UNIVERSITY OF CINCINNATI CORRECTIONS INSTITUTE PRESENTS

COGNITIVE BEHAVIORAL INTERVENTIONS – INTERPERSONAL VIOLENCE

CURRICULUM DESCRIPTION

UCCI's Cognitive-Behavioral Interventions for Interpersonal Violence (CBI-IPV) curriculum is designed for people involved with the criminal justice system who have a recent pattern of interpersonal violence and are at moderate to high risk for recidivism. The use of the terms risk, risky, and high risk in this program refers to a person's propensity to recidivate in general, or, more specifically, their likelihood to engage in violence or aggression in a relationship. The University of Cincinnati Corrections Institute (UCCI) developed this curriculum to help correctional agencies implement evidence-based practices, improve public safety, and reduce recidivism for individuals engaged in interpersonal violence and aggression. In this way, the curriculum targets criminogenic need areas for intimate partner violence and other forms of adult family and relational violence. It includes activities for cognitive, social, and emotional skills development.

What was historically known as domestic violence (DV) is often referred to as intimate partner violence. Also known as relationship abuse, relationship violence, dating abuse, and domestic abuse, intimate partner violence describes physical, sexual, and/or psychological/emotional harm by a current or former intimate partner or spouse (National Institute of Justice, 2019). It occurs across age, ethnic, gender, and economic lines, among persons with disabilities, and heterosexual and same-sex couples (American Psychological Association, n.d.). The following sections briefly describe the primary principles and theories from which the CBI-IPV curriculum is based. Key strategies to assist facilitators in the day-to-day management of their CBI-IPV groups, as well as approaches to ensure successful implementation of the curriculum, are also discussed.

CURRICULUM OVERVIEW

CBI-IPV is comprised of 52 sessions across seven modules, and was designed with a semi-open group format. The curriculum offers multiple entry points; however, most sessions build upon one another. Modules 1, 2 and 3 are considered prerequisites to the rest of the curriculum. It is recommended to deliver all sessions in order; however, some modules have more flexibility and can be delivered in an open format. Modules 2, 3, 6 and 7 are considered closed modules. See Figure 2 for a visual representation. If modifications are required due to program constraints, it is strongly advised that you to contact the program developers to discuss and document any agreed modifications. You may do this by contacting corrections.institute@uc.edu.

Module 1: Motivational Engagement focuses on engaging participants in the intervention process and includes sessions designed to build motivation and readiness for change. During this module, more specifically, participants identify challenges they may encounter as they work to change their violent behavior, examine the impact violence has had on key areas of their lives, explore discrepancies that exist between their violent behavior and personal values, and examine the benefits and costs of making prosocial lifestyle changes. Individuals also learn two social skills, Active Listening and Giving Feedback, which aim to improve social interactions both inside and outside of the CBI-IPV group and establish goals they wish to achieve during the program. In addition to building motivation, Module 1 strives to develop group cohesion and trust in the curriculum.

Module 2: Cognitive Restructuring concentrates on the role individuals' thoughts play in their violent and aggressive behavior. Participants are introduced to the Behavior Chain, a foundational tool used to demonstrate the link between individuals' thoughts and actions. The tool can be used as a behavioral analysis and as a means to combat problematic thinking directly. Participants also learn about Cognitive Restructuring, a process for identifying and challenging risky thoughts, and replacing these risky thoughts with new ways of thinking that directly lead to new feelings, actions, and consequences. Finally, group members have ample opportunities to role-play (i.e., practice) using their restructured thinking.

Module 3: Violence Awareness introduces the broader concept of aggression, including verbal threats, emotional abuse, and physical threats, and affords participants opportunities to explore different aspects of their violent and aggressive behavior. Group members identify personal warning cues that often precede violence and aggression and examine feelings and emotions (other than anger) that accompany these actions. Early on in the module, participants learn a self-monitoring tool called Knowing Your Warning Signs, enabling them to pay closer attention to their violent, aggressive, and "close call" behaviors. Group members identify warning signs (i.e., thoughts, body cues, and feelings), rate the intensity of their emotions, and determine what went well/did not go well when faced with a situation that triggered anger. The Knowing Your Warning Signs Worksheet becomes a vital component at this stage of the program and is used several times in this module and throughout the curriculum's remaining modules.

Module 4: Emotion Regulation shifts the focus from individuals' thoughts, body signs, and beliefs to feelings and emotions associated with risky behavior. Participants learn three critical steps to Emotion Regulation and are taught an essential social skill called Recognizing Your Feelings. They are also introduced to Coping by Thinking and Coping by Doing strategies. Coping by Thinking strategies reinforce the connection between feelings and thoughts (and ultimately behavior) and teach participants methods for managing emotions via cognitive restructuring. Coping by Thinking strategies teach individuals coping strategies (e.g., Counting Backwards, Pleasant Imagery/Visualization, Deep Breathing, Grounding, and Taking a Break) that can be used when they experience strong emotional triggers and are unable to use cognitive restructuring techniques in the moment. Coping by Thinking and Coping by Doing strategies can help clients slow down and bide some time to think about how they want to respond when faced with a situation that triggers their anger. Participants practice Emotion Regulation via a social skill called Using Self-Control and have ample opportunities to practice Coping by Thinking and Coping by Doing techniques to manage specific emotions (e.g., anger, anxiety, sadness, jealousy, and stress) and personality characteristics (e.g., jealousy, entitlement, impulsivity, and low frustration tolerance). Near the end of the module, the concept of Distress Tolerance is introduced, which teaches participants how to manage high-risk situations via Observe and Accept and Observe and Distract techniques.

Module 5: Managing Interpersonal Relationships helps participants develop skills related to building and maintaining acceptable interpersonal relationships and gain acceptance from others. Individuals learn and practice number of social skills that aim to increase their ability to effectively communicate within their respective interpersonal relationships, including Understanding the Feelings of Others, Assertive Communication, Responding To Criticism, Conflict Resolution, Dealing with an Accusation, Dealing with Somebody Else's Anger, Anticipating Risk, and Delaying a Conversation.

Module 6: Problem Solving introduces participants to Problem Solving, a cognitive process, and higher-level social skill, that when used properly, helps individuals develop effective solutions to specific problems. Group members are introduced to the general concept and basic steps of this skill and learn the difference between now problems and later problems. Each Problem Solving step is subsequently examined further to ensure that group members can work through the

process based on their problem situations. Effective Problem Solving includes identifying the problem and goal. A problem is a current or anticipated event with no immediate response due to a barrier or obstacle. The origins of the problem can lie in the environment (i.e., external barriers), in the person (i.e., internal barriers), or between two or more people (i.e., conflicts). Effective Problem Solving also includes brainstorming options to manage a person's particular problem. Generating multiple options allows the person to examine the consequences of each choice, and then ultimately choose the option that gets them closest to their goals. Finally, effective Problem Solving includes developing, trying, and evaluating a plan based on the option selected.

Module 7: Success Planning moves participants from creating change to that of maintaining individual gains through the development of an individualized Eight-Step Success Plan. Success Plans help participants transition from the CBI-IPV group and ensure continued use of the skills they learned in the program. First, group members are introduced to the concept of Success Planning and receive resources to help them stay on track as they progress through each step. Participants then identify violence patterns that influence their risk to continue engaging in aggressive and violent behavior and determine high-risk situations that seem to contribute to their current use of aggression and violence. Next, participants identify behaviors associated with high-risk situations and corresponding skills to manage these situations. Participants then work to recognize current target behaviors that lead to aggression and violence and develop ways to manage these behaviors by developing healthy lifestyle factors. Individuals also spend time identifying a network of people that will support their success once they complete the program, identify relapse warning signs and make a plan to get back on track, and discuss how they can transfer the skills they learned in the program to everyday life.

GROUP DELIVERY CONSIDERATIONS

ASSESSMENT, PLACEMENT, AND DOSAGE

Effective correctional programming includes selecting appropriate individuals to participate in the intervention. Recall the risk principle emphasizes using validated, actuarial risk assessment instruments to determine who is at highest risk for recidivism. People at high risk for recidivism have multiple risk factors and criminogenic needs, such as antisocial cognitions, antisocial associates, antisocial personality characteristics, family and marital conflict, substance abuse, and few prosocial leisure time activities. This means correctional agencies must offer or have access to evidence-based strategies that target these criminogenic need areas and have protocols to ensure fidelity in all aspects of implementation.

The risk principle also posits that interventions should vary by risk levels, with higher risk individuals receiving a higher treatment dosage than low-risk individuals who should receive minimal to no intervention. As such, the CBI-IPV is flexible in that it can constitute one specific component of a larger intervention plan that broadly targets all of a person's criminogenic needs. Finally, it is important to note that the CBI-IPV may be delivered in various settings, including institutional, residential, and community.

GROUP SIZE

In order to deliver an effective cognitive-behavioral group, the group size should allow every person the opportunity for practice. The ideal size for an interactional group intervention is 8 people, with a maximum of 10. With additional facilitators, the group size can be expanded beyond 10, but additional small-group practice exercises should be incorporated with a larger group. Hence, the recommended group size for CBI-IPV is no more than 10 people with one facilitator, and no more than 16 people with two or more facilitators.

GROUP DURATION

Each CBI-IPV session is designed to be delivered in 90 minutes. If a program has a smaller block of time, expect that some sessions may need to be completed during the next group. It is critical that all group members have ample time to practice the techniques being taught that session. This, of course, will extend the overall group length.

SINGLE VS. CO-FACILITATION

While there is limited evidence to support the efficacy of single versus co-facilitated group interventions, the preference for group facilitation tends to be for co-facilitators to deliver group sessions. This allows for more than one practitioner to weigh-in on discussions, to conduct role play and practice exercises, and to help manage any behavioral issues. Nevertheless, CBI-IPV can be delivered effectively by one facilitator (with 10 or fewer participants) assuming the facilitator has experience facilitating groups, has knowledge of the CBI-IPV material, and has ample time to prepare for sessions.

GROUP MEMBER PREPARATION

Upon completion of the assessments and prior to the first group session, the facilitator and participant should meet individually to review results of the assessments, the referral to treatment, as well as any concerns the person might have about participating in the group. Best practices in group intervention suggest that people engage in a preparation session prior to attending group. This session helps to decrease anxiety, decrease misconceptions about the group, and clarify group expectations. Ultimately, pre-treatment sessions can increase retention, improve person perception of the group intervention process, and improve group outcomes). This can occur in either an orientation group format, dyads, or an individual session. This is particularly important if the group is conducted in a partially open format, as people will be at different stages within the group.

SETTING UP THE GROUP

Upon completion of risk assessments and prior to the first CBI-IPV group session, facilitators should meet individually with participants to review referral and assessment information and address any concerns participants might have about the program. Best practices in group interventions suggests that people engage in a preparation session prior to attending group to help decrease anxiety, misconceptions about the program, and clarify group expectations. Pretreatment sessions can increase participant retention, improve perceptions of the group intervention process, and improve group outcomes. Pretreatment can be provided via an orientation group format, dyads, or one-on-one sessions.

Setting up the Group: Group dynamics are a construct of each member and their relationship with other members and group leaders. Several factors can affect group dynamics. What follows is a review of elements agencies/programs should consider when determining the environment in which CBI-IPV will be provided.

The Space: The arrangement and shape of the room have an effect on the tone and effectiveness of the group. It works best to have chairs arranged in a circle or horseshoe. A circle allows everyone to see each other and adds to the feeling that everyone in the group is on equal terms. A horseshoe style works particularly well to display materials and chart activities during the group in a way that all participants can see.

Facilitator Seating: During the first few sessions, the facilitator should sit near the front of the room; however, once the group begins to feel comfortable and members become actively involved, the facilitator should rotate around the circle or horseshoe. Co-facilitators should sit together during the first two to three sessions, then sit separately thereafter. In short, group leaders should communicate unity when groups first begin, and then progress more towards individuality as the group continues on. By sitting across from one another, facilitators can make eye contact and share non-verbal communication.

Participant Seating: Facilitators should allow participants to choose their own seats so they feel empowered. Letting group members select where they want to sit in group also reinforces the fact that they have the ability to make their own choices. Should conflict or tension among group members arise, however, facilitators should determine seating arrangements to manage group dynamics. Situations can escalate quickly and quietly, so group leaders must stay alert.

GROUP STRUCTURE

SESSION CONTENT

All CBI-IPV group sessions are structured similarly. Sessions begin with a Check-In to allow each person an opportunity to briefly share how they are feeling and discuss any significant events that might have occurred since the last session. Next, participants review the list of Group Expectations they identified in the first group session and each take turns reviewing the Practice Work assigned in the previous session. Practice Work reviews create a natural opportunity for facilitators to reinforce group members' use of interventions and social skills outside of group. Once reviews are complete, facilitators introduce the topic and corresponding activities that will be covered in the session. Activities could include teaching, modeling, role playing, and feedback delivery. Finally, facilitators conduct a brief review of the session to summarize what participants learned during group and assign Practice Work.

Note, Practice Work refers to homework activities assigned at the end of almost every CBI-IPV session. Practice Work assignments are imperative for the transfer of knowledge and provide additional opportunities for participants to practice the social skills they are learning during group. Practice Work also helps people generalize these skills to more natural or realistic environments. Even in residential facilities, people experience opportunities where they might need to use Self-Control, Emotional Regulation, or Problem Solving skills, for example; thus, practice helps habituate new skills. Practice Work is a group expectation to which facilitators must reinforce. Research consistently demonstrates assignment and completion of Practice Work is significantly associated with improved treatment outcomes.

Participants will accumulate a lot of materials and documents over the course of the curriculum, as not only are Practice Work assignments given, but numerous in-session worksheets are also assigned during group. As a result, facilitators may wish to provide group members binders or folders so they can better manage and keep their materials organized Given the sensitive nature of the topics discussed in this program, facilitators may also wish to have participants store their binders/folders in a designated area.

INTEGRATING INDIVIDUAL SESSIONS

It may be beneficial to incorporate individual sessions into the CBI-IPV group model. One-on one sessions afford providers opportunities to emphasize areas where specific people may need additional practice. They can also help facilitators address specific responsivity factors, such as mental illness or learning disabilities. Finally, one-on-one sessions can help increase dosage hours

for higher risk clients. In short, one-on-one sessions allow agencies to individualize program components for specific group members based on particular needs and/or responsivity factors.