

COGNITIVE-BEHAVIORAL TREATMENT REVIEW

& CCI News

CORRECTIONAL COUNSELING, INC. • MEMPHIS, TENNESSEE • VOL. 9, # 1 • FIRST QUARTER 2000

MONTANA-BASED PROGRAM SHOWS REDUCTIONS IN DOMESTIC VIOLENCE RE-ARRESTS AFTER TREATMENT

by Gary R. Leonardson, Ph.D.
Mountain Plains Research, Bozeman, Montana

Introduction and Description of the Program

Alternatives Inc. of Billings, Montana adopted the MRT®-based domestic violence treatment program, *Bringing Peace to Relationships*, in late 1995 for clients with a history of domestic abuse in an effort to address their faulty beliefs, attitudes, and behaviors that lead to violence in relationships. The MRT® model is a cognitive-behavioral psycho-educational program designed to change how batterers think (beliefs) and change behavior to one of equality and acceptance.

The designers of the MRT® cognitive-behavioral approach have long seen behavior as learned and capable of being changed through altering beliefs and habits. The 119 page workbook, *Bringing Peace To Relationships: An MRT® Workbook*, confronts the batterer's beliefs and behaviors, especially focusing on

power and control issues. The system is implemented in small, open-ended groups where clients enter and work at their own pace. Clients complete exercises and tasks outside of the group and present their work to the group or with the group's facilitator over a 26 week period. The facilitator passes client exercises based on objective criteria for each exercise issued during training. The program is designed to comply with various state and local regulations regarding the treatment of domestic violence perpetrators and conforms to the power and control issues required in treatment.

Methodology

One hundred seventy-five (175) persons who were court ordered or volunteered to receive services for domestic violence problems between January 1996

**Cognitive-Behavioral
Treatment Review & CCI News**
3155 Hickory Hill Road • Suite 104
Memphis, TN 38115
(901) 360-1564 • FAX (901) 365-6146
EMAIL: CCIMRT@AOL.com
WEB SITE: www.ccimrt.com

Dr. Ken Robinson
Executive Editor

E. Stephen Swan, M.Ed.
Editor

Katherine D. Burnette, M.S.
Senior Associate Editor

Michelle Shaw, M.S.
Associate Editor

CBTR is a quarterly publication devoted to enhancing and improving programming for offenders, substance abusers, perpetrators of domestic violence and others with resistant personalities. Article submissions are encouraged. Copyright © 1999. All rights reserved. CCI provides a wide range of services and products and specializes in cognitive-behavioral interventions. Some of our service areas are:

Cognitive-Behavioral Training & Materials
Moral Reconciliation Therapy Training
Domestic Violence Treatment
Halfway House Training & Development
Drug Treatment Programming
Criminal Justice Staff Training
Drug Court Services - Quality Assurance
DWI Programming - Treatment & Schools
Offender Rehabilitation Services
Research, Evaluation, & Development
Hospital Staff Training
Offender Supervision & Evaluation

• INSIDE •
An Interview
with Warden
Janice Melton
p. 8-9

Jefferson County's
Redesigned
Programming
Pays Off
p. 10

CBT Reviews
p. 12-13

Volusia Co.,
Florida Drug
Court Evaluation
p. 14-15

and June 1998 were part of this study. Those who could not be matches in both data sets or who had duplicate ID's were not included in the study. The program staff could not account for duplicate ID's of non-matches in some cases.

Demographic Information

Nearly all (90.7%) of those in the domestic violence program were males. The average age was 31.9 years with ages ranging from 20 through 52. Most (67.3%) of the program participants were Caucasians and American Indians were the next highest (17.8%) group. Most of the clients were in one of the non-married categories, while 38.6% were married. Most (72.9%) of the clients were living with someone else. Very few of the clients had educational attainments past the high school level with nearly one-third receiving a GED.

Sentencing Information

A strong majority (82.2%) of the clients were charged with misdemeanor domestic abuse, and more (56.1%) than one-half were court ordered to attend batterer programs. From reviewing the data, it is evident that some clients had multiple charges and court-related mandates. Nearly one-third (29.0%) had restraining orders restricting contact with spouses or other family members, and some (12.1%) had sentencing withheld pending entry into mandatory treatment programs.

Substance Abuse/Mental Health Factors

Alcohol or other drugs were contributing factors in 55.1 percent of the cases. Nearly one-half of the clients have a chemical dependency (CD) diagnosis. More than one-half of the clients have a current CD diagnosis or have attended either outpatient or inpatient substance abuse treatment programs.

The most frequent mental health situation mentioned (25.2%) was participating in batterer or anger management programs. It is apparent that many clients have co-existing problems such as anger, substance abuse, and mental health issues.

Factors Related to Success: Completed Domestic Violence Program

Those with sentences withheld pending mandatory treatment programs were not good risks for completing the program. Only a few (15.4%) who had their sentences withheld completed the program, while nearly one-half (46.8%) of the clients who were not under this stipulation completed the programs.

Persons who were court ordered to batterer treatment completed the program at less than average rates. About one-third (35%) of the clients who were court ordered completed the program, while more than

one-half (53.2%) of the clients not court ordered to attend batterer treatment completed the programs.

Similar findings were noted when examining the completion rates of clients issued restraining orders. Less than one-fourth (22.6%) of those who had a restraining order prohibiting contact with spouse or family completed the program, while more than one-half (51.3%) of the clients not restricted in their contact with family members completed the programs.

60.0% of those persons concurrently attending outpatient CD treatment completed the domestic violence program, compared with only 37.8% of those not attending. Due to the dual diagnosis (multifaceted) problems associated with domestic abuse, it appears that comprehensive programs are the best approach.

Other Significant Predictors of Success Correlation Coefficients

Age was found to be significantly related ($r = .33$) to success in completing the program, as was the number of dependents ages 14-18 ($r = .22$). Older persons were more likely to complete the program than were younger clients, and those with older children were more successful.

Multivariate Analysis - Regression

Using a multiple regression procedure (stepwise), four factors were found to be predictive of completion/non-completion of the program. Two (age and issuance/non-issuance of restraining orders) factors that were also significant in the univariate analysis. Two additional factors (income and under the care of mental health professionals) were found with the multivariate analysis. Those with higher incomes tended to do better than those with lower incomes, and clients who were under the care of mental health professionals were more likely to complete the program.

Variable	Partial RSQ*	Model RSQ*
Age	.083	.08
Restraining Order	.038	.12
Income	.027	.15
Mental Health Care	.023	.17

RSQ* = R Squared

Recidivism Rate - One Year Rates

The information was available for three groups of persons: those who were supposed to show up but did not, those who started the program but dropped out, and those who completed the program. Most of those who did not complete the program were arrested for felony or misdemeanor offenses within one year of the proposed or actual starting date of the domestic violence program, while only about one-fourth of those who completed the program were arrested.

One-Year Rates: Any Arrest

Group	Number of Cases	Percent
No show	40/79	50.6%
Started/Dropped	27/45	60.0%
Completed	15/51	29.4%

About one-fifth of the persons who did not start the program, but were referred, were repeat offenders of domestic violence offenses, as compared to 13.3 percent of those who had some of the domestic violence program, and 7.8 percent for those completing the program.

One-Year Rates: Domestic Violence Arrests

Group	Number of Cases	Percent
No show	15/79	19.0%
Started/Dropped	6/45	13.3%
Completed	4/51	7.8%

Recidivism Rates - Two-Year Rates

Nearly two-thirds of those who did not complete the program were arrested for felony or misdemeanor offenses within two years of the proposed or actual starting date of the domestic violence program, while less than one-half of those who completed the program were arrested for the two-year period.

Two-Year Rates: Any Arrest

Group	Number of Cases	Percent
No Show	27/46	58.7%
Started/Dropped	23/31	74.2%
Completed	18/37	48.6%

About two-fifths of the persons who did not start the program were repeat offenders of domestic violence offenses, while only 22.6 percent of those who had some of the domestic violence program, and 10.8 percent for those completing the program were re-arrested for subsequent domestic violence violations.

Two-Year Rates: Domestic Violence Arrests

Group	Number of Cases	Percent
No Show	18/46	39.1%
Started/Dropped	7/31	22.6%
Completed	4/37	10.8%

Factors Related to Arrested/Not Arrested For Domestic Abuse Offenses

Of the demographic, criminal history, treatment history, and mental health factors available for consideration, only two were significantly related to domestic abuse arrests. Those who had been guilty of past felony domestic abuse charges were more likely (30.8%) to be arrested in this study than were persons (9.3%) who had not been previously found guilty of felony domestic abuse. Additionally, those who had previously been in a batterer or anger management programs were more likely (23.1%) to be arrested for domestic violence than were those (8.2%) who have

not participated in previous batterer or anger management programs.

Multivariate Analysis - Regression

Using the stepwise multiple regression procedure, the same two variables found in the univariate analysis (above) were found to be predictive of arrested/not arrested for domestic abuse offenses following the treatment program. Those who had been previously convicted of felony domestic abuse offenses, and clients who had been in prior batterer or anger management programs were more likely to be arrested for domestic violence. The amount of variance accounted for was quite small, although statistically significant.

Variable	Partial RSQ*	Model RSQ*
Felony Conviction for Domestic Abuse	.05	.05
Participated in Batterer or Anger	.04	.09

Conclusion

The preliminary data gathered in this study suggests that domestic violence treatment shows promise in reducing subsequent rearrests for domestic violence especially for program completers. Further research in this area is necessary to gain a greater understanding of the profile of clients who will most benefit from treatment and the treatment elements that are most effective in reducing rearrests.

Notice to CBTR Subscribers

CBTR is a quarterly publication and subscriptions are for four (4) issues. Subscribers receive 4 issues for each subscription. Our next issue should be mailed approximately July, 2000.

**RESPONSIBLE LIVING:
An MRT® Based Workbook**

An MRT® based, 8 session, open-ended, group workbook primarily for misdemeanants in brief programming. Appropriate for Probationers and Restorative Justice Programs:

Bad Checks
Repeat Traffic Offenders
Shoplifters
Petty Larceny
Theft
Petty Crime
Restitution



Includes modules on rules, relationships, and feelings for others, personal exploration of values, goal setting, and making commitments.

\$10.00, 26 pp., 8 modules-order form p. 19.