processes hypothesized in this study to other couples working to end the violence in their relationship is necessary. It is important to clarify the timing and impacts of the relational change process on each individual's cycle of change. It would be interesting to learn at what point individual change intersects with interactional change and how this process unfolds and develops. Describing and understanding the impacts of this combined cycle would be useful and relevant for clinicians and researchers alike.

Additionally, research with couples working to end the violence in their relationship guided by TTM would also be interesting and relevant. This work would help researchers and clinicians alike understand more clearly the changes made by participants and the role of the TTM processes of change in those changes. Clarifying the role of TTM in general and the processes of change specifically as they relate to interactional changes appears to be important and relevant. In future studies, researching these interactional changes in relationship to individual changes based on the TTM from the onset would add to the existing literature and provide guidance for clinicians when treating couples working to end their violence and sustain their relationships.

An additional area for future research could be the roles of the co-therapists. Over the course of treatment, the co-therapists facilitated the sessions and provided interventions. In some cases, according to researcher notes taken while viewing the sessions, it was difficult to distinguish between the processes of change being a natural result of a participant seeking behavior change or a result of an intervention instigated by the co-therapists. For example, in the case of Delores, consciousness raising was a process of change used mostly towards the end of Delores' treatment. In this case, the timing of the interventions initiated by the therapist appeared to be connected to Delores' use of the intervention. This example leads to the question of the co-therapists' role in selecting the interventions and the timing of the interventions. And, in this case, would Delores' change process more closely match that of the TTM processes of change if the interventions provided by the co-therapists were guided by the TTM? Additionally, there is the question of whether Delores' use of consciousness raising was an intervention itself or an impact of an intervention which led to her gaining awareness. While closely

connected, these needs for distinctions warrant further research in order for clinicians to provide effective interventions.

Clinical Implications

The need to study relational change processes is magnified when we consider the possible clinical implications. As stated in Sexton, Ridley, and Kleiner (2004), "Clinical decisions require a complex understanding of the client, the principles of change, and the mechanisms that facilitate that change" (p. 140). Research has progressed to naming and describing specific change mechanisms to promote and enhance goals for therapy rather than relying on generalized process events (Alexander, Holtzworth-Munroe, & Jameson, 1994; Pinsof & Wynne, 2000; Sexton, Alexander, & Mease, 2004, as cited in Sexton, Ridley, & Kleiner, 2004). For systems theorists, considering the change mechanisms and the impacts of an individual's changes on the others in that individual's system or family is a must. This area of study could provide helpful information for clinicians with the possibility of immediate positive impacts for clients in conjoint IPV treatment. For instance, as this study found, the process of helping the man take responsibility for his actions and adopting non-violent behaviors could be helpful for clinicians. From the woman's perspective, it could be relevant for clinicians to help the woman stand up for herself. As this study highlights, clinicians may want to be aware of change processes for the male perpetrator and the female victim, and eventually, combine their change processes in order to provide more effective treatment. The addition of the relational change process to the research has direct clinical relevance and implications when treating couples and families experiencing violence.

The model of the relational change process provided in this chapter may be helpful for clinicians in understanding the systemic nature of the changes experienced by male perpetrators and female victims. This model depicts the relational nature of the change process and could be helpful for clinicians by providing an example of an iterative and dynamic relational change process.

Additionally, as we saw from the experiences of Delores and Daniel and Mandy and Mark, treatment for IPV included treatment for other marital stressors such as depression and anxiety issues, step-family issues including parenting issues, and financial stress and hardship. As Bowker's (1983) study found, even after couples successfully ended IPV, many participants divorced based on marital distress not related to their past violence. The need to treat marital distress as a part of conjoint treatment for IPV appears to be clear and warrants further attention.

Conclusion

As a pilot study, this study highlights the importance of relational changes when couples are committed to ending intimate partner violence and sustaining their relationships. For this study's participants, individual changes led to relational changes. These relational changes were found to be iterative and dynamic and led to systemic changes. For the couples of this study, new relational patterns emerged, marital satisfaction increased, and clinicians are given a possible framework to understand and guide couples conjoint IPV treatment.

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Appendix A

Processes of Change

1. Consciousness Raising
2. Dramatic Relief
3. Environmental Reevaluation
4. Self Liberation
5. Self Reevaluation
6. Stimulus Control
7. Helping Relationships
8. Counterconditioning
9. Reinforcement Management
10. Social Liberation

Couple #:

Dyad #:

Session #:

Appendix B

Processes of Change She Employs Throughout the Course of Therapy

Couple #: Dyad #:

Processes of Change	Sess 1	Sess 2	Sess 3	Sess 4	Sess 5	Sess 6	Sess 7	Sess 8	Sess 9	Sess 10	Sess 11	Sess 12
1.Consciousness Raising												
2. Dramatic Relief												
3.Environmental Reevaluation												
4. Self Liberation												
5. Self Reevaluation												
6. Stimulus Control												
7. Helping Relationships												
8. Counter-conditioning												
9.Reinforcement Management												
10. Social Liberation												
11.												
12.												
13.												

Researcher Notes: