

**GROUP TREATMENT OF MEN WHO ARE ABUSIVE:
COUNSELLORS' PERCEPTIONS OF WHAT VARIABLES IMPACT DROPOUT**

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Dedication

To my wife, Nicole,

To my children, Scarlett and Isaac.

Abstract

This study examined the perceptions of counsellors who provide group counselling for abusive men regarding what characteristics differentiate program dropouts from program completers. A total of 37 counsellors participated via an online-based or paper-based survey. The respondents rated 44 different client variables from four different categories (demographic, psychological, client-group, and client-therapist) on their impact on a client's likelihood to drop out of the program. The results were analyzed using chi square analyses, Mann Whitney U Tests and Kendall's tau-b correlations to determine the extent to which these variables were judged to impact dropout and how these results interacted with respondents' characteristics including demographic variables as well as experience and training variables. The results confirmed that many of the variables found in previous literature to discriminate between these two groups do operate in this way. Additionally, the results suggest several new sets of variables that could be helpful including batterer typology variables, stages of change variables and stages of group development variables. The implications of the findings are discussed with regards to their application in developing and facilitating group programs for abusive men with a view to identifying and intervening with potential dropout clients such that they are more likely to complete the program. The thesis concludes by discussing future research opportunities in this area and outlining the limitations of the study.

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First and foremost, to my gracious Lord who has granted to me all things, and is the author of all change.

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Chapter 1: Introduction

Statement of the Problem

Male perpetrated abuse against their partners remains a significant issue within society. Group counselling has emerged as the treatment of choice for abusive men as evidenced by the number of jurisdictions that recommend or require it (Austin & Dankwort, 1999). Researchers and clinicians have spent the last three decades developing and implementing group intervention programs, with varying levels of effectiveness (e.g., Dutton, 1986; Hendricks, Werner, Shipway, & Turinetti, 2006).

However, the vast majority of counsellors consider attrition to be a problem for these types of group programs (Pirog-Good & Stets, 1986). The average rate of attrition ranges from 30 percent (Buttell & Pike, 2002; Dalton, 2001) to over 60% (Scott, 2004b), depending on how client completion is defined. There has been a great deal of research to study variables that predict the likelihood of a member dropping out of the program. Most of the literature has focused primarily on demographic and psychological variables, with a limited amount of research investigating group and therapist variables. However, the suggested variables are only able to account for a small percentage of the variance in client completion and dropout (e.g., Rosenbaum, Gearan, & Ondovic, 2002). Creating a more clear understanding of which men are likely to not complete the programs is an important step to creating a safe environment for women. Men who drop out of the program are more likely than program completers to continue being violent in their relationships (Hamberger & Hastings, 1988). However, the greatest predictor of a woman returning from a shelter to her partner is the man's enrollment (not completion) in a treatment program (Gondolf & Fisher, as cited in Hamberger, Lohr, & Gottlieb, 2000).

Therefore, because of the high percentage of abusive men who do not complete the group treatment programs, the overall effectiveness of the programs, as well as the safety of the men's partners and children, is called into question. The aim of this thesis is to approach the issue of client attrition from a unique perspective in the hopes of assisting professionals in understanding who is at risk of dropping out of the group treatment programs.

Purpose of the Study

This thesis will add to the fabric of family violence literature, especially understanding why men drop out of group treatment programs. There are a great number of counsellors working with abusive men in a group setting who have a working knowledge of abusive men who have failed to complete their programs. Unfortunately, the vast majority of these professionals do not publish their knowledge and experience. This study will survey these counsellors to access their insights into which variables, from their experience, are most likely to predict attrition from the group program. In addition, the study will examine how the therapists' responses differ from each other based on levels of training, supervision, and experience as well as program variables such as location, length, and theoretical orientation. The study will also collect data about domestic violence intervention programs within western Canada, albeit from a biased sample of counsellors who choose to participate in the study.

To achieve these objectives a number of research questions are presented in the fourth chapter of this thesis. The justification for each of the research questions will be presented in the next three chapters by a thorough review of the relevant literature. Chapter two will develop the reader's understanding of male-perpetrated partner violence

by presenting the prevalence rates and several theoretical understandings of the phenomenon. Chapter three will outline the current treatment models, the efficacy of treatment, as well as information about training available to prospective family violence counsellors. Chapter four will review the current literature with regards to group treatment attrition among abusive men by discussing the rate of dropout and factors that have been found to predict dropout. The chapter will conclude with the specific research questions.

Definition of Terms

The following terms are used in this thesis with the corresponding definitions.

Abuse. Department of Justice Canada (n.d.) defines abuse as “a misuse of power and a violation of trust” (p. 1). This thesis concentrates on abuse perpetrated by a man against an intimate female partner. Other terms used to refer to abuse include: domestic abuse, and partner abuse, partner violence, partner assault, family violence, and intimate abuse.

Abused woman. This term refers to a woman whose intimate male partner has misused his power and violated her trust by various forms of abuse such as emotional abuse, physical abuse, economic, and sexual abuse. Other terms referring to this concept include partner, abused partner, intimate partner, and female partner.

Abusive man. This term refers to a man who has misused his power over and violated the trust of an intimate female partner. The following words and phrases are used interchangeably to indicate a man who perpetrates abuse against his female partner in an intimate relationship: abusive partner, abusive man, assaultive man, and abuser.

Abusive behaviour. Unless otherwise stated this term will refer to both emotional and physical abuse occurring in intimate relationships. This practice is used by many other researchers in the field of family violence (e.g., Gondolf, Heckert, & Kimmel, 2002) as physical abuse is present only with emotional abuse (Department of Justice Canada, n.d.). However, the level of abusive behaviour does range from mild to extreme as shown by many measures of violence (e.g., Conflict Tactics Scale, Strauss, 1979, as cited in Dutton, 1998).

Counsellor. A counsellor is anyone who provides mental health services. Other terms used include therapist, facilitator, and group leader.

Dropout. This term refers to a client who prematurely terminates from a counselling setting. The definition of dropout in a group counselling context will be discussed in greater detail in Chapter III. Other terms used to refer to this term include attrition and non-completion.

Emotional abuse. Emotional abuse is a misuse of power and control by the use of verbal attacks or threats, harming a person's sense of self, social isolation, criticism, social isolation, intimidation, or stalking (Department of Justice Canada, n.d.). Emotional abuse is also referred to as psychological maltreatment and psychological aggression.

Group member. A group member is any man who is referred to and/or attends a group treatment program for partner abuse. These words, unless otherwise specified, are used interchangeably: group member and client.

Intimate relationship. This term refers to a relationship between a man and a woman who have lived with one another in a common-law relationship or marriage.

Physical abuse. Physical abuse is the misuse of power and control by the use of physical force or restraint (Department of Justice Canada, n.d.). Other terms used for physical violence include violence, domestic violence, partner violence, intimate partner violence, and family violence.

Treatment program. There are a number of different treatment programs available to abusive men. In this dissertation the term will refer to any group treatment program provided for abusive men, regardless of theoretical orientation or approach. The following words, unless otherwise specified, will be used interchangeably to refer to this concept: group program, program, and group intervention.

Chapter 2: Partner Violence Prevalence and Theories

Prevalence of Partner Violence

In the year 2000 authorities in the province of Alberta responded to 6222 incidents of partner violence, laying charges in 68% of the cases (Government of Alberta, 2002). However, it is difficult to effectively measure the number of women who experience partner violence using statistics reporting police involvement. Many victims fail to report the abuse to the authorities for fear of reprisal from the abuser or to avoid disrupting their family (Department of Justice Canada, n.d.). The General Social Survey (GSS) sampled 26,000 Canadians in 1999 using a random digital dialing survey. The survey found that eight percent of women had reported at least one incident of family violence in the five years prior to the survey. Of the women who experienced family violence, 25% reported having been beaten, 20% were sexually assaulted and, 13% were threatened with or had a gun or knife used against them (Statistics Canada, 2000, July 25).

In terms of provincial rates of domestic violence, Western Canada has the highest rates. The Canadian Institute for Health Information reports that Alberta and British Columbia have the highest rates of women experiencing partner violence in Canada, 25.5% and 23% respectively (Canadian Institute for Health Information, 2003). This survey reported the number of women who had ever experienced partner violence. In addition, Kennedy and Dutton (1989) found that 11.2% of women in Alberta had experienced physical violence at the hands of a partner in the previous 12 months.

The prevalence rates reported above only account for the level of physical abuse perpetrated against women by their partners. However, domestic abuse involves more

than just physical violence. A woman can also be victimized by emotional, economic, and spiritual abuse (Department of Justice Canada, n.d.). It is especially difficult to establish the incidence of non-physical partner abuse that actually occurs because it is rarely reported to authorities, family, friends, or researchers (Stuart, 2005).

Theories of Partner Violence

Theories related to the development and continuation of partner abuse have developed over the past 30 years. Gaining a theoretical understanding of a man's violence toward his partner provides a counsellor with a model to inform intervention strategies most likely to result in lower risk of problem behaviour. There are essentially three main groups of theories related to male partner violence: feminist theories, family systems theories, and individual theories (Scott, 2004a). Each of these theoretical perspectives attributes the problem of domestic violence to different factors, and therefore results in vastly different treatment approaches. Each of the theories and the resulting treatment strategies will be reviewed below.

Feminist theories. Feminist theory has been very influential in the understanding of domestic abuse and has informed a great number of intervention programs. The feminist perspective focuses on the social and political context of partner violence. The theory postulates that male violence stems from a patriarchal society that directly and indirectly allows men to control and dominate women, especially their partners (Dobash & Dobash, 1979; Margolin & Burman, 1993). A feminist approach suggests that a man's violence toward his partner is supported by a number of variables: his belief that violence as an effective and acceptable form of interpersonal conflict resolution is supported by cultural norms; his feeling that he is entitled and expected to

control his partner; and the fact that his violence receives little or no penalty (Carden, 1994).

The claims of feminist theory are supported by a number of sources that investigate differences in rates of violence between cultures and historical time periods. Theorists draw attention to past laws that directly supported violence by considering women to be the property of men and allowed the use of moderate force in intimate relationships (Dobash & Dobash, 1979). They also emphasize more recent policies by law enforcement that indirectly supported the violence as a result of regarding partner abuse as a private family matter that the authorities should not be involved with (Dobash & Dobash, 1979). In addition, research has shown that the probability of a high rate of partner assault occurring across regions, even between American states, has a strong negative correlation with the level of gender equality (Haj-Yahia, 2000; Strauss, 1994).

Due to its unique perspective on the origins of partner abuse, feminist theory puts forwards a distinctive model of intervention. The theory suggests that men who accept attitudes and beliefs that are congruent with those of a patriarchal society are at greater risk of being abusive (Kanuha, 1996). Therefore, the interventions aim to challenge and change these beliefs about traditional male and female roles (Kanuha, 1996). The most influential intervention program that has come from this perspective is the Duluth Domestic Abuse Intervention Project (DAIP) (Gondolf, 2004). The intervention programs informed by feminist theory are concerned primarily with ensuring the safety of the female partner and addressing issues of male dominance in the relationship (Kanuha, 1996).

Systems theories. When systems theory is applied to partner violence it examines how the behaviour is supported not by an individual, but rather how it is a function of the system to preserve equilibrium within the relationship (Hansen & Harway, 1993). Giles-Sims (1983) outlines a model to explain how abuse begins, continues and ends within a family unit. The abuse is first supported by information that is brought into the relationship from other systems such as the families of origin. Thus, both partners' experiences with and reactions to violence, beliefs about marriage, and ideas about power within a relationship influence how violence within the relationship is dealt with the first time. When the first act of abuse occurs, rules and boundaries, supported by the history of the individuals, are formed. In addition, if the abuse helped to achieve the goal of the abuser, feedback loops tell all members that the abuse is functional within the relationship. This feedback allows the abuse to become more common within the system, creating a norm and reinforcing a dominant role in the system for the abuser. The system comes to support itself by giving positive feedback to the members, further entrenching the behaviour. Often, the only way in which the abuse comes to an end is if new information is interjected into the system by an outside system such as family, friends, or authority intervention. This new information is a negative feedback loop that destabilizes the behaviour and allows for a change to occur.

The most debated concept put forward by systems theory as it relates to family violence is that no one individual is responsible for the entire situation. Although each member must accept responsibility for his or her own behaviour, it is the system as a whole that supports the behaviour. Therefore, the entire system, not just one individual, must be involved in the counselling process (Scott, 2004a). When partner violence is

seen through this lens, conjoint couple therapy is often expected for effective change to occur. This can be done either in an individual couple or individual family setting (Hansen & Harway, 1993) or in a group setting (e.g., Brown & O’Leary, 2000).

Individual theories. There are a number of individual theories that are applied to the understanding and treatment of family violence. Four of the more prominent theories will be briefly reviewed.

Cognitive-behavioural theory (CBT). The family of cognitive-behavioural theories focuses on the underlying cognitions that influence observed behaviour (Beck, 1995). These thinking errors may occur as automatic thoughts in response to a situation, core beliefs that guide our world view, or intermediate beliefs that operate as the link between the previous two. CBT postulates that if individuals are able to challenge these thinking errors, they will be able to change their pattern of behaviour (Beck, 1995). Many partner violence intervention programs are designed to confront and challenge these thinking errors, with the hope of interrupting the regular pattern of abuse (O’Neil & Nadeau, 1999).

Of the theories stemming from CBT, social learning theory is the theory that is most commonly applied to the treatment of family violence (Hamberger & Hastings, 1988). Social learning theory, as applied to abuse, is based on the premise that abusive behaviour is learned in a social setting, and can be understood in the same way as other behaviours, shaping an individual’s personality through reinforcement (Bandura, as cited in Scott, 2004a). Thus an individual’s exposure to violence in his family of origin, the media, and his peer group, in combination with the absence of healthy parenting behaviour, contribute to his current abusive behaviour. The use of abuse as a primary

conflict resolution tactic is a learned behaviour (Hampton, Jenkins & Vandergriff-Avery, 1999).

The role of social learning theory in family violence is evidenced by the findings that a disproportionate number of abusive men have been found to have witnessed or been victims of family violence as children (Oliver, 1993). In addition, abusive men are seen to lack effective relationship skills in areas such as communication, conflict resolution, and boundary setting (Winters, Clift, & Dutton, 2004). This is supported by the finding that abusive men were found to also lack conflict negotiation skills in settings not involving their intimate partners (Holtzworth-Munroe & Smutzler, 1996). As the skills are not used in any situation, a lack of development of these skills is suggested (Holtzworth-Munroe & Smutzler, 1996).

Personality theory. There are essentially two categories of researchers and theorists connecting personality theory to intimate partner violence (Scott, 2004a). The first group focuses on similarities between the men, while the second group focuses on the differences.

As a group, abusive men tend to share a number of personality characteristics. Of a sample of 85 men, 90% had elevated scores (although not necessarily to a clinical level) on personality assessment measures of antisocial, angry, impulsive, narcissistic, and avoidant personality characteristics (Hart, Dutton, & Newlove, 1993). In addition, abusive men are more likely to be alcoholics than non-abusive men (Dutton, 1995).

However, abusive men are also a heterogeneous group in terms of personality characteristics. For this reason, a number of researchers have developed at least three abusive typologies. Hart et al. (1993) outline three different patterns of behaviour in

abusive men. The first is a man who is violent primarily in his relationship. He tends to use less severe forms of violence and to show remorse and contrition after the event. He also experiences little anger or jealousy and is likely to abuse alcohol. The second pattern of behaviour is characterized by low levels of anger and jealousy, a lengthy criminal record and childhood abuse. High levels of anger and jealousy and the use of severe forms of violence characterize the third pattern of behaviour, occurring in 40% of abusive men. The abuse appears to follow a tri-phasic cycle including first, a time of tension-building in the relationship, second, an episode of severe physical abuse, and finally, a time of contrition and promise-making. However, once the partner recommits to the relationship the cycle begins again.

Attachment theory. According to attachment theory, early failures in intimate childhood relationships create expectations about the self and others in future relationships (Bowlby, as cited in Rholes & Simpson, 2004). These expectations, or working models, result in one of four attachment styles: secure, dismissing, preoccupied, and unresolved. All of these styles, with the exception of secure attachment, is theoretically connected to intimate abuse due to poor affect regulation as outlined by Dutton, Saunders, Starzomski, and Bartholomew (1994).

This theoretical connection is borne out empirically in the literature as evidenced by a number of results. Dutton et al. (1994) found that abusive men were significantly more likely to have an insecure attachment style with their partners than were non-abusive men. Using the Adult Attachment Interview it has been found that among abusive men 26% were classified as dismissing, 30% as preoccupied, and 17% as unresolved. A total of 74% of the men were found to have an insecure attachment style,

as compared to 38% of nonviolent men who also had marriage difficulties (Babcock, Jacobson, Gottman, & Yerington, 2000). Lawson, Barnes, Madkins, and Francois-Lamonte (2006) found that the number of men, of a sample of 33, who reported a secure attachment increased from 48% to 76% after attending a group treatment program. The men with a secure attachment style reported an increased comfort with closeness and lower anxiety and depression than men with an insecure attachment style. There was no difference in program effect found in this study (Lawson et al., 2006).

Transtheoretical model (TTM). The TTM was originally designed to explain how individuals changed addictive behaviours (Prochaska, DiClemente, & Norcross, 1992). However, it has since been used to explain how changes are made to many different types of behaviour, including abuse (Burke, Denison, Gielen, McDonnell, & O'Campo, 2004). The model outlines five basic stages of change: precontemplation, contemplation, preparation, action, and maintenance (Prochaska et al., 1992). Each of these stages is characterized by differing levels of both an individual's intent to change as well as an individual's attempt at change (Prochaska et al., 1992). In the precontemplation stage an individual is unaware or under-aware of the problem and there is no intent to change. Contemplation is characterized by an individual who is aware that a problem exists, is seriously considering overcoming it, but has made no commitment to do so. The preparation stage is characterized by an intention to change the behaviour but as of yet the individual has made fairly insignificant behavioural changes. In the action stage clients modify their behaviour, experiences, or environment to overcome the problem. Clients in the maintenance stage of the model work to prevent relapse and to consolidate the gains made in the action stage. According to the model, change is not a

simple linear progression through the stages. Instead, clients often repeat a number of the stages many times before successfully eradicating the negative behaviour.

A multifactorial model. Each of the above models has shown the ability to account for a portion of the variability shown by the range of abusive behaviours seen in the study of partner violence (Stuart, 2005). However, Stuart criticizes the models for being too simplistic and not providing a broad enough explanation for domestic violence. He claims that “given the range of characteristics of abusers and the varied forms of abuse, only a multifactorial model can encompass the complexity of this challenging problem” (p. 255). The model presented outlines a number of predisposing, potentiating, and eliciting factors. Predisposing factors include biological factors (e.g., genetics, age, neurochemistry, etc.) and deeply entrenched cultural perspectives (e.g., religion, sex role orientation, trauma experiences, etc.) that are enduring features. Potentiating factors include personality traits and styles that are internal to the individual (e.g., temperament, cognitive style, social skills, etc.) and situation specific factors (e.g., partner’s temperament, conflict history, violence in reference groups, etc.). Potentiating factors prove to be resistant to change but are modifiable with effort. An individual’s predisposing and potentiating factors outline his vulnerability to produce abuse. However, it is the eliciting factors that activate the potential. The eliciting factors include internal components (e.g., illness, mood, substance use, etc.) and situational components (e.g., financial stress, crowding, perceived provocation, etc.). This group of factors is most responsive to therapeutic interventions.

Such a multifactorial model provides a rich understanding of partner violence. The complexity of the model that directs the work of a counsellor is positively correlated

to the number of interventions that are available to the counsellor (Stuart, 2005). A counsellor can work with a client to decrease the intensity of the eliciting factors such as anger management skills, substance use, and perception of provocation. However, the counsellor can also work to decrease the potential for violence by targeting potentiating factors such as social skills, self-esteem, and psychopathology or even predisposing factors such as trauma experiences and sex role orientation.

The above review demonstrates the variety of models used to explain partner violence. In the same way, the treatment programs offered to abusive men, informed by the above models, are just as varied. The influence of each of these theories will also be measured in the survey to determine whether counsellors' level of adherence to a particular theory affects their judgement of a particular client's likelihood to dropout. Chapter Three will outline the literature examining several treatment programs for partner violence. The training programs available for family violence counsellors will also be reviewed.

Chapter 3: Treatment Programs and Counsellor Training

Treatment for partner violent men is available in a number of formats. Individual counselling is a common mode of intervention (e.g., Jenkins, 2001) and is especially useful when treating men who are in the precontemplation stage of change, as they may be destructive to the change process of others in alternative formats (Levesque, 2006). Conjoint couple's counselling is also available for the treatment of family violence, either in an individual couple (e.g., O'Leary, 2002; Taylor, 1984) or group setting (Brannen & Rubin, 1996). Johansson and Tutty (1998) found that couples' treatment groups that were attended after completion of gender specific group programs were beneficial for couples who wished to stay together and were not experiencing physical violence. The third, and most common, treatment format for partner violence is that of gender specific group programs (Gondolf, 1997). The use of treatment groups for partner abuse has spread since the late 1970s and is now commonly accepted, and even mandated in some cases, as the standard treatment for men who have been violent to a female partner (Austin & Dankwort, 1999). The remainder of this chapter will briefly outline the process of change that occurs in a group setting, the research analyzing the effectiveness of group treatment for abusive men, and finally the common strategies to train new counsellors to provide group counselling for abusive men.

Group Treatment

Process of change in group therapy. Treatment groups are designed to create an environment that gives rise to behavioural and psychological change (Corey & Corey, 2006). Yalom (1995) outlines a number of therapeutic factors that are present within treatment groups. The therapeutic factors as they apply to working with partner violent

men include instilling hope by seeing change occurring in other men, the realization that they are not unique in their struggles, and the acquisition of information about the abuse and about skills to assist with interrupting the behaviour pattern. A therapeutic factor that is unique to group therapy is the role of interpersonal learning in which the men's typical relationship interactions are exposed and challenged within the group (Yalom, 1995). Through the use of these, and other therapeutic factors, group facilitators are able to effect change in the group members, as prescribed by the specific theory of partner violence.

Group treatment effectiveness. Even though group programs are the treatment of choice for partner violent men; there are many questions about the effectiveness of this treatment modality. Studies have shown various degrees of effect on the men who complete the programs. In addition, many of the studies are hampered by methodological issues, calling the results into question. The following section will outline the trends that appear in the literature with regards to group treatment effectiveness, in light of various methodology concerns. However, a criticism of traditional effectiveness research will also be outlined.

Research investigating group program effectiveness typically focuses primarily on rates of physical violence. However, the studies often fail to comprehensively evaluate the entire program. It has been argued that it would be productive to apply the principles of comprehensive evaluation (Rossi, Freeman, & Lipsey, cited in Bowen & Gilchrist, 2004). This broad evaluation includes assessing five different program domains: program need, program theory, program process, program impact, and program efficiency. The assessment of program need includes describing the problem,

understanding the target population and measuring the magnitude of the problem.

Analyzing program theory involves understanding the implicit and explicit assumptions about the problem and the intervention methods that flow from these assumptions.

Gauging program process consists of identifying key aspects of program performance that indicate whether or not the program is operating as intended. The evaluation of program impact is assessing if a program is realizing the intended results with every client who attends the program. Program efficiency is assessed by determining if the costs involved with the program are reasonable given the program effects (Bowen & Gilchrist, 2004). Many outcome studies in the area of partner violence programs assess program impact but fail to provide a context for the program effects by assessing each of these domains. Therefore it is difficult to appreciate the true meaning of the literature in this area. It would be useful for future research to include an assessment of the other domains, resulting in a richer understanding of group programs for violent men.

Group treatment interventions have been shown to have little to no effect by at least one researcher. A large research project studied 681 couples that had experienced male to female violence at a facility for navy personnel in San Diego (Dunford, 2000). The couples were randomly assigned to one of four cognitive behavioural treatment conditions: a men's group, a group for couples, a monitored group, and a control group who received no treatment. It was found that six months after a 12-month program none of the groups of men who received treatment differed significantly from the control group on further abuse based on self-report, partner report, and arrest reports. Despite the excellent research design employed in this study (as evidenced by random assignment, the use of a control group, and the use of several outcome measures including from the

partner), Dunford (2000) admits that the results may not be transferable to other populations. The participants used in this study were required to attend treatment by the navy, men with serious mental health issues had been screened from the population, and all of the men were literate, competent, married, and gainfully employed. In addition, possible substance addiction was closely monitored and addressed as needed. Thus, the sample differs significantly in many ways from the population commonly served by traditional group programs (Dunford, 2000).

There are also a number of studies that suggest that group programs have the desired effect of decreasing partner abuse. A Canadian study found that of 104 men who participated in a treatment program in Ontario the men who completed the program (n=71) showed significant improvements on appraisal of social supports, self-esteem, perceived stress, attitudes toward marriage and family, locus of control, affective expression, and communication when compared to men who did not complete the program (Tutty, Bidgood, Rothery, & Bidgood, 2001). The treatment completers also showed statistically significant reductions in physical and non-physical abuse six months after completing the program. In Vancouver, British Columbia it was found that only four percent of the men who completed the program were later charged by police for an assault on a partner, compared to 40% of a control group (Dutton, 1986). In addition, the rates of physical and verbal abuse diminished considerably after treatment compared to the control group.

Methodological concerns. However, many of these studies also have serious methodological concerns. For instance, Rosenbaum (1986) found that of 11 men who completed the group program, only one individual reported assaulting his partner within

six months after completion. However, the study had a very small sample size, only used men from groups where at least three men completed the program, relied on male reports of violence, and did not use a control group for comparison. Another study, using a much larger treatment group (n=120) and a control group (n=101), found that men who attended at least 75% of the group sessions displayed decreased recidivism rates (Chen, Bersani, Myers, & Denton, 1989). However, the control group in this study was not randomly selected, but included men who had been incarcerated instead of attending a group program. In addition, the study used a conservative measure of future abuse by defining recidivism as arrests by law enforcement, ignoring abuse (both physical and nonphysical) that did not come to the attention of the authorities.

There are a number of other studies exhibiting similar results that also failed to use appropriate control groups. Several studies used men who dropped out of treatment as a control group (Edleson & Gruzinski, 1988; Hamberger & Hastings, 1988; Hendricks, et al., 2006; Tutty, et al., 2001). Other studies have used men who never began treatment because of logistic reasons such as scheduling conflicts or not being ordered to attend treatment (Dutton, 1986; Palmer, Brown, & Barrera, 1992). Several of these studies attempt to remedy these methodological shortcomings by showing that the two groups are comparable in regards to a number of variables (Hamberger & Hastings, 1988; Tutty et al., 2001). However, as will be discussed in the next chapter treatment completers differ from non-completers with respect to a number of different variables including psychological variables.

It must also be recognized that it may be unethical to use a randomly selected equivalent control group in studies evaluating the effectiveness of treatment programs.

As discussed above the trends in the literature suggest that the programs are successful in decreasing the rate of partner abuse that occurs. Therefore, to deny a man treatment may put his family at risk of further physical harm and emotional distress. For this reason, future research in this area may be required to use quasi-experimental designs such as the use of dropouts as a control group. At the same time, it is imperative that the studies attempt to compensate for these deficits in a number of ways, such as using a number of variables as covariates in the analyses to control for differences between the treatment and control groups.

Effects of different treatment modalities. As a result of the different theoretical understandings of domestic violence, as discussed earlier, there are a number of group treatment programs. The two most commonly compared in the literature are psychoeducational groups employing cognitive behavioural therapy (CBT) techniques and supportive therapy (ST) groups (Morrel, Elliot, Murphy, & Taft, 2003). The CBT groups tend to be facilitated in a directive way with a particular curriculum that is taught to the group members throughout each session. On the other hand, the agenda of the ST groups is usually set by the members at the beginning of each session. Although there are certain skills and knowledge sets that are introduced by the facilitators, these are done only when the group agenda would be enhanced by doing so (Edleson & Syers, 1991).

Two studies found by this writer have compared the effectiveness of these different treatment approaches. Edleson and Syers (1991) randomly assigned 283 men (153 completed the program) to one of three conditions: a directive educational program, a self-help program led by a man who used to be abusive, and a program that was a blend between the two programs by allowing the men some time to engage in non-directive

group work and still providing an educational curriculum, albeit less intensive than that of the educational group. It was found that six months after completing the program the educational group was less likely to use verbal abuse and threats (38.7%) than either the combined group (51.4%) or the self-help group (73.1%). However, after 18 months there were no statistical differences in use of abuse, although the self-help group tended to have lower rates of violence (Edleson & Syers, 1991). Another study compared an ST group to a CBT group by randomly assigning 86 men to one of the groups (Morrel et al., 2003). It was found at six-month follow-up that both groups were equally effective in reducing rates of physical and psychological abuse, and sexual coercion as well as exhibiting increases in self-esteem, self-efficacy for abstaining from partner abuse and significant movement on stages of change scales. However, the ST group demonstrated higher self-efficacy for abstaining from verbal aggression and increased use of negotiation tactics with their partner. The differential effects of these two very different treatment approaches appear from the literature to be minimal, especially in the long-term. However, more research is required in this area before the equality of these interventions can be claimed with certainty.

A comprehensive research project also investigated the difference in treatment effectiveness of treatment programs in four different cities: Pittsburgh, Dallas, Houston, and Denver (Gondolf, 1999). It was found that despite program differences based on referral process, program duration, and additional support services available there were no differences found based on rates of reassault, portion of men making threats, and the victim's quality of life. Gondolf (1999) describes the similar effect of the different programs by saying that:

Each system may be a unique adaptation to a peculiar set of resources, leadership and staffing, court procedures, and community expectations. Each appears to have organically developed with its own history and internal culture. Therefore, one system or another may not be readily replicated in, or transferred to, another community that has a different set of constraints and opportunities (p. 58).

This is an important concept to remember when comparing the effects of different programs as described in the literature. Many studies are presented without a context rich enough to fully understand the implications of the results. Therefore, the findings of any individual study should be applied to a treatment program with caution.

Perhaps one of the components that has the greatest impact on the effectiveness of a group program is the group facilitator. An effective facilitator has the ability to engage group members as well as to manipulate the group dynamics to foster a cohesive relationship (Corey & Corey, 2006). However, what variables distinguish effective group leaders skilled in leading groups for men who have been abusive to their partners from those who are not effective? The following section will review therapist variables linked to effective treatment.

Counsellor Variables

When conducting research using counsellors as participants in the area of counselling psychology it is essential to include a number of counsellor variables (Guinee, 2000). Guinea suggests that the research sample be described by including data on age, gender, professional status, setting, academic training, level of experience and theoretical orientation. These variables have great overlap with the taxonomy of variables that affect treatment effectiveness (Beutler, Crago, & Arizmendi, 1986). Having an adequate understanding of the counsellors in the sample impacts the interpretation and generalizability of the results. (Beutler et al., 1986). It is suggested by

the present researcher that these variables may also have an effect on client dropout in group treatment for abusive men.

For many of these variables there are a number of ways to measure and present the data. It was recommended by Gelso (1995) that to accurately measure a participant's theoretical orientation by rating their adherence to a variety of theories. The variable of counsellor setting can be measured broadly (e.g., rural vs. urban) or more specifically (e.g., private practice or community setting). The variable of professional status normally includes the participant selecting the professional organization(s) to which they are affiliated while the variable of experience level is measured in number of years (Guinee, 2000). The variable of academic training can also be measured in years as well, although it can also be measured by academic degree achieved (Guinee, 2000). The variables of counsellor training and supervision as it applies specifically to group counselling will now be discussed.

The Association for Specialists in Group Work (2000) has outlined a number of standards for training counsellors to become group facilitators. The standards require a level of competency in basic group knowledge and skills as well as a level of competency in one of the four specializations. Trainees are expected to receive academic instruction that includes "at least one graduate course in group work that addresses, but is not limited to scope of practice, types of group work, group development, group process and dynamics, group leadership, and standards of training and practice for group workers" (Association for Specialists in Group Work [ASGW], 2000, p. 331). In this way counselling students have a cognitive understanding of the underpinnings of group work.

To build on this foundation of academic study trainees are also required to complete a minimum of 10 hours of experiential group work through observation or direct group experience as a member or a leader (ASGW, 2000). In this way the trainees are able to practice the knowledge they have attained and to experience the skills that were discussed in the academic portion of the training. Toth, Stockton, and Erwin (1998) outline a skill-based training model that can be used in parallel with the academic portion of the program. They suggest teaching group skills in a developmental sequence by introducing the students to the skill, allowing them to observe the skill, and then allowing them to practice the skill. In this way, the academic and experiential components of the ASGW can be combined, presumably enhancing the trainees' understanding and use of the skills required to effectively facilitate group work.

The final aspect of counsellor training in group work is supervision by an experienced group counsellor. The ASGW (2000) recommends that supervised leadership or co-leadership is used to complete one quarter of all practicum and internship direct-service hours. One of the goals of this time of supervision is to assist a trainee in deepening the complexity of their cognitive understanding of group work (Granello & Underfer-Babalis, 2004). Supervisees are to be assisted in moving beyond the knowledge, comprehension, and application of the knowledge and skills previously learned. They are encouraged to begin to analyze the various components that are at work within the group, to synthesize the components into a new, creative, and useful understanding, and to evaluate the performance of the group and of themselves (Granello & Underfer-Babalis, 2004). This time of supervision allows a trainee to integrate and

practice the knowledge and skills they have learned so that they may become more effective group leaders.

Chapter 4: Dropout from Group Treatment for Domestic Violence

Attrition Rates

One of the most significant issues compromising the effectiveness of the group interventions for abusive men is that of member attrition. Based on a national survey that investigated 12 programs it was found that an average of 40% of the men did not complete the program (Pirog-Good & Stets, 1986). More recent literature reports attrition rates of men who attend at least one session range from almost 30% (Buttell & Pike, 2002; Dalton, 2001) to over 60% (Scott, 2004b). Many other studies report rates that fall within this range (Cadsky, Hanson, Crawford, & Lalonde, 1996; Daly, Power, & Gondolf, 2001; Gruzinski & Carrillo, 1988; Hamberger & Hastings, 1989; Rooney & Hanson, 2001). In addition, even more men attend an intake session and then do not attend a single group session (23-60%) (Cadsky et al., 1996; Gruzinski & Carrillo, 1988). Gondolf and Foster (1991) found that of all the men who inquired about or were referred to the program, only 27% attended an intake session, 14% attended a group session, seven percent attended at least 12 sessions, and less than one percent completed the full eight month program. This body of research makes it clear that the treatment offered seems to not be completed by many of the men who may benefit from it, placing their partners at risk for continued abuse. Given the limitations of nonrandomized participant recruitment it is not the purpose of this study to compile data on the average dropout rate in Western Canada.

One concern that arises when compiling research in the area of group counselling dropout is the operational definition of dropout. Some researchers only require the men to attend a percentage of the group sessions to be defined as a “program completer” (e.g.,

Taft, Murphy, Elliot, & Keaser, 2001) while other researchers label a man as a dropout if he misses just one session (e.g., Buttell & Pike, 2002; Hamberger & Hastings, 1989).

The latter researchers argue that the programs are designed to last a specific duration and to introduce a set amount of material for a reason. Therefore, a man who misses a session, or a number of sessions, will not learn all of the material and therefore cannot be as likely to be non-violent (Buttell & Pike, 2002). Indeed, Hamberger and Hastings (1989) raise the question why a program is 12 sessions long if a man is considered to have successfully completed the program after only nine sessions. Without a common definition by researchers it is hard to identify exactly how many men are dropping out from the group programs; but it is clear that it is at least a significant minority, and perhaps a large majority, of clients who do not complete these programs

When attempting to understand the phenomenon of clients who dropout from group counselling there are a number of variables that need to be considered. It has been argued that when clients drop out early in the group process it may be beneficial for the group as these clients may not be ready for treatment and consequently may destabilize the group (Lothstein, as cited in Bostwick, 1987). On the other hand, if a client leaves later in the group process then he may destabilize the group by leaving (Bostwick, 1987), possibly due to a loss of group cohesion and feelings of safety and trust that are so important in group therapy (Corey & Corey, 2006). However, these arguments have been formed about attrition from general group counselling. When treating men who are abusive toward their partners it is important to also consider the safety of the current or any future partners. Many clients with abusive histories are court-mandated to attend a treatment group because they are unlikely to attend without this directive. Therefore, it is

imperative that group treatment programs attempt to understand why the men drop out of the program, and put in place strategies designed to increase the rate of client completion. Hence, the need for study in this area.

Factors Affecting Dropout

Throughout the past two decades there has been a great deal of research done to investigate the variables that predict which abusive men are more likely to not complete their group program. The variables can be divided into four basic categories: demographic, psychological, therapist-client relationship, and group variables. Each of these groups will be explored in greater detail throughout the following sections as they relate to the current research project.

Demographic variables. A variety of demographic variables have been widely studied in relation to a client's likelihood to drop out of a treatment program.

Lifestyle instability. A number of studies have found that variables related to an unstable lifestyle are more common of men who do not complete their group program. Clients who were currently unemployed or had a history of unemployment were found to be more likely to dropout, perhaps because counselling requires a commitment similar to that required by an employer (Daly et al., 2001; DeMaris, 1989; Gruzinski & Carillo, 1988; Hamberger & Hastings, 1989; Rooney & Hanson, 2001). There is also clear evidence that members who have a history of prior arrests and violence are more likely to dropout (Hamberger & Hastings, 1989; Hamberger et al., 2000; Rooney & Hanson, 2001; Scott, 2004b). Alternatively, program completers have been found to be more likely to be married to their partners (DeMaris, 1989) and to have more children (Gruzinski & Carillo, 1988), perhaps because of the greater level of responsibility toward family. It is

hypothesized that men who have greater ties to their partner due to the relationship status and number of children feel that they have more to lose if they do not successfully complete treatment.

Race. Clients who were members in a minority racial group were also found to be more likely to drop out of the group, perhaps because of a mistrust of the leaders, other members, or the agency (Chang & Saunders, 2002; Hamberger & Hastings, 1989; Taft et al., 2001). The relationship between race and attrition was found even after controlling for other factors such as income, education, employment, referral source and marital status (Taft et al., 2001).

Age. Clients who are older have been found to be less likely to drop out from the programs in the majority of the literature (Buttell & Carney, 2002; Chang & Saunders, 2002; Hamberger & Hastings, 1989; Rooney & Hanson, 2001; Scott, 2004b). However, a few studies do not support this conclusion as it has been found older clients may dropout at higher rates than younger clients (Gerlock, 2001; Hamberger et al., 2000). The different findings may be due to a number of differences between the studies such as the research sample (Gerlock [2001] used active military men, the others used men treated in community agencies). In addition, age consistently accounted for a small variance in the data and the differential findings could be because of an unreported interaction with another variable such as employment, referral source, relationship status, or any other measured or unmeasured variable.

Education. Clients with higher levels of education were found to be less likely to drop out by several studies (Daly et al., 2001; Gruzinski & Carillo, 1988), but also more likely to drop out from the group (Chang & Saunders, 2002). This differential finding

may be attributed to the finding of Rooney and Hanson (2001) that clients with low verbal skills were twice as likely to drop out from an unstructured group as from a structured group, possibly, the authors speculated, due to an inability to participate in and/or understand the content of the unstructured group. However, it is also possible that the effect of education level is modified by other variables such as program type, length, or location or by psychological variables.

Relationship factors. Program completers also differ from program dropouts on the level and nature of abuse that occurred in their intimate relationships prior to treatment. Group members who drop out of the program have been found to have higher scores on the Propensity for Abusiveness Scale (PAS) (Buttell & Carney, 2002). This signifies increased potential for emotional reactions conducive to abuse (Dutton, 1995). The PAS measures a number of variables found more often in abusive men than non-abusive men such as abuse in the family of origin, depression, and traits of borderline personality (Dutton, 1995). This trend is continued by the finding that dropouts exhibit higher levels of anger than program completers (Chang & Saunders, 2002), as well as higher levels of psychological maltreatment of their partners (Brown, O’Leary, & Felbau, 1997; Rooney & Hanson, 2001). Dropouts are also more likely than completers to have a history of being more aggressive in past intimate relationships (Rosenbaum et al., 2002).

Conversely, program completers were found to share a high degree of relationship mutuality with their partner when compared to non-completers (Gerlock, 2001).

Relationship mutuality is indicated by

“allowing for other’s differences and valuing them, appreciating the other’s subjective experience, sharing one’s thoughts and feelings with the other, acknowledging one’s needs without manipulating the other to gain satisfaction,

respecting and valuing growth in the other, and establishing an open and reciprocal interaction pattern” (Jordan, quoted in Gerlock, 2001; p. 768). Men with low levels of relationship mutuality are more likely to respond abusively to disagreements with a partner due to poor conflict resolution skills and a lack of respect for the views of others. Consequently, having a clear understanding of a client’s past use of abuse in his relationships may provide an indication of his likelihood to complete the treatment program; in particular, clients with a high level of abuse and a low level of equality in the relationship might be more likely to drop out.

Prior interventions. Intervention strategies prior to group treatment have been a widely studied variable in regards to program attrition. Clients who have been court mandated to attend a program have been consistently found to be less likely to drop out of the group than self referred members (Buttell & Carney, 2002; Buttell & Pike, 2002; Daly et al., 2001; Faulkner, et al., 1991; Gerlock, 2001; Hamberger & Hastings, 1989; Rosenbaum et al., 2002; Scott, 2004b). Yet several studies did find that court referred members were just as likely to dropout as self referred members (Edleson & Gruzinski, 1988; Gruzinski & Carrillo, 1988). One prior intervention that has been found to be effective in limiting attrition in general group counselling is that of previous individual treatment (MacNair & Corazzini, 1994), possibly because of greater trust in the therapeutic process and/or because of being more advanced in the change process.

These various findings make it clear that although there are a number of demographic variables that have been found to be significantly related to attrition, an exclusive focus on these variables is not sufficient to determine who is likely to not complete the program (Bostwick, 1987). Perhaps, many of the demographic variables are not directly related to program dropout but instead are indicative of variables such as

level or responsibility, commitment, and lifestyle instability (Rooney & Hanson, 2001). The phenomenon of men's attrition from group treatment is much more complex than can be explained through demographic diversity, and so the effects of other variables including psychological variables and client-therapist and client-group interactions will be reviewed.

Psychological variables. The psychological component to abusive men's behaviour has been well established in the literature and so it should come as no surprise that there has also been an abundance of literature examining the psychological correlates with program attrition.

Substance use. Current abuse of alcohol and/or illegal drugs was found to be a strong predictor of attrition with abusive men (Faulkner, Cogan, Nolder, & Shooter, 1991; Hamberger & Hastings, 1989; Rooney & Hanson, 2001). Interestingly, this finding has also been observed in participants in non-abusive groups (e.g., university students) (MacNair & Corazzini, 1994; MacNair-Semands, 2002).

Client functioning. Clients' levels of cognitive and psychological functioning are also related to treatment completion. Sixty percent of clients with low verbal skills dropped out of an unstructured program, while only 30% of similar clients did not complete a structured program (Rooney & Hanson, 2001). The researchers hypothesized that this was because of the difficulty the clients had with abstract thought, which is more prevalent in a non-structured group. There are also a number of personality disorders and mental illnesses that have been found to be related to program attrition (e.g., Gerlock, 2001; Hamberger et al., 2000). However, it is beyond the scope of this study to

investigate the degree to which the effect of these variables is acknowledged by practicing counsellors.

Change motivation. It is important for counsellors to identify the stage of change that the client is in and design an intervention targeted at moving the client to the next stage of change (Prochaska et al., 1992). The stage of change by which the client is characterized has a definite relationship to his likelihood of dropping out of the program. In a study of 308 men, of whom 39 percent completed the program, Scott (2004b) found that men in the precontemplation stage were twice as likely to dropout as men in the contemplation stage, and nine times as likely as men in the action stage. Eckhardt, Babcock, and Homack (2004) found that readiness to change was significantly correlated with the number of group sessions attended by the men, although the stages of change were unrelated to attendance (possibly because of a lack of statistical power due to sample homogeneity). In addition, motivation to change, as measured by the University of Rhode Island Change Assessment – Domestic Violence ([URICA-DV, Levesque, Gelles, & Velicer, 2000) has also been found to be significantly lower among dropouts than completers (Rooney & Hanson, 2001). It was found in a study of dropout from individual therapy that the stages of change, the decisional balance and processes of change collectively correctly classified 92% of clients into one of two categories: prematurely dropping out of therapy or staying in therapy/appropriately terminating therapy (Brogan, Prochaska, & Prochaska, 1999). Even though the application of the transtheoretical model to partner violence is relatively novel, there are promising initial findings as it relates to dropout from group therapy.

The effect of members' various psychological states or traits are seen to have a large impact on their decision to complete the treatment group or to dropout (Bostwick, 1987). Indeed, many members may not be suitable for group treatment at a particular time (or ever) because of the variables discussed above. However, it is important to investigate not only the effects of internal characteristics of the group members but also the effects of their relationship and interactions with the group facilitators and other group members.

Therapist-client relationship. The dynamics between a counsellor and a client is an area of study that has not been investigated as thoroughly as the previous two categories of variables.

Research on group counselling. The importance of a strong working alliance between the leader and each individual member has been well established in group counselling (Corey & Corey, 2006). The strength of the working alliance has been found to predict levels of physical and psychological abuse six months after completion of a treatment group for partner violent men (Taft, Murphy, King, Musser, & DeDeyn, 2003). Research investigating a group for partner violent couples found that the therapeutic alliance between the man and the counsellor was correlated with treatment success (Brown & O'Leary, 2000).

Despite the literature outlining the importance of the effect of the relationship between the member and group leader, its effects on abusive men's attrition from a group program has not been directly studied, to this writer's knowledge. In a meta-review of attrition from group counselling programs for a variety of presenting issues (i.e., not only violence or abuse) it was found that a counsellor's negative attitude toward a member

was associated with member attrition in six of eight studies (Bostwick, 1987). In addition, in a group treating complicated grief for both men and women, dropouts were previously reported by the counsellors to be less likable, less desirable as friends, and having less significance as group members, although it was unclear if the judgments were self-fulfilling prophecies or if the counsellors were perceptive (McCallum, Piper, Ogrodniczuk, & Joyce, 2002). In a study of 70 couples attending group treatment for male to female violence it was found that the therapeutic alliance of either partner to the counsellor in the first session, as measured by observational data, were unrelated to treatment completion (Brown & O'Leary, 2000). However, in a review of general group treatment attrition literature Bostwick (1987) reported that almost all of the studies found that a member's positive relationship to the therapist was associated with treatment completion. Although these relationships have not been studied in treatment groups for abusive men, it is reasonable to believe that similar associations would exist in these groups as well.

Research on individual counselling. The effects of various components of the therapist-client relationship on treatment attrition have also been studied in individual psychotherapy. Indeed, the degree to which client's definition of the problem was recognized by the counselor accounted for 70% of the variance in treatment attrition, as the dropout rate increased by three times when the counsellor did not recognize the client's definition of the problem (Epperson, Bushway & Warman, 1983). Although, this relationship has not been studied in a group setting it seems at least plausible that a finding of this magnitude would also be manifested with clients in group therapy. In a meta-analysis of individual psychotherapy dropout literature Wierzbicki and Pekarik

(1993) concluded that complex variables such as client expectations of the therapeutic process (e.g., therapeutic goals and interventions) and client-therapist interactions have been found to be much more powerfully related to dropout than simple therapist and client variables. Given the strong association between dropout and various therapist-client variables in individual counselling, it would be logical that dropout in group therapy is related to interactions between an individual and various other members of the group.

Client-group variables. Even though the use of group treatment programs is popular when working with abusive men there appears little research has examined the group variables that may contribute to client attrition.

Group design. Only three studies were located that assessed the effect of program variables on member dropout (DeHart, Kennerly, Burke, & Follingstad, 1999; Gondolf & Foster, 1991; Pirog-Good & Stets, 1986). Gondolf and Foster (1991) reported men who paid higher fees for the program attended a greater number of sessions than members who paid little or no fee, but were just as likely to prematurely drop out of the program. That is, clients who paid less money dropped out of the program in equal numbers but at an earlier time in the program. However, Pirog-Good and Stets (1986) concluded that programs not requiring members to pay for the service have completion rates more than double of those by programs requiring payment.

Gondolf and Foster (1991) also reported no relationship between program length and member attrition, although when observing reported dropout rates between other studies (Cadsky et al., 1996; Daly et al., 2001; Gruzinski & Carrillo, 1988) there does seem to be a relationship between the two variables. Indeed, Pirog-Good and Stets

(1986) report that increasing the length of the program by 10 weeks decreases the likelihood of completion by between 1.3 percent and 9.9 percent. Although these relationships warrant more research it appears that increasing the amount of commitment to the group program, with regards to either time or finances, may have a detrimental effect on the attendance of the group members.

Although there has been very little research into the impact of different group variables on member attrition, there are a number of variables that could theoretically have a large impact. One such variable is whether a group is open or closed to new members. A group that has a closed membership allows the group to create a high level of group cohesion and trust as well as greater continuity between each group session (Corey & Corey, 2006). However, an open group provides veteran members who can assist new members how to properly interact within the group (Corey & Corey, 2006). Another variable that affects a member's decision to drop out is having other members drop out, as this may create a "wave phenomenon" (Bostwick, 1987, p. 126). It is clear that there are theoretical and empirical links between the decisions that are made about the logistics of a group program and the rate of member dropout.

Member interactions. The possible effects of interactions between group members and a member's attitude toward the group also have an impact on attrition. DeHart, Kennerley, Burke, and Follingstad (1999) found that there was no relationship between drop out and a member's level of self-disclosure or anxiety in the group. However, in a group for complicated grief therapy it was found that clients who reported less positive feelings after the first session were most likely to not complete the program (McCallum et al., 2002). In addition, in general group treatment social inhibition and

hostility were predictive of low member attendance (MacNair & Corazzini, 1994; MacNair-Semands, 2002). In sum, it appears that men most likely to complete a treatment program have a positive view of the process, are outgoing, and have low levels of hostility.

Group stages. The stage that at which the group is currently functioning may also affect the likelihood of a member dropout. Tuckman (as cited in Tuckman & Jensen 1977) outlined four stages of small group development: forming, storming, norming, and performing. A fifth stage, adjourning, was added later (Tuckman & Jensen, 1977). These stages are similar to those put forth by Corey and Corey (2006): initial, transition, working, and termination. Corey and Corey's (2006) transition stage is a combination of Tuckman's storming and norming stages. In the forming stage members begin to test and form relationships with members and leaders, as well as orient themselves to group tasks and expectations. Group members attempt to be accepted by others by avoiding conflict (Gladding, 1999). In the storming stage of group development members and leaders struggle with group structure, direction and control as well as interpersonal relationships (Gladding, 1999). The norming stage is characterized by the group adopting new group norms and each member adopting a new role. Members are now more likely to be comfortable expressing their opinions in the group (Gladding, 1999). The group then moves into the performing stage in which the group goals are being achieved and members are comfortable trying new roles (Gladding, 1999). During the final group stage, adjourning, members may feel emotional ambivalence due to the feeling of loss and sadness mixed with hope, joy and accomplishment (Gladding, 1999). The risk of client drop out at each stage has not been studied but because of the differing levels of

conflict and emotion at each level it would be plausible that there would be an observable effect. The group variables discussed may operate individually to affect member attrition, but are more likely to interact with other variables discussed above.

Specific Research Questions

Based on the review of the literature this writer has outlined a number of research questions. The survey addresses the attitudes and practices of Western Canadian counsellors as they relate to attrition of male clients in a group counselling program for intimate partner violence and asks the following questions:

1. What is the opinion of counsellors about what variables characterize men who drop out of group programs for domestic violence?
2. How do counsellors' responses about the variables characterizing men who drop out differ based on demographic characteristics of the counsellor?
3. How do counsellors' responses differ based on level of counselling training, supervision, and experience?

Chapter 5: Method

Participants

Number. The study contacted by phone 54 different agencies and individuals who provide counselling to men who are abusive to their female partners in addition to emailing 10 others that could not be reached by phone. From these initial requests 40 emails asking for participation in the online survey were sent to individual counsellors and 57 paper copies of the survey were mailed. Each individual contacted was asked to pass on the survey to any other colleagues that fit the inclusion criteria for the survey; there is no way to determine how many other potential respondents were contacted in this way. A total of 37 surveys were returned; 6 paper versions and 31 online versions.

Recruitment. The participants were identified using an online search engine and/or by contacting agencies such as women's shelters, correctional facilities, and probation offices that commonly refer men to counselling programs. The study utilized a snowball sample by requesting participants to either forward the recruitment email to other counsellors who met the inclusion criteria and/or to forward the contact information of such counsellors to the researcher.

Criteria to participate. The participants were invited to complete the survey if they provided group counselling to men who have been abusive to their intimate female partner. The counsellors were required to provide this service within the provinces of Alberta or British Columbia.

Measures. The survey, with 77 items, was designed by the author to assess the participants' judgments of which variables predict a man's likelihood to complete or drop

out of a treatment program (see Appendix A). The survey, although not piloted prior to use, was reviewed by several researchers.

The survey was divided into three parts: demographics, experience with family violence counselling, and likelihood to dropout. The demographics section consisted of nine items asking about participant gender, age, place of practice, population size of community in which service is provided, province of practice, educational history, and membership in a professional organization. The items were a combination of selecting a response from a number of options, selecting all responses that apply from a number of options, and short open-ended questions. The second section of the survey included questions pertaining to a participant's counselling experience, training, and supervision in generic counselling, family violence counselling and group counselling. In addition, this section asked about the group programs for abusive men that they facilitate, including the theoretical orientation and several questions pertaining to member attrition in their programs. The item types in part two are similar to those in part one, with the addition of a number of 5-point likert scale items.

The third part of the survey presented participants with a short description of a possible group member. Participants were requested to indicate on a likert scale (very unlikely, unlikely, no effect, likely, very likely) how likely the individual is to drop out of a group program for men who have been abusive to their female partner. Dropout was defined by the respondent in item 24 of the survey. Participants were told that, unless otherwise specified, this is the first time the men have attended such a group, the number of sessions attended is unknown, the men have voluntarily attended the group, and an experienced team of a male and female counsellor leads the group. Participants also had

the opportunity to list any other variables that may affect the likelihood of a man dropping out of the program, and to rate that variable on the same scale as the other items.

Part III was split into four sections: demographic variables (e.g., Roger is 22 years old, Phil has three young children with his current partner), psychological variables (e.g., Brent is a habitual drug user, Ben has recently decided that he wants to change his behaviour and has begun to research what steps he will need to take to successfully change), client-group variables (e.g., in the first three group sessions Gary is very quiet and has not disclosed personal information, Tim has attended two group sessions and seems to be establishing and testing relationships with other members and with the leaders), and client-therapist variables (e.g., during the intake session Patrick and you agreed upon the group treatment goals, if you had met under different circumstances you could see yourself being friends with Fred). These 44 variables were the conclusion of a lengthy process by which over eighty variables were constructed from information gathered in the literature review. These variables were reviewed by a number of researchers connected to this thesis to reduce the number of variables and refine the wording of each variable. The list was reduced by combining similar variables, deleting variables that were ambiguous in their wording, and in some cases reducing the scope of the study. Informal feedback was also sought from community practitioners who provide counselling services in the community to ensure face validity.

Procedure

Participant selection. Participants were selected for the study in two ways: an online search and/or information received from common referral sources (e.g., probation

officers, children's services workers, etc.). The contact information for the referral sources was also found using an online search. The referral source was contacted by phone (see Appendix B for phone script) or by email (see Appendix C) and were asked for the contact information of any individuals or agencies that provide group counselling services within Alberta or British Columbia for men who had been abusive to a female partner. These agencies or individuals, together with the counsellors selected through the online search, were contacted by phone (see Appendix D for phone script) or by a recruitment email (see Appendix E). The participants were asked if they would be willing to participate in a study investigating dropout from group treatment for abusive men. They were given the option of doing the survey online by visiting www.counsellingsurvey.ca or doing a paper version of the survey that would be sent to them.

Survey completion. If a participant chose to participate in the research via a paper version of the survey all the forms were sent to them by mail. The package included a survey overview form (see Appendix F), an information-consent sheet (see Appendix G), the survey (see Appendix A), and a stamped envelope addressed to the researcher. Participants were asked to read the survey overview and the information consent page before deciding to participate in the research project. If they decided to participate they were requested to complete the survey and return it in the envelope provided. Consent to participate was considered to have been given if participants completed and returned the survey.

If participants wished to participate online they visited www.counsellingsurvey.ca to complete the survey and navigated through the website by clicking on the "Continue"

or “Submit” button at the bottom of each page. The first page provided a brief overview of the purpose of the survey (see Appendix H) and the second page was the information-consent form (see Appendix I). Participants stated their consent to participate in the survey by clicking on the “Submit” button at the bottom of the page. On the third page participants entered a password that was provided to them in the recruitment email or by phone. The password was the same for each participant and served to ensure that only individuals invited to participate in the study were able to access the survey online. The next six pages on the website contained the survey that was described earlier. The final page of the survey thanked participants for their participation in the research.

Chapter 6: Profile of Survey Respondents

This chapter will provide a profile of the counsellors who responded to this survey. This sketch will be constructed using descriptive statistics for the independent variables as reported in the first two sections of the survey, demographics and experience with family violence counselling.

Demographics

Age and sex. The ages of the 37 respondents in this survey ranged from 27 to 62 years. The mean age is 45.33 years and the median age is 45. One respondent did not respond to this item. There were 19 male respondents and 18 female respondents.

Population. Twenty-four counsellors responded to this item. The populations of the primary communities in which they provided services to partner-violent men ranged from 5,000 to 2,000,000, with the average population being 458,167. The median population of the community was 70,000 and the mode was 1,000,000 ($n = 7$).

Province. Thirty-six counsellors responded to the item concerning the province in which they primarily practice. Twenty-one (58.3%) reported they practiced in the province of Alberta while 15 (41.7%) were from the province of British Columbia.

Place of practice. All of the 37 returned surveys indicated a primary place of practice; 21.6% ($n = 8$) of the respondents provided group family violence services for men primarily in a private practice setting, 70.3% ($n = 26$) did so through a non-profit agency, 2.7% ($n = 1$) provided services in a correctional institute, and 5.4% ($n = 2$) indicated they provided these services in another setting. One respondent who had selected other worked in an outpatient forensic mental health clinic and the other

respondent who selected other provided services in both a non-profit agency and a correctional institute.

Academic degree. Of the 37 respondents 70.3% ($n = 26$) had a Master's degree, 10.8% ($n = 4$) had a Bachelor's degree, 10.8% ($n = 4$) had a Doctoral degree, and 8.1% ($n = 3$) had a diploma or certificate (see Table 1). The year in which the counsellors completed their highest academic degree ranged from 1981 to 2007, ($M = 1996.9$, $SD = 7.6$), the median year was 1999.

Table 1

Question 6: Highest Degree

Highest Degree	<i>f</i>	%
Adult Ed. Life Skills Facilitator Certificate	1	(2.7)
Diploma	2	(5.4)
B.A.	2	(5.4)
B.S.W.	1	(2.7)
B.H.Sc.	1	(2.7)
M.S.W.	8	(21.6)
M.A.	10	(27.0)
M.Sc.	3	(8.1)
M.Ed.	3	(8.1)
M.C. (Psychology)	2	(5.4)
Ph.D.	3	(8.1)
Psy.D.	1	(2.7)
Total	37	(100)

Professional affiliation. Of the 37 counsellors who returned the survey, 32 indicated that they were members of a professional association; five respondents

indicated they were members of two organizations. Overall, the most frequently stated associations were social workers (40.5%) and psychologists (35.1%). The least frequently stated association was marriage and family therapists (5.4%). There were four respondents (10.8%) who indicated they were part of an organization not listed in the survey; these organizations included the Canadian Association of Clinical Hypnosis and the EMDR International Association. See Table 2 for more information.

Table 2

Question 9: Professional Affiliation

Highest Degree	<i>f</i>	%
Alberta College of Social Workers	14	(37.8)
College of Alberta Psychologists	7	(18.9)
British Columbia Psychological Association	6	(16.5)
Canadian Counselling Association	4	(10.8)
American Association of Marriage and Family Therapists	2	(5.4)
British Columbia Association of Social Work	1	(2.7)
Other	4	(10.8)
Total	37	(100.0)

The sample used in the following analysis showed diversity with regards to many of the demographic characteristics. However, a typical participant in this study was a 45 year old social worker practicing in an Albertan city with a population of one million. The counsellor currently practices in a non-profit setting with a Master's degree that was obtained in 1999.

Experience with Family Violence and Group Counselling

Counsellor experience. A total of 33 participants responded to the question concerning the number of full-time years they worked as a counsellor. The responses ranged from 1 to 35 years ($M = 11.97$, $SD = 8.15$), and the median was 11 years. Nineteen respondents indicated that they had previously worked or currently work part-time as a counsellor. The responses ranged from 1 to 17 years ($M = 6.20$, $SD = 4.91$), and the median was 4.5 years.

Concerning the question about the number of years providing individual counselling to men who are abusive to a female partner, 30 participants responded. The responses ranged from 0 to 25 years ($M = 9.17$, $SD = 5.98$), and the median was five years. Over half of the respondents had between 5 and 10 years of experience, while 25% had over 13 years experience. In regards to the number of years experience with group counselling to men who are abusive to a female partner the responses ranged from 1 to 20 years ($M = 6.71$, $SD = 5.17$, $n = 36$), and the median was 5 years. Examining the distribution of responses, 75% of the respondents had 9 years or less experience with providing group counseling for abusive men.

In total 36 counsellors indicated how many group programs they had facilitated for men who had been violent to their partners. For the 12 months prior to completing the survey the number of groups they had facilitated ranged from zero to ten ($M = 2.72$, $SD = 2.39$) with a median and mode of 3. One quarter of the respondents had offered one program or less, and one quarter had offered four or more programs in the past year. The counsellors also reported facilitating between 1 and 100 groups in their careers ($M = 19.72$, $SD = 20.11$) with a median of 15 and a mode of 20. Fully 25% of the respondents

had facilitated four or less programs, while the same number of respondents had facilitated 29 or more programs in their career.

Counsellor training and supervision. There were two questions on the survey that inquired about the type of training that the counsellor had received by asking the respondent to select all of the given options that applied to them. Question 11 inquired about training in the dynamics and/or treatment of family violence while question 13 inquired about training in group counselling. Questions 12 and 14 asked respondents to indicate approximately how many hours of supervision they have received in family violence counselling and group counselling respectively.

Concerning family violence training, 34 of the 37 respondents indicated that they had received such training. The results are outlined in Table 3. The number of training opportunities employed by each respondent ranged from zero to nine ($M = 4.05$, $SD = 1.93$) with a mode of 4. The counsellors reported having supervised family violence counselling ranging from 0 to 1800 hours ($M = 319.03$, $SD = 453.76$), with a median of 145 hours and multiple modes of 100, 200, and 500 hours.

With regards to training in group counselling, 34 of the 37 respondents indicated that they had received such training. See Table 3 for a presentation of the results. The number of training opportunities employed by each respondent ranged from zero to nine ($M = 3.97$, $SD = 2.10$) with a mode of 3. The counsellors reported having supervised group counselling ranging from 0 to 5700 hours ($M = 366.24$, $SD = 996.31$), with a median of 100 hours and a mode of 100 hours.

Table 3

Question 11 and 13: Training in Family Violence Dynamics and Group Counselling

Training Method	Family Violence Training		Group Counselling Training	
	<i>f</i>	%	<i>f</i>	%
Conferences	31	(83.8)	23	(62.2)
Graduate Course	9	(24.3)	20	(54.1)
Graduate Lecture	15	(40.5)	11	(29.7)
Non-credit Course	11	(29.7)	8	(21.6)
Personal Study	34	(91.9)	34	(91.9)
Undergraduate Course	5	(13.5)	10	(27.0)
Undergraduate Lecture	12	(32.4)	11	(29.7)
Workshop	32	(86.5)	26	(70.3)
Other	13	(35.1)	12	(32.4)

Family violence knowledge and skill. Table 4 indicates the rating that the counsellors gave to themselves about their levels of knowledge in understanding family violence dynamics and level of skill in counselling clients presenting with family violence issues. Of the 37 counsellors who responded to the question about level of knowledge approximately 92% rated themselves as very or extremely knowledgeable. In regards to the question concerning family violence counselling skill approximately 84% of respondents rated themselves as very or extremely skilled.

Group counselling knowledge and skill. Table 4 also indicates the rating that the counsellors gave to themselves about their levels of knowledge in counselling abusive

men in a group setting and level of skill in counselling abusive men in a group setting.

Of the 37 counsellors who responded to the question about level of knowledge

approximately 89% rated themselves as very or extremely knowledgeable. In regards to

the question concerning family violence counselling skill approximately 87% of

respondents gave a rating of very or extremely skilled.

Table 4

Question 19-22: Family Violence/Group Counselling Knowledge and Skill

Rating	Family Violence Knowledge		Family Violence Skill		Group Counselling Knowledge		Group Counselling Skill	
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%
Not at All	0	(0)	0	(0)	0	(0)	0	(0)
Somewhat	0	(0)	0	(0)	0	(0)	1	(2.7)
Moderately	3	(8.1)	6	(16.2)	4	(10.8)	4	(10.8)
Very	20	(54.1)	23	(62.2)	23	(62.2)	26	(70.3)
Extremely	14	(37.8)	8	(21.5)	10	(27.0)	6	(16.2)
Total	37	100	37	100	37	100	37	100

The following is a profile representative of the participants of this study with regards to family violence and group counselling experience. A typical respondent had 11 years of full-time counselling experience and 4.5 years of part-time counselling experience. For nine of those years the counsellor had provided individual counselling to abusive men and for seven years had provided group counselling for abusive men. The respondent had facilitated four group programs in the past year, and 20 in his or her career. The counsellor has been trained in family violence counselling primarily through personal study, workshops, and conferences in addition to receiving between 100 and 200

hours of supervision. This family violence counselling training and supervision has resulted in a belief by the counsellor that he is both very knowledgeable and skilled with regards to family violence dynamics and counselling. The counsellor has also received training in group counselling, principally from personal study, workshops, conferences and graduate course, as well as 100 hours of group therapy supervision. This training and supervision also resulted in the opinion that he is very knowledgeable about and skilled in facilitating group counselling.

Theory influence. The responses to the items in question 23 investigating to what extent the group programs are influenced by various theories are outlined in Table 5. The percentage of respondents who were at least moderately influenced by the theories is as follows: 87% by feminist theory, 84% by cognitive-behavioural theory, 80% by systems theory, 46% by attachment theory, 38% by the transtheoretical model, and 34% by personality theory. In addition, over 50% ($n = 19$) of the respondents also rated cognitive-behavioural theory as mostly or entirely influencing their group program. Overall, it appears that personality theory was reported to have the least influence while cognitive-behavioural theory was reported to have the most influence.

When asked to list any other theories that influence their group programs 15 counsellors responded. The range of theories, to mention a few, includes narrative theory ($n = 3$), Alan Jenkins work on shame and responsibility ($n = 3$), solution-focus ($n = 2$), and native spirituality ($n = 1$). The theories were reported to influence the group program moderately by 33.3% of respondents ($n = 5$), mostly by 60.0% of respondents ($n = 9$), and entirely by 6.7% of respondents ($n = 1$).

Table 5

Question 23 a-f: Extent of Theory Influence on Group Program

Rating	Feminist Theory		Systems Theory		Attachment Theory		CBT ^a		Personality Theory		TTM ^b	
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%
Not at all	2	(5.4)	0	(0)	2	(5.7)	0	(0)	6	(16.2)	5	(13.9)
Somewhat	3	(8.1)	7	(20.0)	17	(48.6)	6	(16.2)	17	(48.6)	8	(22.2)
Moderately	22	(59.5)	20	(57.1)	15	(42.9)	12	(32.4)	12	(34.3)	10	(27.8)
Mostly	10	(27.0)	7	(20.0)	1	(2.9)	16	(43.2)	0	(0)	9	(25.0)
Entirely	0	(0)	1	(2.9)	0	(0)	3	(8.1)	0	(0)	2	(5.6)
Don't know what this is	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	2	(5.6)
Total	37	(100)	35	(100)	35	(100)	37	(100)	37	(100)	36	(100)

Note.^a Cognitive-behavioural theory. ^b Transtheoretical model.

Chapter 7: Program Dropout Definition and Rates Results

This second results chapter will be comprised of the participants' responses regarding client drop out from their group programs. The results presented in this chapter include dropout definition and dropout rates as well as inferences as to why these men drop out and strategies utilized to minimize the dropout rate.

Dropout Definition

When asked what criteria they use to classify a group member as having dropped out of the program the majority of the responses did not allow the client to miss more than one ($n = 16$, 43%) or two ($n = 11$, 30%) sessions. Respondents also gave reasons a client may be asked to not return to the group, and therefore would be considered a dropout. These reasons included inappropriate or disruptive behaviour, attended under the influence of alcohol or drugs, and continued partner abuse.

Dropout Rates

Items 25 and 26 asked the counsellors how many men drop out of their group program after attending an intake session or one group session respectively. A total of 36 counsellors responded to the first question concerning intake dropout resulting in a range of answers from 15% to 75% ($M = 40.08$, $SD = 14.69$) with modes of 30%, 45%, and 50% ($n = 6$). Figure 1 displays a bar graph of the results. The item concerning dropout after attending a group session resulted in 36 responses ranging from 10% - 50% ($M = 25.36$, $SD = 11.51$) with a mode of 20% ($n = 11$). Figure 2 displays a bar graph of the results.

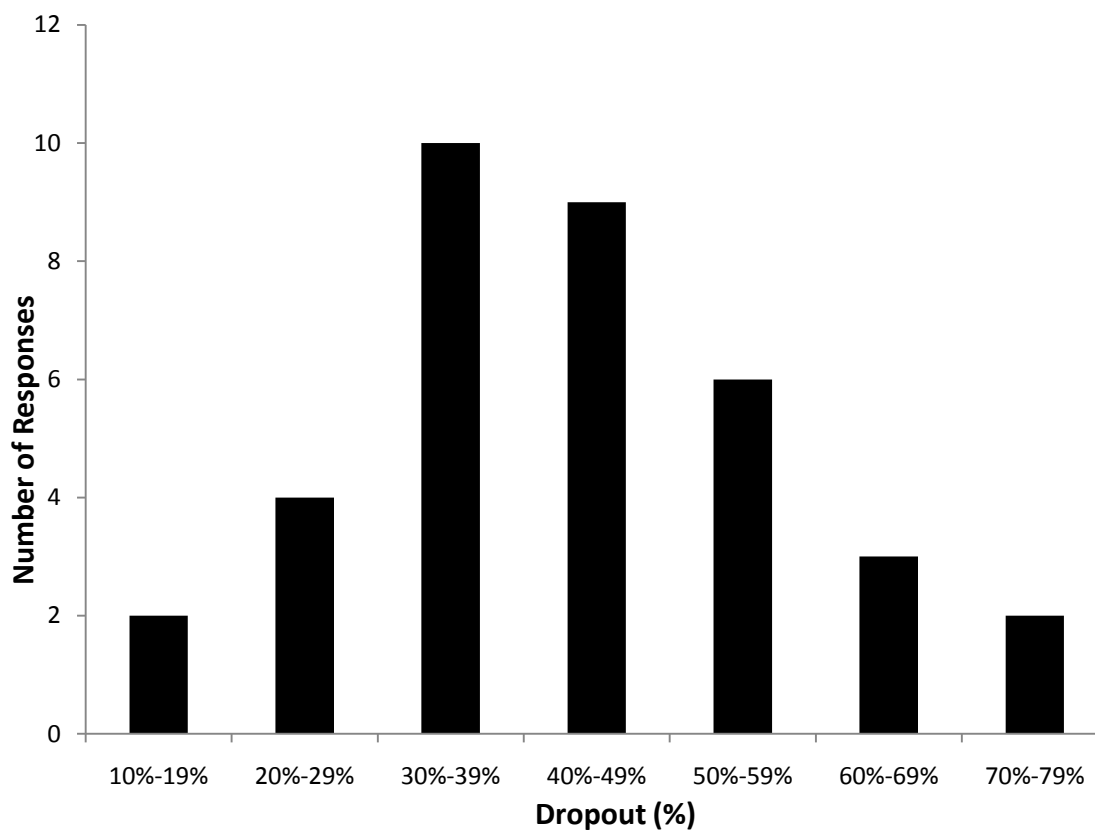


Figure 1. *Question 25: Approximate Dropout Ratings after an Intake Session*

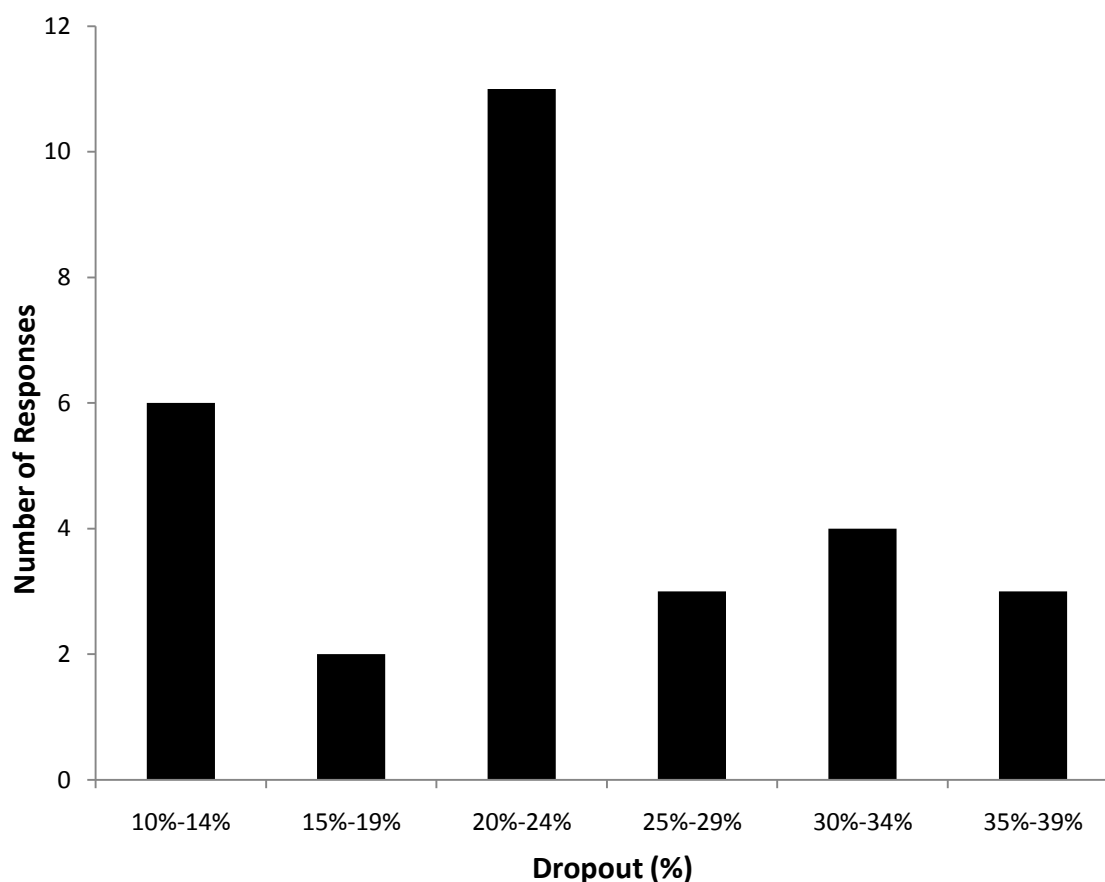


Figure 2. *Question 26: Approximate Dropout Ratings after Attending One Session*

Inferences about Dropout

After reporting rates of dropout following intake group attendance the respondents were asked to record any inferences they may have as to why these men dropped out. As depicted in Table 6, there were two dominant themes that arose from the results as well as a number of other themes that had lower frequency counts. The themes of scheduling conflict ($n = 16$: 43%) and addictions ($n = 15$: 40%) were the inferences most often given followed by client motivation/readiness to change ($n = 12$: 32%). The category labeled “other” was comprised of themes that received fewer than three responses, such as changes in relationship with partner (either ended or back together, re-arrest, childcare, and finances).

Table 6

Question 25b: Inferences Why Men Drop Out After Intake

Inferences	<i>f</i>	%
Work/schedule conflicts	16	43.2%
Addictions	15	40.5%
Motivation/not ready to change	12	32.4%
Blaming/not taking responsibility	9	24.3%
Mental health/trauma issues	5	13.5%
Inadequate Program/Facilitator	3	8.1%
Legal pressure removed	3	8.1%
Shame/fear of emotional vulnerability	3	8.1%
Other (frequency counts of 2 or less)	12	32.4%
n = 37		

As shown by Table 7, there was no one dominant theme that emerged from the data with regards to respondents' inferences about why men drop out of the group program after attending at least one session. The most cited reasons for men dropping out of the group were addiction issues and a lack of responsibility for their actions, followed by conflicts with work commitments, a lack of readiness to change, and client suitability for the group and connection to the group. Once again, the category labeled "other" was comprised of themes that received fewer than three responses such as knowing other group members, time lapse from referral to group beginning and mental health issues.

Table 7

*Question 26b: Inferences Why Men Drop Out After Attending at Least One Group**Session*

Inferences	<i>f</i>	%
Blaming/not taking responsibility	11	29.7%
Addictions	11	29.7%
Work/schedule conflicts	9	24.3%
Motivation/not ready to change	8	21.6%
Group suitability/connection to group	8	21.6%
Legal changes/re-arrest	5	13.5%
Other (frequency counts of 2 or less)	15	40.5%
n = 37		

Strategies to Decrease Dropout

Ninety seven percent of the participants (n = 36) responded to the question inquiring about strategies respondents use to lower the probability of clients dropping out of the groups (see Table 8). There were no dominant emerging themes that appear in the data with regards to the question. The number one strategy for reducing the dropout rate was utilizing individual sessions either before the group program begins or periodically throughout the group program (n = 12: 33%), followed by using active engagement strategies (n = 8: 22%), using a non-judgmental approach (n = 6: 17%), and regular contact with the referral source such as child welfare or probation officer (n = 6: 17%). The category labeled “other” included a number of themes that received two or fewer

responses such as being flexible in regards to the time and length of the program, incorporating native spirituality, and using repetition and simple terms.

Table 8

Question 27: Strategies Used to Decrease Dropout

Inferences	<i>f</i>	%
Individual sessions	12	33.3%
Active engagement strategies	8	22.2%
Non-judgmental approach	6	16.7%
Contact with probation	6	16.7%
Attendance follow-up	3	8.5%
Stress responsibility to the group	3	8.5%
Referral to addictions counselling	3	8.5%
Regular partner contact	3	8.5%
Clear group expectations	3	8.5%
Other (frequency counts of 2 or less)	9	25.0%
n = 36		

In summary, most of the respondents considered a client to have dropped out of their group program after he had missed one or two group sessions. The respondents also gave an average dropout rate following an intake session of 40% and following attendance at one group session of 25%. The inferences given as to why the men dropped out included scheduling conflicts, addictions, a lack of readiness to change, and a lack of personal responsibility. The respondents also gave several strategies which they

employed to reduce the dropout rate including individual sessions, active engagement strategies, using a non-judgmental approach, and contact with a probation officer.

Chapter 8: Results Regarding Client Variables Predicting Likelihood to Dropout

This chapter outlines the results regarding the 44 client variables that were theoretically linked to group treatment attrition in the literature review. This chapter is organized by presenting the data analyses according to the research questions outlined in Chapter 5. The questions were answered by utilizing a number of quantitative analysis methods (Chi square analysis, Mann-Whitney U tests, and Kendall's tau-b correlations).

Research Question 1

The first research question put forward by this study asked: "What is the opinion of counsellors about what variables characterize men who drop out of group programs for domestic violence?" In order to answer this question it was necessary to compare the number of ratings in each category for each of the 44 items in the third part of the survey (see Appendix J for a list of the items and their corresponding numbers). The survey provided five rating categories that the respondent could select from: two if a client is unlikely to drop out (very unlikely and unlikely), one if the variable has no effect on drop out, and two if the client is likely to drop out (likely and very likely). For the following analyses these five categories were collapsed into three categories in order to meet the assumptions of the Chi square test. The "very unlikely" and "unlikely" categories were combined into one category, the "no effect" category was retained, and the "very likely" and "likely" categories were combined together.

Chi square analyses were conducted on the 44 variables to test whether there were significant differences in the counts between the categories. On the items that were found to have significant differences ($p < .05$), post hoc Chi square analyses were then conducted to determine in which ways the three categories differed from one another.

This post hoc analyses consisted of three separate Chi square analyses comparing each category with the other two categories. In order to control for Familywise Type I error a modified Bonferroni procedure suggested by Keppel (1991) was used, resulting in an alpha level of $p \leq 0.0475$ to indicate statistical significance.

The presentation of these results are split into four sections: demographic variables, psychological variables, client-group variables, and client-therapist variables. A rating in the “likely” category is said to have a positive impact on client drop out while a rating in the “unlikely” category is said to have a negative impact on client drop out.

Demographic variables. The results of the Chi square analyses for the 12 demographic variables are discussed in the following paragraphs and displayed in Table 9 below. The actual wording of each item as it appears on the survey with the corresponding description used in the tables is presented in Appendix J. Recall that the question being answered is “How likely the man is to drop out from a group treatment program?”

Criminal record. A significantly greater number of respondents (73.5%) rated having a criminal record as having a positive impact on drop out than the number of respondents (23.5%) that rated the variable as having no impact on drop out. Significantly less respondents (2.9%) rated the variable as having a negative impact on the client’s likelihood to drop out than either of the other two rating categories.

Table 9

Questions 28-39: A Priori and Post Hoc Chi Square Analyses Comparing Dropout

Ratings of Demographic Variables

Item	Frequency			Test	χ^2	df	p
	Unlikely (UL)	No Effect (NE)	Likely (L)				
Criminal Record	1	8	25	A priori	26.882	2	.000*
				UL to NE	5.444	1	.020*
				NE to L	8.758	1	.003*
				UL to L	22.154	1	.000*
Unemployed	1	9	25	A priori	25.600	2	.000*
				UL to NE	6.400	1	.011*
				NE to L	7.529	1	.006*
				UL to L	22.154	1	.000*
Prior Counselling	24	9	2	A priori	21.657	2	.000*
				UL to NE	6.818	1	.009*
				NE to L	4.455	1	.035*
				UL to L	18.615	1	.000*
Three young children	24	11	0	A priori	4.829	2	.028*
				UL to NE	4.829	1	.028*
				NE to L	11.000	1	.001*
				UL to L	24.000	1	.000*
College Education	8	26	1	A priori	28.514	2	.000*
				UL to NE	9.529	1	.002*
				NE to L	23.148	1	.000*
				UL to L	5.444	1	.020*
Court-mandated	21	9	5	A priori	11.886	2	.003*
				UL to NE	4.800	1	.028*
				NE to L	1.143	1	.285
				UL to L	9.846	1	.002*

(Continued)

Item	Frequency			Test	χ^2	df	p
	Unlikely (UL)	No Effect (NE)	Likely (L)				
Self-referred	27	5	3	A priori	13.400	2	.000*
				UL to NE	15.125	1	.000*
				NE to L	0.500	1	.480
				UL to L	19.200	1	.000*
Prior domestic charges	5	9	21	A priori	11.886	2	.003*
				UL to NE	1.143	1	.285
				NE to L	4.800	1	.028*
				UL to L	9.846	1	.002*
Grade 10 education	3	25	7	A priori	23.543	2	.000*
				UL to NE	17.286	1	.000*
				NE to L	10.125	1	.001*
				UL to L	1.600	1	.206
Non-mainstream culture	2	12	21	A priori	15.486	2	.000*
				UL to NE	7.143	1	.008*
				NE to L	2.455	1	.117
				UL to L	15.696	1	.000*
Single	2	19	14	A priori	13.086	2	.001*
				UL to NE	13.762	1	.000*
				NE to L	0.758	1	.384
				UL to L	9.000	1	.003*
22 years old	4	11	20	A priori	11.029	2	.004*
				UL to NE	3.267	1	.071
				NE to L	2.613	1	.106
				UL to L	10.667	1	.001*

Note.

* denotes statistically significant results.

Unemployed. A significantly greater number of respondents (71.4%) rated being unemployed as having a positive impact on drop out than the number of respondents (22.9%) that rated the variable as having no impact on drop out. Significantly less

respondents (2.9%) rated unemployment as having a negative impact on the client's likelihood to drop out than either of the other two rating categories.

Prior counselling. A significantly greater number of respondents (68.6%) rated receiving prior counselling for a non-related issue as having a negative impact on drop out than the number of respondents (23.5%) that rated the variable as having no impact on drop out. Significantly less respondents (5.7%) rated the variable as having a positive impact on the client's likelihood to drop out than either of the other two rating categories.

Client with children. A significantly greater number of respondents (68.6%) rated a client with three children as being unlikely to drop out than the number of respondents (31.4%) that rated the variable as having no impact on drop out. There were no respondents who rated the variable as having a positive impact on drop out, significantly less respondents than either of the other two categories.

College education. A significantly greater number of respondents (74.3%) rated having a college education as having no impact on drop out than the number of respondents (22.9%) that rated the variable as having a negative impact on drop out. Significantly less respondents (2.9%) rated the variable as having a positive impact on the client's likelihood to drop out than either of the other two rating categories.

Court-mandated attendance. A significantly greater number of respondents (60.0%) rated the a client who is court-mandated to attend the group as unlikely to drop out than the number of respondents (25.7%) that rated the variable as having no impact on drop out or those that rated the variable as having a positive effect (14.3%). There was no statistically significant difference between the number of ratings for no effect and likely to drop out.

Self-referred. A significantly greater number of respondents (77.1%) rated the self-referred client as being unlikely to drop out than the number of respondents (14.3%) that rated the variable as having no impact on drop out or those that rated the variable as having a positive effect (8.6%). There was no statistically significant difference between the number of ratings for no effect and likely to drop out.

Previous domestic violence charges. A significantly greater number of respondents (60.0%) rated previous domestic violence charges as having a positive impact on drop out than the number of respondents (25.7%) that rated the variable as having no impact on drop out or those that rated the variable as having a negative effect (14.3%). There was no statistically significant difference between the number of ratings for no effect and unlikely to drop out.

Grade 10 education. A significantly greater number of respondents (71.4%) rated having a grade 10 education as having no effect on drop out than the number of respondents (20.0%) that rated the variable as having a positive impact on drop out or those that rated the variable as having a negative effect (8.6%). There was no statistically significant difference between the number of ratings for likely to drop out and unlikely to drop out.

Visible minority. Significantly more respondents rated the variable of a visible minority client either as having a positive impact (60%) or no effect on drop out (34.3%), than the number of respondents (5.7%) who rated the client as less likely to drop out. There was no statistically significant difference between the number of ratings for likely to drop out and no effect on drop out.

Single, never married. The vast majority of respondents rated the variable of being single either as having no impact on drop out (54.3%) or as having a positive impact on drop out (40.0%), both significantly greater than the number of respondents who rated a single client as less likely to drop out (5.7%). There was no statistically significant difference between the number of ratings for likely to drop out and no effect on drop out.

22-years old. A significantly greater number of respondents (57.1%) rated the variable of a 22-year old client as having a positive effect on drop out than the number of respondents (11.4%) that rated the variable as having a negative impact on drop out. There was no statistically significant differences between the number of ratings (31.4%) for no effect on drop out and either of unlikely to drop out or likely to drop out.

The results demonstrate that several client demographic variables were judged by the counsellors to impact drop out. The counsellors judged to a client's level of lifestyle instability (criminal record, unemployment, marital status, and supporting dependents) as increasing the risk of client attrition. In addition, a client with a history of partner violence charges and a client of a visible minority group also received ratings of an increased risk of drop out. Meanwhile, a client with unrelated prior counselling experience was seen as less likely to drop out. Surprisingly, a client's level of education was rejected as having any impact on drop out while a client's referral source (self-referred or court-mandated) were both judged to decrease the risk of drop out. The implications of these results will be discussed in Chapter 9.

Psychological variables. The results of the Chi square analyses for the 12 psychological variables are discussed in the following paragraphs and displayed in Table

10 below. The actual wording of each item as it appears on the survey is available in Appendix J. Recall that the question being answered is “How likely the man is to drop out from a group treatment program?”

Difficulty with abstract thought. A significantly greater number of respondents (73.5%) rated difficulty with abstract thought as having a positive impact on drop out than the number of respondents (23.5%) that rated the variable as having no impact on drop out. Significantly less respondents (2.9%) rated this difficulty as having a negative impact on the client’s likelihood to drop out than either of the other two rating categories.

Habitual drug user. A significantly greater number of respondents (91.4%) rated drug use as having a positive impact on drop out than the number of respondents (8.6%) that rated the variable as having no impact on drop out or those that rated the variable as having a negative effect (0.0%). There was no statistically significant difference between the number of ratings for no effect and unlikely to drop out.

Alcoholic. A significantly greater number of respondents (68.6%) rated alcoholism as having a positive impact on drop out than the number of respondents (17.1%) that rated the variable as having no impact on drop out or those that rated the variable as having a negative effect (14.3%). There was no statistically significant difference between the number of ratings for no effect and unlikely to drop out for an alcoholic client.

Table 10

Questions 42-53: A Priori and Post Hoc Chi Square Analyses Comparing Dropout

Ratings of Psychological Variables

Item	Frequency			Test	χ^2	df	p
	Unlikely (UL)	No Effect (NE)	Likely (L)				
Difficulty with abstract thought	1	8	25	A priori	26.882	2	.000*
				UL to NE	5.444	1	.020*
				NE to L	8.758	1	.003*
				UL to L	22.154	1	.000*
Drug-using client	0	3	32	A priori	24.029	2	.000*
				UL to NE	3.000	1	.083
				NE to L	24.029	1	.000*
				UL to L	32.000	1	.000*
Precontemplation stage – extreme	2	5	28	A priori	34.686	2	.000*
				UL to NE	1.286	1	.257
				NE to L	16.030	1	.000*
				UL to L	22.533	1	.000*
Alcoholic client	5	6	24	A priori	19.600	2	.000*
				UL to NE	0.091	1	.763
				NE to L	10.800	1	.001*
				UL to L	12.448	1	.000*
Precontemplation stage	6	5	24	A priori	19.600	2	.000*
				UL to NE	0.091	1	.763
				NE to L	12.448	1	.000*
				UL to L	10.800	1	.001*
Antisocial generalized aggressor	7	8	20	A priori	8.971	2	.011*
				UL to NE	35.000	1	.796
				NE to L	5.143	1	.023*
				UL to L	6.259	1	.012*

(Continued)

Item	Frequency			Test	χ^2	df	p
	Unlikely (UL)	No Effect (NE)	Likely (L)				
Maintenance stage	36	0	0	A priori	72.000	2	.000*
				UL to NE	36.000	1	.000*
				NE to L	Test not performed as no data available		
				UL to L	36.000	1	.000*
Action stage	35	0	0	A priori	70.000	2	.000*
				UL to NE	35.000	1	.000*
				NE to L	Test not performed as no data available		
				UL to L	35.000	1	.000*
Preparation stage	32	3	1	A priori	50.167	2	.000*
				UL to NE	24.029	1	.000*
				NE to L	1.000	1	.317
				UL to L	29.121	1	.000*
Contemplation stage	29	4	2	A priori	38.800	2	.000*
				UL to NE	18.939	1	.000*
				NE to L	0.667	1	.414
				UL to L	23.516	1	.000*
Emotionally volatile aggressor	23	8	4	A priori	17.200	2	.000*
				UL to NE	7.258	1	.007*
				NE to L	1.333	1	.248
				UL to L	13.370	1	.000*
Family-only aggressor	12	9	13	A priori	0.765	2	.682

Note.

* denotes statistically significant results.

Extreme precontemplation stage of change. A significantly greater number of respondents (80.0%) rated the extreme precontemplation stage of change as having a positive impact on drop out than the number of respondents (14.3%) that rated the

variable as having no impact on drop out or those that rated the variable as having a negative effect (5.7%). There was no statistically significant difference between the number of ratings for no effect and unlikely to drop out.

Precontemplation stage of change. A significantly greater number of respondents (68.6%) rated the precontemplation stage of change as having a positive impact on drop out than the number of respondents (17.1%) that rated the variable as having a negative impact on drop out or those that rated the variable as having no effect (14.3%). There was no statistically significant difference between the number of ratings for no effect and unlikely to drop out.

Contemplation stage of change. A significantly greater number of respondents (88.9%) rated the contemplation stage of change as having a negative impact on drop out than the number of respondents (8.3%) that rated the variable as having no impact on drop out or those that rated the variable as having a positive effect (2.8%). There was no statistically significant difference between the number of ratings for no effect and unlikely to drop out.

Preparation stage of change. A significantly greater number of respondents (82.9%) rated the preparation stage of change as having a negative impact on drop out than the number of respondents (11.4%) that rated the variable as having no impact on drop out or those that rated the variable as having a positive effect (5.7%). There was no statistically significant difference between the number of ratings for no effect and unlikely to drop out.

Action stage of change. All of the respondents (100%) rated the action stage of change as having a negative impact on drop out, a significantly greater number than

either of the other two categories. The post hoc Chi square analysis could not be performed to compare the number of ratings for the categories of “No Effect” or “Likely” as there were no responses in either category.

Maintenance stage of change. Similar to the action stage variable, all of the respondents (100%) rated a client in the maintenance stage of change as unlikely to drop out, a significantly greater number than either of the other two categories. The post hoc Chi square analysis could not be performed to compare the number of ratings for the categories of “No Effect” or “Likely” as there were no responses in either category.

Antisocial generalized aggressor. A significantly greater number of respondents (57.1%) predicted that an antisocial generalized aggressor would be likely to drop out of the program than the number of respondents (22.9%) that rated the variable as having a no impact on drop out or those that rated the client as being more likely to remain in the group (20.0%). There was no statistically significant difference between the number of ratings for no effect and unlikely to drop out.

Emotionally volatile or borderline personality aggressor. A significantly greater number of respondents (65.7%) rated a client who demonstrates borderline personality traits as being unlikely to drop out than the number of respondents (22.9%) that rated the variable as having a no impact on drop out or those that rated the variable as having a positive effect (11.4%). There was no statistically significant difference between the number of ratings for no effect and unlikely to drop out.

Family only aggressor. With regards to the item inquiring about the family only aggressor there were no significant differences found between the observed counts of the three rating categories for this variable. Of the responses, 35.3% were in the unlikely to

drop out category, 26.5% were in the no effect category, and 38.2% were in the likely to drop out category.

In general, the psychological variables investigated in this study were overwhelmingly judged by the counsellors to be significantly related to client drop out. The variables related to stages of change demonstrated that clients in the precontemplation stages of changes are quite likely to drop out while those in the remaining stages are unlikely to drop out. As well, clients struggling with addictions were expected by an overwhelming majority of the counsellors to drop out of the group, as was a client who struggles with understanding abstract thought. The effects of the three different types of batterer typology was also interesting. Counsellors expected an antisocial, generalized aggressor to be likely to drop out and an emotionally volatile aggressor displaying borderline personality characteristics as unlikely to drop out. The counsellors expected the variable of being a family only aggressor as having no effect on dropout. Overall, counsellors indicated that the psychological variables suggested by the survey were variables that are valuable to distinguish clients who are likely to drop out of the group program from those who are not.

Client-group variables. The results of the Chi square analyses for the 12 client-group variables are discussed in the following paragraphs and displayed in Table 11 below. Appendix J displays the actual description of each variable as it was found on the survey. Recall that the question being answered is “How likely the man is to drop out from a group treatment program?”

Table 11

Questions 56-67: A Priori and Post Hoc Chi Square Analyses Comparing Dropout

Ratings of Client-Group Variables

Item	Frequency			Test	χ^2	df	p
	Unlikely (UL)	No Effect (NE)	Likely (L)				
Misses two sessions	1	7	29	A priori	35.243	2	.000*
				UL to NE	4.500	1	.034*
				NE to L	13.444	1	.000*
				UL to L	26.133	1	.000*
Wave phenomenon	2	11	23	A priori	18.500	2	.000*
				UL to NE	6.231	1	.013*
				NE to L	4.235	1	.040*
				UL to L	17.640	1	.000*
Closed group	24	11	1	A priori	22.167	2	.000*
				UL to NE	4.829	1	.028*
				NE to L	8.333	1	.004*
				UL to L	21.160	1	.000*
Storming stage	3	8	25	A priori	22.167	2	.000*
				UL to NE	2.273	1	.132
				NE to L	8.758	1	.003*
				UL to L	17.286	1	.000*
Hostile client	4	8	24	A priori	18.667	2	.000*
				UL to NE	1.333	1	.248
				NE to L	8.000	1	.005*
				UL to L	14.286	1	.000*
Open group	3	9	23	A priori	18.057	2	.000*
				UL to NE	3.000	1	.083
				NE to L	6.125	1	.013*
				UL to L	15.385	1	.000*

(Continued)

Item	Frequency			Test	χ^2	df	p
	Unlikely (UL)	No Effect (NE)	Likely (L)				
Performing stage	37	0	0	A priori	74.000	2	.000*
				UL to NE	37.000	1	.000*
				NE to L	Test not performed as no data available		
				UL to L	37.000	1	.000*
Norming stage	36	1	0	A priori	33.108	2	.000*
				UL to NE	33.108	1	.000*
				NE to L	1.000	1	.317
				UL to L	36.000	1	.000*
Adjourning stage	35	1	0	A priori	32.111	2	.000*
				UL to NE	32.111	1	.000*
				NE to L	1.000	1	.317
				UL to L	35.000	1	.000*
Forming stage	25	8	3	A priori	22.167	2	.000*
				UL to NE	8.758	1	.003*
				NE to L	2.273	1	.132
				UL to L	17.286	1	.000*
Quiet client	4	29	3	A priori	36.167	2	.000*
				UL to NE	18.939	1	.000*
				NE to L	21.125	1	.000*
				UL to L	0.143	1	.705
No-fee	4	19	13	A priori	9.500	2	.009*
				UL to NE	9.783	1	.002*
				NE to L	1.125	1	.289
				UL to L	4.765	1	.029*

Note.

* denotes statistically significant results.

Misses first two sessions. A significantly greater number of respondents (78.4%) rated a client who misses the first two sessions as being more likely to drop out than the number of respondents (18.9%) that rated the variable as having no impact on drop out.

Significantly less respondents (2.7%) rated the the client as the client as likely to drop out than either of the other two rating categories.

Three other members drop out. A significantly greater number of respondents (63.9%) rated having three other members drop out as having a positive impact on drop out than the number of respondents (30.6 %) that rated the variable as having no impact on drop out. Significantly less respondents (5.6%) rated the variable as having a negative impact on the client's likelihood to drop out than either of the other two rating categories.

Hostile to other members. A significantly greater number of respondents (66.7%) rated a client who is hostile to other members as more likely to drop out than the number of respondents (22.2%) that rated the variable as having no impact on drop out or those that rated the variable as having a negative effect (11.1%). There was no statistically significant difference between the number of ratings for no effect and unlikely to drop out.

Quiet, non-disclosing member. A significantly greater number of respondents (90.6%) rated the variable as having no impact on drop out than the number of respondents (11.1%) that rated the variable as having a negative impact on drop out or those that rated the variable as having a positive effect (8.3%). There was no statistically significant difference between the number of ratings for likely and unlikely to drop out.

No fee for group. Over half of the respondents (52.8%) rated the variable of a client who doesn't pay a fee for the group as having no impact on likelihood to drop out, while 36.1% of respondents rated the variable as having a positive impact on drop out. Both of these categories had a significantly greater number of ratings than the rating of

unlikely to drop out (11.1%). There was no statistically significant difference between the number of ratings for no effect and likely to drop out.

Closed group. A significantly greater number of respondents (66.7%) rated a group in which no new members can join as having a negative impact on drop out than the number of respondents (30.6 %) that rated the variable as having no impact on drop out. Significantly less respondents (2.8%) rated the variable as having a positive impact on the client's likelihood to drop out than either of the other two rating categories.

Open group. A significantly greater number of respondents (65.7%) rated a group in which new members can join at any time as having a positive impact on drop out than the number of respondents (25.7%) that rated the variable as having no impact on drop out or those that rated the variable as having a negative effect (8.6%). There was no statistically significant difference between the number of ratings for no effect and unlikely to drop out.

Forming stage of group development. A significantly greater number of respondents (69.4%) rated a group in the forming stage of group development as having a negative impact on client drop out than the number of respondents (22.2%) that rated the variable as having no impact on drop out or those that rated the variable as having a positive effect (8.3%). There was no statistically significant difference between the number of ratings for no effect and unlikely to drop out.

Storming stage of group development. With regards to a group in the storming stage of group development a significantly greater number of respondents (69.4%) rated the variable as having a positive impact on drop out than the number of respondents (22.2%) that rated the variable as having no impact on drop out or those that rated the

variable as having a negative effect (8.3%). There was no statistically significant difference between the number of ratings for no effect and unlikely to drop out.

Norming stage of group development. A client in a group in the norming stage of group development was rated by a significantly greater number of respondents (97.3%) as being more likely to drop out than the number of respondents (2.7%) that rated the variable as having no impact on drop out or those that rated the variable as having a positive effect (0.0%). There was no statistically significant difference between the number of ratings for no effect and unlikely to drop out.

Performing stage of group development. All of the respondents (100.0%) rated the variable as having a negative impact on drop out, significantly more than the number of respondents (0.0%) that rated the variable as having a no impact on drop out or those that rated the variable as having a negative effect (0.0%). The post hoc Chi square analysis could not be performed to compare the number of ratings for the categories of “No Effect” or “Likely” as there were no responses in either category.

Adjourning stage of group development. Almost all of the respondents (97.2%) rated the a group in the adjourning stage of group development as having a negative impact on drop out, significantly more than the number of respondents (2.8%) that rated the variable as having no impact on drop out or those that rated the variable as having a positive effect (0.0%). There was no statistically significant difference between the number of ratings for no effect and unlikely to drop out.

The above results demonstrate the way in which client-group variables are seen by counsellors to be related to group attrition rates. There is a clear recognition by the counsellors that a client is very likely to drop out of group in the storming stage of group

development unlikely to drop out in the remaining stages. The respondents also endorsed many of the other group variables as useful in identifying a client as likely to drop out including open groups, missing the first two sessions, other members leaving the group and a hostile member. The majority of these client factors were previously unresearched variables with regards to attrition. However, their endorsement clearly identifies this as a potentially rich area for future research.

Client-therapist variables. The results of the Chi square analyses for the eight client-therapist variables are discussed in the following paragraphs and displayed in Table 12 below. The actual wording of each variable as it was found on the survey is presented in Appendix J. Recall that the question being answered is “How likely the man is to drop out from a group treatment program?”

Therapist understands client’s problems. Most respondents (82.9%) rated the variable of a client stating that the therapist understands his problems as having a negative impact on drop out, significantly more than the number of respondents (17.1%) that rated the variable as having no impact on drop out. Significantly less respondents (0.0%) rated the variable as having a positive impact on the client’s likelihood to drop out than either of the other two rating categories.

Agreement on treatment goals. When the client and the counsellor agree on treatment goals a significantly greater number of respondents (71.4%) expected the client to not drop out of treatment than the number of respondents (28.6%) that rated the variable as having no impact on drop out. Significantly less respondents (0.0%) rated the

Table 12

Questions 70-77: A Priori and Post Hoc Chi Square Analyses Comparing Dropout

Ratings of Client-Therapist Variables

Item	Frequency			Test	χ^2	df	p
	Unlikely (UL)	No Effect (NE)	Likely (L)				
Counsellor understands problem	29	6	0	A priori	15.144	2	.000*
				UL to NE	15.114	1	.000*
				NE to L	6.000	1	.014*
				UL to L	29.000	1	.000*
Agreement on treatment goals	25	10	0	A priori	6.429	2	.011*
				UL to NE	6.429	1	.011*
				NE to L	10.000	1	.002*
				UL to L	25.000	1	.000*
Different perspective on problem	5	10	20	A priori	10.000	2	.007*
				UL to NE	1.667	1	.197
				NE to L	3.333	1	.068
				UL to L	9.000	1	.003*
Acquaintance of co- facilitator	3	13	17	A priori	9.455	2	.009*
				UL to NE	6.250	1	.012*
				NE to L	0.533	1	.465
				UL to L	9.800	1	.002*
Counsellors not part of cultural group	2	16	16	A priori	11.529	2	.003*
				UL to NE	10.889	1	.001*
				NE to L	0.000	1	1.000
				UL to L	10.889	1	.001*
20 years younger	5	27	3	A priori	30.400	2	.000*
				UL to NE	15.125	1	.000*
				NE to L	19.200	1	.000*
				UL to L	0.500	1	.480
Could have been friends	6	27	2	A priori	30.914	2	.000*
				UL to NE	13.364	1	.000*
				NE to L	21.552	1	.000*
				UL to L	2.000	1	.157

(Continued)

Item	Frequency			Test	χ^2	df	p
	Unlikely (UL)	No Effect (NE)	Likely (L)				
Counsellor dislikes personality	3	23	9	A priori	18.057	2	.000*
				UL to NE	15.385	1	.000*
				NE to L	6.125	1	.013*
				UL to L	3.000	1	.083

Note.

* denotes statistically significant results.

variable as having a positive impact on the client's likelihood to drop out than either of the other two rating categories.

Different perspectives on problem. A significantly greater number of respondents (57.1%) rated a client who has a different perspective on the problem than the counsellor as likely to drop out than the number of respondents (28.6%) that rated the variable as having no impact on drop out or those that rated the variable as having a negative effect (14.3%). There was no statistically significant difference between the number of ratings for no effect and unlikely to drop out.

Acquaintance of co-facilitator. When the client was a former acquaintance of the co-facilitator over half of the respondents rated the client as likely to drop out (51.5%) and 39.4% of respondents rated the variable as having no effect on likelihood to drop out, both significantly greater than the number of respondents who rated the variable as having a negative impact on drop out (9.1%). There was no statistically significant difference between the number of ratings for no effect and likely to drop out.

Client younger than male facilitator. A significantly greater number of respondents (77.1%) rated the variable of a client being younger than the male facilitator as having no impact on drop out than the number of respondents (8.6%) that rated the

variable as having a positive effect on drop out or those that rated the variable as having a negative effect (14.3%). There was no statistically significant difference between the number of ratings for likely and unlikely to drop out.

Therapists not part of group's cultural background. An equal number of respondents rated the variable of a therapist not being part of a group's cultural background either as having no impact on drop out (47.1%) or as having a positive effect on drop out (47.1%), both significantly more than the number of respondents who rated the variable as having a negative effect on drop out (5.9%). There was no statistically significant difference between the number of ratings for no effect and likely to drop out.

Could have been friends with client. A significantly greater number of respondents (77.1%) rated the fact that they felt they could have been friends with this client as having no impact on drop out than the number of respondents (17.1%) that rated the variable as having a negative effect on drop out or those that rated the variable as having a positive effect (5.7%). There was no statistically significant difference between the number of ratings for likely and unlikely to drop out.

Therapist dislikes personality. When asked if their dislike for a client's personality would impact that client's likelihood to drop out a significantly greater number of respondents (65.7%) rated the variable as having no impact on drop out than the number of respondents (25.7%) that rated the variable as having a positive effect on drop out or those that rated the variable as having a negative effect (8.6%). There was no statistically significant difference between the number of ratings for likely and unlikely to drop out.

The results of the client-counsellor variable ratings show that counsellors endorse some of the factors as impacting attrition rates, but resoundingly reject others as having any impact. Coming to a common understanding of the presenting issue and treatment goals was seen by a majority of the counsellors as effective in reducing drop out. However, there was a rejection of a counsellor's cultural background or personal opinions about a client's personality as having any impact on a client's decision to remain or not to remain in the group. The significance and application of these results will be discussed in Chapter 9.

Research Question 2

The second research question put forward by this study asked: "How do counsellors' responses about the variables characterizing men who drop out differ based on demographic characteristics of the counsellor?" This section will outline the statistically significant differential dropout ratings in Part III of the survey based upon the demographic variables found in Part I of the survey.

In order to answer the second (and third) research question each of the dropout variables in Part III of the survey are included resulting in a total of 27 different analyses. To compensate for the increased Familywise Type I error that this number of analyses produces a modified Bonferroni procedure was used (Keppel, 1991). The modified bonferroni procedure resulted in an alpha level of $p \leq 0.028$ in order to achieve statistical significance.

Sex. Mann-Whitney U tests were utilized because of the ordinal nature of the dropout variable data and the nominal nature of the sex variable. There were no significant differences in the average rank of the ratings of likelihood to drop out on any

of the variables based upon gender of the respondent. Thus, the respondents' ratings of a client's likelihood to drop out of the group did not differ based on the gender of the respondents on any of the 44 variables.

Age. Kendall's tau-b correlation analyses were used to determine if there were any relationships between any of the variables in Part III of the questionnaire and the age of the respondent. Table 13 outlines the results of these analyses, in which two variables were significantly correlated with the variable age ($p \leq 0.028$). The results demonstrate a significant negative correlation between respondent age and the likelihood to drop out rating given to a 22-year old client (item 32). The results also show that the greater the age of the respondent the higher the rating of the client's likelihood to drop out was given for a client with difficulties with abstract thought (item 52).

Population. A similar analysis was used to determine if there was any relationship between the population of the community in which the respondents provided services and the variables listed in Part III of the survey. As shown in Table 13, three client factors were found to have a significant relationship with this variable ($p \leq 0.028$). The results show a series of significant negative correlations with each of the variables, such that the smaller the population of the community the more likely the following clients are expected to drop out: a client who is a visible minority (item 29), a client who is self-referred to the group (item 31), and a client who has previously attended individual counselling for an unrelated issue (item 34).

Table 13

Bivariate Correlations of Ratings of Likelihood to Drop Out with Respondent Age and Population of Community

Item		Age	Population
Non-mainstream culture	τ		-.541
	p		.003*
	n		23
Self-referred	τ		-.387
	p		.023*
	n		23
Prior Counselling	τ		-.386
	p		.024*
	n		23
22-years old	τ	-.357	
	p	.010*	
	n	34	
Difficulty with abstract thought	τ	.360	
	p	.014*	
	n	33	

Note.

* denotes statistically significant results.

Province. Mann-Whitney U tests were utilized in these analyses. Using this method of analysis, the likelihood to drop out ratings are ranked from highest to lowest. The average rank of the provinces are compared and the province with the statistically greater average rank judged the client in the scenario to be more likely to dropout of the group program. As outlined in Table 14 there were two items for which there was a statistical difference between the average rank of respondents from Alberta and respondents from British Columbia ($p \leq 0.028$). The results imply that respondents from

the province of Alberta judge a 22-year old client (item 32) as less likely to drop out than do their British Columbia counterparts. Respondents from Alberta were more likely to rate a client with three young children (item 35) as likely to dropout than were respondents from British Columbia.

Table 14

Mann Whitney U test Analyses Comparing Mean Rank of Variable Ratings of Dropout by Province

Item	Average Alberta Rank	Average British Columbia Rank	Mann Whitney U	<i>p</i>
22 years old	14.13	21.77	78.500	.013*
Has three Children	20.68	13.47	82.000	.023*

Note.

* denotes statistically significant results.

Place of practice. Mann-Whitney U tests were utilized for this analysis. However, due to the assumptions that must be met for this test (i.e., a cell size of 5 in at least 80% of the cells (Keppel, 1991) only respondents who indicated they provided services in either a private practice or non-profit setting could be included in the analyses. As can be seen by the results in Table 15, there was one variable for which there was a statistical difference between the two groups ($p \leq 0.028$). That is, respondents from a private practice gave ratings indicating increased likelihood of a client dropping out of a group that does not require a fee (item 65) than their peers from non-profit organizations.

Table 15

Mann Whitney U test Analyses Comparing Mean Rank of Variable Ratings of Dropout Place of Practice

Item	Average Private Practice Rank	Average Non-Profit Rank	Mann Whitney U	<i>p</i>
No-fee	23.88	14.80	81.500	.010*

Note.

* denotes statistically significant results.

Highest academic degree. For this analysis the counsellors' responses were collapsed into three categories: those with a diploma or Bachelor's degree, those with a Master's degree, and those with a doctoral degree. However, there were less than five respondents with a doctoral degree so this group was removed from the analysis. The use of Mann-Whitney U tests indicated that there were five variables from the third part of the survey on which these two groups were significantly different ($p \leq .028$). The results in Table 16 demonstrate that the respondents with a Master's degree gave the following clients a higher likelihood to drop out than did the respondents with a Bachelors degree or a diploma: an alcoholic client (item 42), a client in a precontemplative stage of change (item 51), a client whose personality is disliked by the facilitator after the first session (item 73), and a client who is a previous acquaintance of the co-facilitator (item 74). In addition, when compared to those with a Bachelor's degree or diploma, the respondents with a Masters' degree judged a client with whom they agreed upon treatment goals as significantly less likely to drop out (item 71).

Table 16

Mann Whitney U test Analyses Comparing Mean Rank of Variable Ratings of Dropout by Academic Degree

Item	Average Diploma/ Bachelors' Rank	Average Masters' Rank	Mann Whitney U	<i>p</i>
Alcoholic client	9.64	17.85	39.500	.023*
Precontemplation stage	9.36	17.94	37.500	.010*
Agreement on treatment goals	22.21	14.19	27.500	.014*
Counsellor dislikes personality	10.21	17.69	43.500	.024*
Acquaintance of co-facilitator	7.93	17.80	40.500	.004*

Note.

* denotes statistically significant results.

Professional affiliation. For the analysis of professional affiliation, the first category consisted of respondents who were members of either the Alberta College of Social Workers or the British Columbia Association of Social Workers and the other group consisted of those who were members of the College of Alberta Psychologists or the British Columbia Psychological Association. Members who were not affiliated to one of these organizations were excluded in these analyses because there were less than five respondents in each of the remaining categories. Mann-Whitney U tests indicated that there was one variable from Part III of the survey on which these two groups were significantly different ($p \leq 0.028$; see Table 17). The results demonstrated that respondents who were a psychologist rated a client in the storming stage of group

development (item 59) as having a significantly greater likelihood to dropout than did respondents who were a social worker.

Table 17

Mann Whitney U test Analyses Comparing Mean Rank of Variable Ratings of Dropout by Professional Affiliation

Item	Average Social Worker Rank	Average Psychologist Rank	Mann Whitney U	<i>p</i>
Storming stage	10.25	17.29	38.500	.007*

Note.

* denotes statistically significant results.

Overall, considering the number of analyses completed, there were few differences based on the demographic variables between the counsellors' ratings of expected dropout for the client factors. One of the more interesting results was that private practice counsellors expecting clients who don't pay a fee for the group to drop out at a greater rate than do non-profit counsellors. Additionally, the results involving comparing counsellors with a Master's degree to those with a Bachelor's degree, demonstrated that those with a Master's degree were much more congruent with previous research. The results related to how the respondents' demographic variables interacted with the client factors will be discussed in the next chapter.

Research Question 3

The third research question posed by this study asked: "How do counsellors' responses differ based on level of counselling training, supervision, and experience?"

This question will be answered using Kendall's tau-b correlation analysis and Mann-

Whitney U tests. This section will outline the statistically significant differential dropout

ratings in Part III of the survey based upon the demographic variables found in Part 1 of the survey. As stated before, in order to compensate for the increased risk of Familywise Type I error a modified bonferroni procedure was utilized (Keppel, 1991) that resulted in an alpha coefficient of $p \leq 0.028$ to indicate a statistically significant result.

General counselling experience. Kendall's tau-b correlation analyses were conducted between dropout variables in Part III of the survey and the variables from item 10 concerning the number of years that respondents have provided counselling on a part-time ($n = 17$) or full-time ($n = 34$) basis. There was no significant relationship found between the number of part-time years and any of the dropout variables ($p \leq 0.028$). There were two significant relationships found between full-time years worked and the predicted dropout variables ($p \leq 0.028$; see Table 18). The results suggested that for a client with young children (item 35) that counsellors who have worked a greater number of full-time years believe these clients are less likely to dropout than do counsellors who have worked less full-time years. This relationship is reversed in regards to clients who are hostile to other group members (item 66) such that the fewer full-time years counsellors have worked, the more likely they are to believe the client will stay in the group.

Table 18

Bivariate Correlations of Ratings of Likelihood to Drop Out with Number of Full-Time Years Worked

Item		Full-time Years
Has three children	τ	-.318
	p	.025*
	n	33
Family-only aggressor	τ	.320
	p	.022*
	n	34

Note.

* denotes statistically significant results.

Family violence counselling experience. Kendall's tau-b correlation analyses were conducted between the variables in Part III of the survey and years counselling men who are abusive to their partners, in both an individual and group counselling setting. As Table 19 indicates there were significant negative correlations found between the number of years a respondent has provided counselling in an individual setting to abusive men and two of the dropout variables ($p \leq 0.028$). These findings suggest that the more years counsellors have provided individual counselling for abusive men the less likely they are to believe that a family-only aggressor (item 51) will drop out of a group program. The findings also imply that the more years counsellors have provided individual counselling the more they believe a client who is a former acquaintance of the co-facilitator (item 74) will drop out of the program.

Likewise, there was a significant correlation found for the analyses concerning the number of years spent providing group counselling to abusive men. The results in Table 19 seem to indicate that the more years counsellors have provided group counselling to

this population the higher they rate the likelihood of the a 22-year old client (item 32) to drop out of the program.

Table 19

Bivariate Correlations of Ratings of Likelihood to Drop Out with Number of Years providing Individual and Group Counselling

Item		Individual Counselling	Group Counselling
22 years old	τ		.414
	p		.003*
	n		35
Family-only aggressor	τ	-.366	
	p	.020*	
	n	27	
Acquaintance of co-facilitator	τ	.372	
	p	.027*	
	n	26	

Note.

* denotes statistically significant results.

Bivariate correlation analyses were also conducted between the dropout variables and the number of group programs for abusive men the respondents have facilitated in their career and in the past 12 months. The results in Table 20 suggest that the more programs that counsellors have facilitated in the past 12 months and in their career the more likely they are to believe that an unemployed client (item 39) will not complete the group.

Table 20

Bivariate Correlations of Ratings of Likelihood to Drop Out with Number of Family Violence Cessation Groups Facilitated in Past 12 Months and Career

Item		Programs in 12 months	Programs in Career
Unemployed	τ	.314	.318
	p	.025*	.029*
	n	34	34

Note.

* denotes statistically significant results.

Supervision. Bivariate correlation analyses were conducted to test the relationship between amounts of family violence and group supervision (i.e., an experienced counsellor observing sessions and providing consultation) and the client variables in Part III of the survey (see Table 21). The results seem to indicate that the more supervision in family violence counselling counsellors have received the less likely they are to believe that the following clients will drop out of the program: a man who is violent only with his partner, uses less severe forms of violence, shows remorse, and experiences little jealousy (item 51, family-only aggressor) and a client in an open group (item 58). The results also suggest that the more group counselling supervision has been received by a counsellor the more likely they are to believe that a client in a closed group will drop out of the program (item 62).

Table 21

Bivariate Correlations of Ratings of Likelihood to Drop Out with Hours of Supervised Family Violence and Group Counselling Work

Item	FV ^a Supervision	GC ^b Supervision
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Family-only aggressor	τ	-.322	
	p	.023*	
	n	32	
Open group	τ	-.327	
	p	.023*	
	n	32	
Closed group	τ		.358
	p		.015*
	n		32

Note.

^a Family violence counselling.

^b Group counselling.

* denotes statistically significant results.

Family violence and group counselling training. Kendall's tau-b correlation analyses were conducted to determine the existence of any relationship between the amount of training in the dynamics of family violence and in group counselling the respondents' had and their ratings of likelihood to dropout for the client variables in Part III of the survey. The amount of family violence training and group counselling training was computed by summing the number of different training categories that the respondents reported having engaged in. Thus, the possible scores ranged from zero to nine. The results, as shown in Table 22, seem to indicate that the greater the variability of the counsellors' training in family violence dynamics the more they believed that a single client (item 30) would drop out of the program. Table 22 also suggests that the more training a counsellor has in group counselling the less likely they are to rate the following clients as likely to drop out of the group program: a client displaying borderline personality tendencies (item 50), a client in the precontemplation stage of change (item 53), and a client in the forming stage of group development (item 61).

Table 22

Bivariate Correlations of Ratings of Likelihood to Drop Out with Level of Supervised Family Violence and Group Counselling Training

Item		FV ^a Training	GC ^b Training
Single	τ	.369	
	p	.012*	
	n	35	
Emotionally volatile aggressor	τ		-.327
	p		.021*
	n		35
Precontemplation stage	τ		-.501
	p		.000*
	n		35
Forming stage	τ		-.340
	p		.017*
	n		36
<i>Note.</i>			
^a Family violence dynamics.			
^b Group counselling			
* denotes statistically significant results			

Self-rating of knowledge and skills. Kendall's tau-b correlation analyses were conducted to determine the existence of any relationship between the respondents' self-ratings of knowledge and skills related to the understanding and counselling of family violence as well as of knowledge and skills related to counselling abusive men in a group setting (see Table 23). The results seem to indicate that the more confidence counsellors put in their skills with regards to analyzing the dynamics of family violence and their knowledge in regards to group counselling the less likely they are to believe that a client who is violent only with his partner, uses less severe forms of violence, shows remorse, and experiences little jealousy (item 51, family-only aggressor) will drop out of a group

program. The results also demonstrate that the greater the counsellors' rating of group counselling knowledge the less likely they are to believe that a client whose personality they dislike after the first session (item 73) will drop out of the group. The results also imply that counsellors' self-rating of skill in group counselling is related to several variables such that the greater the rating of skill the more likely they are to believe that a client in the preparation stage of change (item 48) will drop out and that a client hostile to other group members will remain in the program (item 66).

Table 23

Bivariate Correlations of Ratings of Likelihood to Drop Out with Respondent's Self-Rating of Knowledge and Skills in Dynamics of Family Violence and Group Counselling

Item		FV ^a Skills	GC ^b Knowledge	GC ^b Skills
Preparation stage	τ			.361
	p			.022*
	n			36
Family-only aggressor	τ	-.367	-.495	
	p	.019*	.002*	
	n	34	34	
Counsellor dislikes personality	τ		-.364	
	p		.023*	
	n		35	

Note.

^a Family violence counselling.

^b Group counselling.

* denotes statistically significant results.

Influence of counselling theory. Kendall's tau-b correlation analyses were conducted investigating the relationship between the degree to which the respondents group programs were influenced by the six counselling theories outlined in Chapter II

and the ratings of likelihood to dropout given to the variables in Part III of the survey.

Each of the significant correlations is outlined below and displayed in Table 24.

Table 24

*Bivariate Correlations of Ratings of Likelihood to Drop Out with Influence on
Counselling Theory on Group Program*

Item	τ	p	n
Feminist Theory			
Open Group	-.455	.003	35
Norming stage	.376	.017	37
Systems Theory			
Contemplation stage	.410	.010	33
Forming stage	.506	.002	34
Agreement on treatment goals	.383	.020	33
Attachment Theory			
College education	.412	.013	33
Emotionally volatile aggressor	-.417	.012	33
Hostile client	-.408	.010	34
Counsellors not part of cultural group	-.396	.022	32
Cognitive-Behavioural Theory			
Prior domestic charges	.341	.025	35
Misses two sessions	-.323	.028	37
Personality Theory			
Family-only aggressor	-.382	.017	32
Transtheoretical Model			
Non-mainstream culture	-.348	.022	34
Alcoholic client	-.334	.022	34
Storming stage	-.356	.015	35
Counsellors not part of cultural group	-.422	.007	33

The results demonstrate a number of relationships between the influence of different theories and various client variables. The findings suggest that the greater the reported influence of feminist theory, the less likely the respondents were to believe that a client in an open group would drop out of the program (item 58). At the same time these same respondents were more likely to believe that a client in a group in the norming stage of group development will not complete the program (item 63). The results also imply that a greater reported influence of systems theory also coincides with a higher rating of likelihood to drop out for the following clients: clients in the contemplation stage of change (item 45), clients in the forming stage of group development (item 61), and clients with whom the therapist agreed upon group treatment goals prior to the start of the program (item 71).

The influence of attachment theory was found to be related to several variables such that the greater the influence of the theory, the higher the rating of likelihood to drop out if a client had a college education (item 37) and the lower rating the following clients received: a client who experiences tension building, exhibits severe forms of abuse and then feels remorse (item 46), a hostile group member (item 66), and a client for which neither facilitator is a member of the culture to which the group members belong (item 76). There was an association found between the influence of cognitive-behavioural theory and the rating of likelihood to drop out such that the greater the theoretical influence the higher dropout rating a client with two prior arrests for domestic abuse received (item 36) and the lower dropout rating a client who missed the first two group sessions received (item 60). It was also found that the greater the influence of personality theory the lower the rating of likelihood to drop out is for the following client: a client

who exhibits violence only in his relationship, uses less severe forms of violence and experiences little anger or jealousy (item 51). Finally the respondents' influence of the transtheoretical model (TTM) was related to several of the variables such that the greater the influence of the theory the lesser the rating of likelihood to dropout: a client who is not part of the mainstream culture (item 29), an alcoholic client (item 42), a client in the storming stage of group development (item 59), and a client in a group for which neither facilitator is part of the main culture of the group (item 76).

The levels of training, supervision, and experience had an impact on a fair number of the client factors tested for their relationship to dropout in this study. In particular, a counsellor's experience, whether judged by number of groups facilitated or number or years providing counselling, impacted the ratings of effect on dropout for several variables that mirrored the results of previous research (e.g., unemployed client) or clarified a variable that, without the interaction of the counsellor variable, was shown to be an ambiguous variable in regards to dropout (borderline personality aggressor). Additionally, the number of hours of group counselling supervision received also impacted the results of a number of client variables, including a family-only aggressor. The results pertaining to the third research question are discussed and applied in the following chapter.

This concludes the presentation of the results of this study. The next chapter discusses the implications of these results, proposes ways to apply the results in order to have a positive impact on group programs for men who are abusive, offers suggestions for future research, and discusses the limitations of this study.

Chapter 9: Discussion

The chapter will provide an overview of the purposes of this study as well as a summary of the respondents' demographic data. Then the answers to the research questions will be presented and explored. The implications which these results have for group treatment programs for men who have been abusive in their families will be interspersed throughout the chapter. The chapter will conclude by noting the limitations of the study and offering suggestions for future research to build upon this important study.

Purpose of the Study

This thesis began by reviewing the importance of providing effective treatment programs for men with abusive behaviour so that they and their families can begin to lead a life free of violence. However, it was noted in chapter IV that client attrition is a major obstacle to this goal. Unlike past research, this study asked counsellors who have worked with abusive men in a group setting what their experiences have taught them about why this clientele drops out of treatment as well as which men are more likely to drop out.

The thesis had three focuses: (i) document the views of experienced counsellors about which variables they have found make a man more or less likely to dropout from a group program, (ii) identify how counsellor demographics and experience influenced their responses to the survey and, (iii) to use these findings to suggest possible improvements for group programs so that men with abusive behaviour are more likely to complete the programs.

Sociodemographic Data of the Counsellors

The results suggest that the profile of a counsellor who completed the survey was a 45 year old working in a non-profit setting in an urban centre with a population of 1,000,000. The counsellor received a Master's degree in 1999 and is a member of the provincial college of Social Work. The counsellor has had eleven years experience providing full-time counselling services, nine years experience providing individual counselling to abusive men and four and a half years providing group counselling to abusive men. The typical counsellor who responded to this survey has facilitated four group programs for abusive men in the past year and 20 in total.

Research Questions: Results and Conclusions

The study focused on three research questions surrounding the counsellors' judgments of a client's likelihood to dropout. This section will first provide a broad answer to each question. Following this, the results from a number of the variables on the survey will be used to answer the three questions in greater detail.

Research question #1. This research question queried what the opinions of the respondents were (based on their counselling experience) about which client variables are indicative of a man likely to drop out of a group and which are indicative of a man likely to remain in the group. Overall, the results indicated that 38 of the 44 variables were judged to distinguish between clients likely to drop out and clients unlikely to drop out, while 6 variables were judged to have no effect. The majority of these results were similar to those discussed to be previously found in the literature in Chapter IV (in the literature review).

There also were interesting results for variables not previously noted in the literature in relation to attrition from domestic violence treatment groups such as group stages, counsellors' opinions of the client's personality, and batterer typology. These results and more will be discussed in the upcoming section after the answers to the two remaining research question are addressed. Overall, the answer to the first research question showed reliability with many of the findings in the literature, thereby instilling a sense of some confidence for the results of the variables previously unstudied.

Research question #2. The second research question inquired about the impact of a counsellor's demographic variables on the ratings of a client's likelihood to drop out of the group program. For the most part, the results showed that that the demographic characteristics of the counsellor had little impact on the dropout ratings. However, there were several notable exceptions such as level of academic achievement and population of the community served that each interacted with several client variables in regards to likelihood to dropout. The statistically significant interactions involving counsellor demographic variables add another layer of complexity and detail to the results about client dropout as well as add to our understanding of ways in which group work is impacted by the counsellor and the surrounding environment. Further details will be explored after introducing the answer to the last research question.

Research question #3. The final research question addressed the ways in which counsellors' level of training, supervision, and experience impact their ratings of client drop out. The results demonstrate that that these variables seem to influence a counsellor's judgement of how likely clients are to leave the group prematurely. The variables that displayed the most impact on drop out ratings were the theoretical

orientations that informed the group program as well as the self-rating of knowledge and skill with regards to group counselling and family violence dynamics. The client variable that was most impacted by counsellor variables was that of a family-only abuser according to the batterer subtypes outlined by Dutton (1995) and Saunders (2006). This group of counsellor variables enhances the literature with regards to client drop out for domestically violent men in such a way as to begin scrutinizing the impact of dynamic counsellor variables.

Discussion of Specific Variables

Demographic variables. The pattern of results regarding the demographic variables are quite similar to those observed in the previous literature, with several notable exceptions.

Lifestyle instability variables. Variables related to lifestyle instability included variables that demonstrate a lack of connection with others. Variables investigated in this study include unemployment, and not being in a marriage or dating relationship. It has been well documented that these variables related to lifestyle instability greatly increase the risk of a man dropping out from a group treatment program (Daly et al., 2001; DeMaris, 1989; Gruzinski & Carillo, 1988; Hamberger & Hastings, 1989; Rooney & Hanson, 2001). The results for this thesis, for the most part, agreed with the trends found in previous research. Specifically, over 70% of the counsellors (i.e., the survey respondents) noted that a client with a criminal record or who was unemployed was likely to drop out of the program. Additionally, over two-thirds of the counsellors in this study contended that a client with children was unlikely to drop out while the rest of the counsellors stated that the variable would have no impact on dropout. This implies that

men without children have an opposite tendency; a greater likelihood to drop out.

However, in terms of being single, over half of the counsellors felt that this status did not affect a client's likelihood to drop out.

Counsellors with more years of counselling experience judged unemployed clients and single clients as more likely to drop out of the program. This increased belief by experienced counsellors that clients with unstable lifestyles are likely to drop out of the program lends credence to the conclusion that clients with an unstable lifestyle are more likely to leave the group than are other clients.

One of the risk factors associated with an unstable lifestyle that may contribute to program dropout is that of having little connection to others either at work or in the home. The counsellors identified several strategies that they use in their groups to decrease attrition rates including stressing a responsibility to the group and other group members and regular contact with the referral source or with the partner about the client's attendance. It is hypothesized that these strategies may be especially effective for clients who exhibit an unstable lifestyle by communicating to him that he belongs to this group and his participation in the group is welcomed. Another strategy that has been utilized by this researcher when facilitating groups is to contact the client following a missed session to ensure that he feels welcome in returning and also understands that his absence was noticed by the counsellor and members.

Education variables. Interestingly, variables related to education levels of the client (having college education or having only obtained a grade 10 education) were both found to have no effect on client dropout by an overwhelming majority of respondents, meaning a client's likelihood to leave the group prematurely was not thought to be a

function of educational achievement. These findings appear to add to the confusion found in the literature in which the more education a client had the less likely he was found to drop out in several studies (Daly et al., 2001; Gruzinski & Carillo, 1988) but a similar client was found to be more likely to drop out in another study (Chang & Saunders, 2002). It is possible, however, that these findings are a manifestation of a larger group dynamic by which clients are likely to drop out if they feel vastly different from the other group members. Therefore, when judging whether the education variables impact attrition across a number of different groups (as counsellors in this study did) the education variables would have no consistent effect. When judging the impact for one specific group (as in much of the previous literature) the variable would have a measurable impact, albeit, an impact dependent on the characteristics of the other group members. Thus, highly educated men may be likely to leave a group comprised of ill-educated men, and a man with little education may be likely to leave a group consisting mostly of more educated men. This is similar to clients with a minority group status being found to be more likely to drop out of mainstream treatment groups (e.g., Chang & Saunders).

Prior counselling experience. A client who attended counselling successfully for an unrelated issue was seen as less likely to drop out of the group by two-thirds of the counsellors. This finding mirrored the one found by MacNair and Corazzini (1994) in a general group counselling population. They suggested that this result may stem either from a greater trust in the therapeutic relationship or being further along in the change process although it may also be possible that clients who were able to commit to and complete counselling at another time are likely to do so again for similar reasons. This

increase in trust may also explain why clients in smaller centres who have received previous counselling are more likely to drop out. Having been in an individual counselling experience in which clients trusted that confidentiality was ensured, those who know other members in the group (as is more likely to occur in less populated centres) may anticipate that this same level of discretion may not occur. This occurred in a group co-facilitated by this researcher in which almost half of the men knew each other through their places of employment. It was extremely difficult to create a sense of trust within the group where they could be meaningful self-disclosure and honesty between the members; in fact the group never truly reached this point.

It is interesting to note that one of the key strategies to decrease the rate of drop out given by the therapists in the study was to implement individual sessions prior to the beginning of the group program and even throughout the group process. This strategy seems to work from the assumption that having a positive counselling experience prior to the start of group (group is often intimidating for clients) might build trust in the counselling process.

However, the use of individual sessions may undermine the dynamics of the group, especially in groups that are process-oriented. Group work is built on the belief that therapy should occur in the group so that the entire group observes the work of other members, interacts with the other members, and benefits from this work (Yalom, 2005). Therefore, the use of individual sessions may take part of this process away from the group and thereby deprives the other members of this opportunity. This strategy may also reinforce the belief to the members that the group program is not effective since individual sessions are required. Perhaps, given these concerns it may be more

advantageous to only use individual sessions prior to the start of the group program, instead of throughout the program. These sessions could be used as assessment sessions as suggested by Corey and Corey (2006).

Previous domestic violence charges. Unfortunately, men with a history of domestic violence charges appear to be at a greater risk for dropping out of the program, as judged by 60% of the counsellors. This finding is an echo of the literature in which members who have dropped out of family violence group treatment programs were more likely to have been abusive in prior relationships than program completers (Rosenbaum et al., 2002). It may be possible that the behaviour of repeat offenders has become quite entrenched and is quite resistant to change.

Further, the results from this thesis also showed that the greater the influence of cognitive-behavioural theory on a group program the more the counsellor expects a client with previous domestic violence charges to drop out of the group. Groups marked by CBT are often more content oriented than other groups that may be more process oriented. It is possible that content oriented groups do not have the ability to address deeper, more entrenched behaviours in an effective and timely way as do process groups that place heavy emphasis on interpersonal dynamics in the “here and now”. This lack of progress of a belief change in a CBT group may confirm a client’s assumption that the group will not be effective, giving him an excuse to leave the program.

Visible minority. Canada is a country with many different ethnic minorities, a dynamic which poses challenges to group counsellors. That is, how can programs be created that are effective for members of different ethnic groups, especially when several different minorities may be included in one group? This issue is demonstrated by the

results in which 60% of the counsellors judged a client from a visible minority as likely to drop out from a group program for abusive men. It is possible that being an ethnic minority with a group of predominately white men is an isolating factor, one in which the client feels that he is not understood. Perhaps, the client feels that his life experiences are unique from those of the other clients and so does not feel the sense of belonging, acceptance and validation from the group, which Yalom (2005) identifies as necessary for group therapy effectiveness. The impact of this possibility on group treatment for partner abuse has been previously examined for two different minority groups: African American (Gondolf & Williams, 2001) and the Aboriginal population (Thibodeau, 2003).

The increased risk of drop out for minority group clients was discussed by Gondolf and Williams (2001) as a result of a lack of culturally focused counselling programs. They argue that most programs are created to assist middle class white males and do not address the needs of African American men, especially with a low socio-economic status. They identify three main issues that mainstream domestic violence groups pose for this minority group. First, many African American men are part of a personalistic culture that relies on family and friends to discuss their problems. Second, African Americans have different cultural experiences that are not acknowledged or discussed within a traditional group program such as attitudes and behaviours that are necessary for survival in their communities, different assumptions with regards to gender roles and responsibilities, and the impact of racism, oppression, and prejudice. Third, many African Americans are suspicious of social services as they are seen as unsympathetic organizations dominated by whites. Gondolf and Williams recommend that the creation of racially homogenous groups will be most likely to address these

concerns by initiating cultural disclosure; this paired with counsellors trained to be sensitive to cultural issues and a curriculum that explicitly addresses these issues may prove to be more beneficial to African American clients.

These three culturally related issues are also indicative of the problems that arise when serving the Aboriginal community in Western Canada for the treatment of family violence. Several counsellors in this thesis stated that aboriginal clients have a much higher risk of not completing the group program than do other clients. Thibodeau (2003) surveyed professional care providers who serve the aboriginal community within the province of Alberta and concluded that there are three major concerns when implementing successful family violence cessation initiatives with this population: first, the nature and competence of the community, which has been seriously compromised by the history of oppression, colonization and other abuses; second, a lack of trust and support within the community both for other community members and for outside professionals; and finally, the need to include the entire community in the process of planning and implementing the initiative. These three issues all call for professionals to invest themselves and their resources in the community and the family violence treatment programs to a much greater extent than is required for a mainstream group. As

Thibodeau concludes:

When working in an Aboriginal community or a 'non-mainstream' community, the facilitator must be aware of the historical, cultural, spiritual and emotional characteristics of the people, the concerns that may stem from these issues, and the effect they will have on the initiative. There is also an expectation that the facilitator address concerns about the initiative, such as its purpose, design and expected results, which can be addressed at town hall assemblies, small group or family gatherings or individual meetings. (p. 222)

This call for increased personal investment in the community being especially required in smaller, more remote communities, may explain the finding in this study that the smaller the population of the served community the more likely the counsellor was to rate a minority client as being likely to drop out of the group. Thibodeau attributes this need for greater investment due to the lack of other professionals and agencies providing complementary services. In summary, counsellors helping men with an aboriginal history, and possibly other minority groups, who present with family violence issues should make an effort to address the cultural issues listed above when implementing interventions for this client, and perhaps explore involving other members of the community in the treatment program for this individual. As one respondent in this study noted:

[Aboriginal men] come with very complex and multilayered challenges that do not often fit in well with the thinking and values of mainstream society. It is hard to trust and be vulnerable with a society that has caused historical harm, and deal with the ongoing repercussions of this in daily life.

Psychological variables. The results related to the psychological variables on the survey provide a number of interesting avenues of discussion regarding implications for group treatment.

Stages of change. The variables related to the stages of change had a fair amount of unanimity among the responses. The results demonstrated that 80% of respondents felt that a client in the extreme precontemplation stage of change was at an increased risk to drop out and 69% of respondents felt that way about clients in the precontemplation stage of change. However, a client in the contemplation stage of change was found to be less likely to drop out by 89% of respondents and 83% of respondents felt this way about clients in the preparation stage of change. The results become even more dramatic in the

action and maintenance stages of change in which 100% of respondents felt these clients were unlikely to drop out of the group. These findings were echoed by counsellors citing a lack of readiness to change and blaming others as two reasons why men drop out of the program. Both of these, according to Scott (2004b), are indicative of a client in the precontemplation stage. In essence, the thesis results demonstrate that clients in the precontemplation stages of change were thought to be likely to drop out while those in the later stages are considered to be unlikely to drop out. These results are also seen in the work of Scott (2004b) who observed that men in the precontemplation stage were twice as likely to dropout as men in the contemplation stage and nine times as likely as men in the action stage.

One of the more interesting findings was the lack of differential responses for these variables based upon the influence of the transtheoretical model. It would be logical that counsellors whose programs were informed by this model would have a different understanding of clients in the different stages of change than would counsellors who are not influenced by the model. However, the thesis results show that was no statistical differences based on the TTM. It may be possible that although many counsellors do not acknowledge that they are influenced by TTM specifically, they may be influenced by many of the principles of the theory.

Overall, the thesis findings demonstrate that clients in different stages of change have very different rates of dropping out; those in the precontemplation and contemplation stages are at greatest risk. These findings are supported by the research. Therefore, to provide an effective treatment strategy it would be important to properly assess the motivation to change in the clients prior to the beginning of the group. This

can be done using the URICA-DV as developed by Levesque et al. (2000). These authors argue that identifying which stage the man is currently in can lead to client-treatment matching instead of treating clients from a “one-size-fits-all” approach. Indeed, the results of this study clearly show a qualitative observation by the counsellors demonstrating that men in the precontemplation stage of change are quite different from the men in the remaining four stages. Eckhardt et al. (2004) suggest based on their findings that men in the precontemplation stage may require “in-depth cognitive restructuring of empathy enhancement interventions” (p. 92) before behavioural interventions are approached because clients must identify their responsibility for a situation before they will change their behaviour. They also raise the possibility of it being more effective to offer individual sessions to those in the precontemplation stage rather than assigning them to group sessions, a suggestion previously echoed in this study related to increasing a sense of trust in the counselling process.

Addictions variables. The effect of substance abuse on client attrition was also clearly demonstrated by the thesis results. Nearly all of the surveyed therapists judged a client as likely to drop out of the program if he currently used drugs while over two-thirds of respondents said the same of a client who was described as an alcoholic. This finding is in agreement with prior research that has found addictions to be consistently correlated to client attrition (e.g., Faulkner, et al., 1991; Hamberger & Hastings, 1989; Rooney & Hanson, 2001).

The problem of addictions was also the most cited response when the respondents were asked what inferences they made about why men drop out of the group following the intake session and the second most cited reason as to why they drop out after

attending a group session. In addition, it was also mentioned by several respondents that it would be appropriate to refer such clients to addictions counselling treatment prior to beginning the group program.

The counsellors' expectations of a client exhibiting alcoholic behaviours likelihood to leave the group prematurely interact with a couple of counsellor variables. First, counsellors with a Master's degree gave higher ratings of likelihood to drop out than did counsellors with a Bachelor's degree or a diploma. This finding once again demonstrates that increased training impacts counsellors' judgments, in this case so that the judgments are more in accordance with previous research.

The results also showed that the more counsellors were influenced by TTM the less likely they were to expect the client to drop out of the group. This result may be a function of the wording of the question in which the client identifies himself as an alcoholic. The client's awareness of his situation may have led these counsellors to assume the client had moved into at least the contemplation stage of change, in which, as previous results have shown, the client is less likely to drop out.

Batterer typology. The survey responses regarding the three subtypes of batterer typology as described by Hart et al. (1993) and echoed by Saunders (2006) showed a clear difference regarding risk of attrition. The variable depicting the client as an antisocial generalized aggressor was rated by over half of the counsellors as likely to drop out of group treatment. In contrast, the variable depicting the client as an emotionally volatile or borderline personality aggressor was judged by almost two-thirds of the counsellors as unlikely to drop out of group treatment. The final variable, depicting the family-only aggressor, had no significant differences between any of the rating

categories. These results clearly lend credence to the existence of these three subtypes, as seen by the three distinct patterns of responses.

However, there were significant interactions between the family-only abuser and several variables relating to experience with family violence counselling (years providing family violence counselling, number of hours of supervision received for family violence counselling, and reported skill with family violence counselling) as well as knowledge of group counselling techniques and the level of influence of personality theory on a group program. The thesis results indicated that the higher the counsellors reported each of these variables on the survey the more likely they were to believe that a man who is a family-only aggressor would remain in the program. It is possible that counsellors who have much experience with family violence counselling conceptualize a family-only aggressor differently than do other counsellors (as evidenced by an increase in the influence of personality theory) and therefore intervene in the treatment program with different, and possibly more effective, interventions with such a client, thus increasing the likelihood of this client remaining in the program.

These results suggest that the group programs represented by the current sample of counsellors tend to be more effective at retaining the emotionally volatile subtype of client over the antisocial, aggressive subtype of client. Further research is required to understand if this observation of the counsellors is accurate and, if so, what variables about the programs and/or the counsellors are successful in retaining each of the subtypes of abusive men.

Difficulty with abstract thought. Almost three-quarters of the therapists felt a client who exhibited difficulty with abstract thought as likely to drop out of the group

while just under a quarter of respondents said that this difficulty would have no effect. As stated in the literature review, it has been hypothesized by other researchers that clients with this difficulty are more likely to drop out of a non-structured group than they are to drop out of a structured group as the verbal and cognitive demands are too great in the previous group (Rooney & Hanson, 2001). Interestingly, one of the strategies to decrease dropout as suggested by several of the respondents was to use repetition and simple terms in the program content. Another strategy to implement, especially in content-oriented groups, may be to use handouts, glossary sheets, and diagrams to assist such a client in understanding the material being discussed in the group.

Client-group variables. This cluster of variables provided a pattern of results that adds significantly to the existing literature regarding attrition from group treatment for family violence offenders

Stages of group development variables. As far as this author could determine this study is the first to include these five variables regarding attrition from group counselling. Recall, there are five stages of group development according to Tuckman (as cited in Tuckman & Jensen, 1977). These are: forming, storming, norming, performing, adjourning.

The thesis results suggest that men in the storming stage of group development are at greatest risk to drop out of the group. A judgment of the stage having no effect or a lower likelihood to drop out was endorsed by 92% of respondents and 100% for the forming, norming, performing and adjourning stages of group development.

These results clearly demonstrate that counsellors experience the greatest risk of client attrition during a stage characterized by conflict between the members and the

counsellors and struggles regarding group structure, direction and control (Gladding, 1999), which usually occurs after several sessions once the clients become comfortable with another. It is possible, that a counsellor with an understanding of the vulnerable stage clients will enter, could temper this increased risk by using the forming stage to decrease the risk of dropout due to other factors discussed elsewhere and perhaps even to process the issue of dropping out with group members before the storming stage begins. The counsellor could become less concerned about clients dropping out once the group has moved beyond the storming stage of group development and into the latter stages.

The therapists' responses for the effects of the group stages variables on drop out were moderated by several respondent variables. As counsellors' levels of group counselling training increased their expectation of client dropout in the forming stage of group development to dropout decreased. This result suggests that counsellors with a greater number of training experiences may provide a more engaging experience for the clients in the first few sessions than do counsellors with less amount of training. Ways in which this different environment may be set by the counsellor could include modelling appropriate behaviour, addressing and resolving conflict, and creating an atmosphere of trust as suggested by Corey and Corey (2006).

It should be noted that the descriptions of the group stages as given in the questionnaire were based on literature concerning general group counselling and thus may not be representative of a client's experience of group stages that occur in a men's group. To my knowledge, no articles have been published that examine what stages men travel through in group development in an abuse cessation program. In particular, the forming stage of group development may be quite different in a group that the majority of

clients often do not wish to attend initially such as treatment for family violence versus a voluntary group counselling program for a different issue. Nevertheless, the findings regarding attrition and group stages do merit further study to understand more fully the interactions among the variables in order to inform the planning of group programs. One question that this author would find quite interesting is how attrition is affected when the majority of the group moves onto the next stage before the client in question is prepared to do so.

Group structure variables. It is logical that the structure of a group has an impact on a client's decision to remain in the group. Two-thirds of respondents stated that clients in an open group are likely to drop out while clients in a closed group are likely to remain in the group. This finding is consistent with the theoretical belief that a closed group allows the members to develop a high level of cohesion and trust (Corey & Corey, 2006). Having a closed group also allows for the group program to be progressive, that is, each session can build upon the material discussed in previous weeks. The benefits of an open group membership include senior members modelling appropriate group behaviour as well as providing an example to new clients of the way in which the group can facilitate change in the client's behaviour and relationship. However, the results seem to indicate that the consequences of a closed group may be more beneficial to abusive men than are those of an open group.

It is interesting to note that the results also show that as levels of supervision for family violence counselling increased the expected rate of drop out for an open group decreased. Additionally, as levels of group counselling supervision that a counsellor had received increased, so did the expected rate of dropout for a closed group. These results

possibly point to an understanding among counsellors with greater levels of supervision that there is less of a difference between the effects of the two formats of group work on a client's decision to remain in the group or not. The results could also indicate that counsellors with a higher level of counselling supervision believe they have the counselling skills to utilize the strengths of the different group structures to the advantage of the clients.

Three other members drop out. The results demonstrate support for the existence of a “wave phenomenon” (Bostwick, 1987, p. 126) in group treatment for abusive men. Over two-thirds of the respondents stated that a client was likely to drop out of the program after three other members had done so. This finding raises the importance of processing the loss of other group members with remaining members before the number of losses reaches a critical mass. One important issue that would help counsellors in this is to have a greater understanding as to why the wave phenomenon occurs. Is it because the members feel a loss of safety and comfort in the group, or is it perhaps that they realize that they also can drop out of the group with minimal consequences? It would be important to identify which possible explanation is impacting the situation prior to addressing the issue, as this would result in very different interventions.

Hostile member. A group member who demonstrates hostility to other group members is at risk to drop out as judged by over two-thirds of respondents. This finding verifies a similar finding in general group programs (MacNair & Corazzini, 1994; MacNair-Semands, 2002). It was also found that the more full-time years a counsellor had worked the more likely he was to believe a hostile client would leave the group. This finding may demonstrate a naiveté among less experienced counsellors about the risk of

such a client to drop out. It may also suggest that an experienced counsellor is able to diffuse most potentially hostile clients within the group before it becomes an issue, while those clients who do become hostile were the clients who would always have been likely to leave the group prematurely.

Counsellors who identified attachment theory as influencing their groups identified a hostile client as less likely to drop out than did other counsellors. Attachment theory identifies anger as a means to increase proximity and security with an attachment figure (Bowlby, 1973), and, as Lawson (2008) suggests, partner violence may perform a similar purpose if anger is unsuccessful. Therefore, with this theoretical understanding counsellors may identify and process the hostility in the group, thereby encouraging the hostile client to be an active and important member of the group.

Client-therapist variables. The relationship between the client and the counsellor is an under-researched dynamic as it relates to attrition from group counselling. The findings of this thesis suggest several aspects interaction between these entities that suggests some possibility for positive impact by the counsellor.

Case conceptualization variables. The effect of having the client and the counsellor having a common view of the client's issues and goals was strongly demonstrated by the results of this thesis. A vast majority of counsellors said that the client thinking the counsellor understands his problems as well as the client and counsellor agreeing on treatment goals decreased his risk of dropping out of the program, As well, over half of counsellors felt that the client and the counsellor having different perspectives on the problem increased the likelihood of dropout. These results support the hypothesis in chapter IV that the effects noted about these variables related to general

individual counselling as found by Epperson et al. (1983) would generalize to a group counselling program for abusive men.

The finding does introduce the question of how to reach agreement with the client about problem definition and treatment goals. Counsellors working with abusive men often work within the constraints of the criminal justice system, especially in regards to therapeutic goals that may be imposed by legal authorities. The issue of setting client goals is addressed extensively by Jenkins (2001) when he argues to engage the client by inviting him to take responsibility for the therapeutic process. He invites the men to “discover and clarify his own goals for the relationship; address his own violence; [and] reconsider the issue of responsibility for his violence” (p. 62). Jenkins argues that if the man is allowed to come up with his own goals he will take ownership of them, whereas if the counsellor pushes certain goals forward they will likely be met with resistance. These suggestions are supported by the second and third most cited strategies by the counsellors in this study to decrease dropout: active engagement strategies and a non-judgmental approach, both of which are critical to creating an environment in which the client feels heard and understood.

Client personality variables. Both of the variables in this category were soundly rejected as having any impact on client attrition. Two-thirds of respondents said that the counsellor disliking a client’s personality had no effect, and three-quarters of counsellors said that the fact they could have been friends with a client had no effect. This is contrary to what was found in a group for complicated grief (McCallum et al., 2002). It was found that the clients who had dropped out of the group were judged at the beginning

of the program to be the least likeable by the counsellors. However, having counsellors admit to this fact (if it is true) is highly unlikely.

The findings are further refined by the interaction of counsellor variables regarding education and group counselling knowledge. Counsellors who had a diploma or a Bachelor's degree are more likely to believe a client they dislike will drop out than were counsellors with a Master's degree. In addition, as a counsellors' self-rating of knowledge of group counselling dynamics increased they were more likely to believe a client whose personality they disliked would drop out of group. Thus, counsellors with less academic training and less group counselling knowledge are more likely to believe that their personal feelings about a client are indicative of a client's likelihood to prematurely leave the program.

It is possible that these interactions demonstrate that knowledgeable group counsellors are able to mitigate the impact of their personal judgments or perhaps even to incorporate them into the treatment program. It is also possible, as stated earlier, that counsellors with more invested in their identity as a group counsellor (as evidenced by increased training) do not want to admit that they may be negatively impacting the treatment of a client in this way.

Client was an acquaintance of co-facilitator. This variable was purely exploratory in nature and has not been extensively explored in previous research. However, it is interesting to note that 51% of the counsellors rated this client to be at an increased likelihood to drop out. A scenario in which this occurs is quite plausible, especially in the rural areas. In the author's experience of providing services in a medium sized city it was not uncommon that the clients would have met the group

counsellors in different settings throughout the community such as children's' sports teams, shopping, or community events. Having such a prior relationship may impact the way in which the therapeutic relationship forms, the level of trust within the relationship, faith in the promise of confidentiality, etc. Perhaps having the ability to process these relationships within the group setting may be an important strategy to prevent client dropout.

Therapist not part of group's cultural background. The results of counsellors' responses to this variable were split evenly between the variable having no effect and the variable increasing the likelihood of dropout. As noted earlier providing counselling services for a culture other than your own is a difficult proposition, thereby explaining the vast number of counsellors who admitted the client would have an increased risk of dropping out because of them. However, an equal number of counsellors do not have the same belief; they assert that they would be able to facilitate a program for the client that would not impact their likelihood of leaving the program.

Findings Highlights

This thesis examined 44 client variables, 30 counsellor variables, and various combinations of these variables. This is a list of five results and their implications for counsellors who are running family violence group treatment programs that were found to be the most interesting and useful for the researcher.

- Clients that demonstrated a lack of commitment and connection to others such as being single or unemployed were judged to be likely to drop out of the group. One counsellor also commented that a tenuous housing situation was also indicative of a client likely to not complete the program. However, this

same respondent also stated that appropriate motivational strategies can mitigate these factors. This comment seems to suggest that men who are likely to drop out due to other factors such as a low motivation to change or being a member of a minority cultural group who also demonstrate an unstable lifestyle are at a very high likelihood to drop out; their risk factors may reach a critical mass. However, the effect of these risk factors can be reduced by the skillful work of the counsellors in engaging the client in the program and in the change process. The integral concept of treatment motivation (Drieschner, Lammers & van der Staak, 2004) would support this hypothesis: that by increasing the problem recognition, the perceived suitability of treatment, and the outcome expectancy of the client you effectively decrease the power of the external factors and increase motivation to engage in treatment.

- A consistent finding demonstrated by this study was the increased likelihood of minority clients, especially First Nations clients, to fail to complete the program. This was made evident by 60% of respondents judging a minority client as likely to drop out. One counsellor commented that when a client has “cultural sensitivities that are not recognized by group members or facilitators” (Respondent 15) they are very likely to drop out. This comment was in line with the advice of Thibodeau (2003) where he recommends that the “the facilitator be aware of the historical, cultural, spiritual and emotional characteristics of the people, the concerns that may stem from these issues, and the effect they will have on the initiative” (p. 222).

- The results from the stages of change variables were especially telling in that a client was expected to be likely to drop out only in the precontemplation stages of change, while clients in the other stages were considered to be unlikely to drop out. This line of research is being aggressively studied by researchers (e.g., Scott, 2004b; Scott & Wolfe, 2003) and the virtual unanimity of the responses in this study speaks to the power of this theory in predicting program dropout. Indeed, many counsellors in this study commented that their primary strategy to reduce the chance of non-completion of the program included many motivational interviewing techniques found to be useful in transitioning a client out of the precontemplation stage of group development, as well as engagement strategies involving a non-judgmental attitude, humour, and holding the men responsible for their own change process.
- Clients who were abusive only in their families were judged to be less likely to drop out of the group by counsellors who had greater family violence counselling experience and by those counsellors whose group programs were more influenced by personality theory. Unfortunately this study was not able to identify in what way the interventions employed differed between the counsellors who reported a lower dropout rate than the counsellors who reported a higher dropout rate.
- The results suggested that clients are much more likely to drop out during the storming stage of group development, and very unlikely in the remaining stages. This identification of a high risk phase of group development for

client dropout may give counsellors a time framework in which to implement interventions to reduce the dropout risk. The lower risk identified in the forming stage may allow for a number of targeted interventions to reduce the risk in the storming stage.

Study Limitations

The findings associated with this thesis must be interpreted with caution given the study's limitations. The most significant limitation was the small sample size of the study which likely diluted the statistical power of the analyses to detect significant differences and relationships. This effect was offset by utilizing a modified Bonferroni procedure that is less stringent than its predecessor (Keppel, 1991). However, even given the use of this procedure, it is quite possible that there are more relationships between the studied variables than those that were identified in this study. The small sample size also reduced the breadth of analyses that could be conducted. A number of the independent variable categories had an insufficient number of responses to be included in the analyses (e.g., respondents with a doctoral degree, members of professional organizations other than psychology or social work colleges/associations, etc.) that constrained the variability in the analyses, thereby reducing the possibility of observing important statistical trends.

Another confound to the interpretation and application of the above results is the survey material used. It is not clear to what extent the self-authored survey accurately measured the constructs it was intended to measure as no statistical analyses were performed to measure the reliability and validity of the survey. There is also no certainty that the items were interpreted by the participants in the way they were intended to be understood. However, the survey construction did follow a careful evaluation of the

relevant literature to ensure that each item clearly described the theoretical construct it was meant to describe. Additionally, the survey was reviewed by a number of colleagues to make certain that it demonstrated face validity and clarity.

To demonstrate that the results found in this sample are valid and reliable the research must be replicated with different populations and a larger sample size.

Unfortunately, such an enterprise is beyond the current restraints of this researcher.

Therefore, the results must be understood and utilized with an appropriate level of discretion.

Directions for Future Research

This study assessed male client attrition from family violence cessation groups in a novel way. It provided a framework for counsellors to impart what they have learned from years of clinical practice, and a means to compile these results to observe trends. However, as is often the case, a research study provides more new avenues to explore than those that it exhausted. The next few paragraphs will provide an overview of those directions that call for future research.

One such research direction that this study opened up was that of the impact of group development stages on client attrition. This was an area for which this researcher found no prior research, and as such the results in this study should be seen as preliminary at best. The results seemed to indicate that there was a fair amount of predictive power in these variables in regards to a client's likelihood to drop out of the group. Assuming the observed pattern of results does stand up under replication and alternate research methods, an important research theme would be to investigate what

factors provide the impetus for attrition in each of the different stages and what strategies can be implemented to counteract these factors, specifically in the storming stage.

Another powerful group of predictive variables to explore would be client differences based on the stages of change. As outlined several times in this document there seems to be a growing body of literature making a strong case for the inclusion of this variable in the design and delivery of counselling for partner violent men. It is this writer's opinion that utilizing the strategies suggested by the transtheoretical model, including, but not necessarily limited to, a different intervention method for those clients in the precontemplation stage as suggested by Eckhardt et al., (2004) would provide an opportunity to implement a field experiment of the findings of this study and prior research. Such an endeavour may include the use of individual or group sessions and a focus on developing the clients' responsibility for their behaviour and empathy for their partner and children (Eckhardt et al., 2004; Jenkins, 2001). A client might be expected to complete this experimental program prior to beginning the existing program. These goals are already addressed in most group programs across Western Canada but this writer is unaware of a program that specifically targets those clients in the precontemplation stage with a program tailored specifically for their needs, as opposed to a one-size-fits-all introductory group for all participants.

It is interesting that when this research project was conceived it was initially considered to give a voice to men who had dropped out of the group program. However, because of logistical and ethical concerns it was decided that it would be more feasible to instead speak with the frontline counsellors. Nevertheless, it would prove interesting to take these present results and design a study to speak directly to those men who do not

complete the program as to why they decided to drop out. Would the results mirror some of the reasons given by the counsellors? What sorts of other factors that impacted their decision might emerge that have not been previously mentioned? What factors impacted their decision to initially attend the group and to stay as long as they did? These are all answers that could be used to identify strategies to vastly improve future group programs.

Conclusion

This thesis clearly identified and began to address a significant void in the family violence literature related to the issue of men not completing family violence intervention group programs. The thesis did this by offering a unique opportunity for those counsellors providing clinical interventions to have a voice in the academic research. The findings of this study confirm prior research findings and provide new avenues for future research about the behaviour of client attrition from group treatment. This research provides a basis for adjustments to existing programs as well as planning for future programs and is another element in the foundation of existing literature to inform future research.

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Drop Out from Group Treatment for Men who are Abusive to their Female Partner

1. What is your gender?
 - ☐ Male
 - ☐ Female
2. What is your age? _____ years
3. What is the **population size** of the primary community in which you provide group programs for men who have been abusive to a female partner?

4. In what province do you practice? (Check all that apply)
 - ☐ Alberta
 - ☐ British Columbia
5. Where is your **principal place of practice** when working in a group setting with men who have been abusive to a female partner?
 - ☐ Private Practice
 - ☐ Non-profit Agency
 - ☐ Hospital
 - ☐ Jail/Correctional Institution
 - ☐ Academic Setting
 - ☐ Other _____
6. What is the highest degree that you hold? (select one)
 - ☐ Diploma
 - ☐ B.A.
 - ☐ B.Sc.
 - ☐ B.S.W.
 - ☐ M.S.W.
 - ☐ M.A.
 - ☐ M.Sc.
 - ☐ M.Ed.
 - ☐ Ed.D
 - ☐ Psy.D
 - ☐ PhD
 - ☐ Other _____
7. For your highest degree, in what academic field did you major? (e.g., psychology, social work, educational psychology, counselling psychology, criminal justice, etc.)

8. In what year did you complete all requirements for your highest academic degree?

9. What professional organizations are you a member of? (check all that apply)
 - ☐ Alberta College of Social Workers
 - ☐ British Columbia Association of Social Workers
 - ☐ Canadian Counselling Association
 - ☐ British Columbia Psychological Association
 - ☐ American Association of Marriage and Family Therapists

☐ College of Alberta Psychologists

☐ Other

Part II: Experience with Family Violence Counselling
(Questions 10–27)

10. Overall, how many years have you **worked** as a counsellor:

a) on a **part-time** basis? ____ years

b) on a **full-time** basis? ____ years

11. In what ways have you received **training** in the **dynamics and/or treatment of family violence**? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> A lecture/presentation in an undergraduate course | <input type="checkbox"/> Attended a workshop on family violence (Approximate total length of all workshops _____ hours) |
| <input type="checkbox"/> A lecture/presentation in an graduate course | <input type="checkbox"/> Attended conferences on the topic |
| <input type="checkbox"/> Took an undergraduate course in family violence | <input type="checkbox"/> Attended a non-credit course on the topic |
| <input type="checkbox"/> Took a graduate course in family violence | <input type="checkbox"/> Personal study |
| | <input type="checkbox"/> Other _____ |

12. Approximately how many **hours of supervision** have you received in **family violence counselling**? (supervision is defined as an experienced counsellor observing sessions and providing consultation)
_____ hours

13. In what ways have you received **training in group counselling**? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> A lecture/presentation in an undergraduate course | <input type="checkbox"/> Attended a workshop on family violence (Approximate total length of all workshops _____ hours) |
| <input type="checkbox"/> A lecture/presentation in an graduate course | <input type="checkbox"/> Attended conferences on the topic |
| <input type="checkbox"/> Took an undergraduate course in family violence | <input type="checkbox"/> Attended a non-credit course on the topic |
| <input type="checkbox"/> Took a graduate course in family violence | <input type="checkbox"/> Personal study |
| | <input type="checkbox"/> Other _____ |

14. Approximately how many **hours of supervision** have you received in **group counselling**? (supervision is defined as an experienced counsellor observing sessions and providing consultation)
_____ hours

15. Overall, how long have you provided face-to-face **individual counselling** to men who are abusive to a female partner? ____ months ____ years

16. Overall, how long have you worked in a **group counselling setting** with men who are abusive to a female partner? ____ months ____ years

17. In the **past 12 months** how many **group programs** (not sessions) have you facilitated for men who are abusive to a female partner? _____

18. Overall, in your **career history**, approximately how many groups have you facilitated for men who are abusive to a female partner? _____

19. How **knowledgeable** do you believe you are in understanding the dynamics of family violence?

1	2	3	4	5
Not Very	Somewhat	Moderately	Very	Extremely

20. How **skilled** do you believe you are in counselling clients with issues of family violence?

1	2	3	4	5
Not Very	Somewhat	Moderately	Very	Extremely

21. How **knowledgeable** do you believe you are in counselling abusive men in a group setting?

1	2	3	4	5
Not Very	Somewhat	Moderately	Very	Extremely

22. How **skilled** do you believe you are in counselling abusive men in a group setting?

1	2	3	4	5
Not Very	Somewhat	Moderately	Very	Extremely

23. a) To what extent are your group programs influenced by **feminist theory**?

1	2	3	4	5	0
Not at all	Somewhat	Moderately	Mostly	Entirely	Don't know what this is

b) To what extent are your group programs influenced by **systems theory**?

1	2	3	4	5	0
Not at all	Somewhat	Moderately	Mostly	Entirely	Don't know what this is

c) To what extent are your group programs influenced by **attachment theory**?

1	2	3	4	5	0
Not at all	Somewhat	Moderately	Mostly	Entirely	Don't know what this is

d) To what extent are your group programs influenced by **cognitive behavioural theory**?

1	2	3	4	5	0
Not at all	Somewhat	Moderately	Mostly	Entirely	Don't know what this is

e) To what extent are your group programs influenced by **personality theory**?

1	2	3	4	5	0
Not at all	Somewhat	Moderately	Mostly	Entirely	Don't know what this is

f) To what extent are your group programs influenced by the **Transtheoretical model** (stages of change)?

1	2	3	4	5	0
Not at all	Somewhat	Moderately	Mostly	Entirely	Don't know what this is

g) Is there any other theory that has influenced your group programs? (please specify)

To what extent are your group programs influenced by this theory?

1	2	3	4	5
Not at all	Somewhat	Moderately	Mostly	Entirely

24. Where you work, what is the **criteria** to classify a group member as having **dropped out of the group program**? (please be as specific as possible; e.g., he misses x number of sessions)

25. a) Given your experience, what percentage of men **who attend an intake** session for group therapy for men who are abusive to a female partner do not complete the group? (group being defined as a group that runs for the number of sessions that your program does) _____ %

b) Please list any inferences you may have about why these men dropout?

26. a) Given your experience, what percentage of men **who attend at least one group session** for group therapy for men who are abusive to a female partner do not complete the group? (group being defined as a group that runs for the number of sessions that your program does) _____ %

b) Please list any inferences you may have about why these men dropout?

27. What strategies, if any, have you used to **decrease** the probability of men dropping out from your groups? _____

Part III: Likelihood to Drop Out
Demographic Variables
(Questions 28–41)

Directions:

- Read the following scenarios and, **based on your group counselling experience** working with men who have been abusive to a female partner, circle the appropriate phrase to signify **how likely the man is to drop out** from a group treatment program for men who are abusive to their female partner.
- Please provide an **explanation** for your answers if you think it is warranted to do so.
- The scenarios are artificial and it may seem that you are not provided with sufficient information to make a satisfactory judgment. However, please use only the **information provided** in each scenario with your clinical experience to judge how likely each client is to drop out of the group program.

Context:

- This is the **first time** that all of the men have attended a group for abusive men.
- Unless otherwise specified the **number of group sessions** attended is unknown.
- Unless otherwise specified the group is **voluntary**.
- The group is facilitated by an **experienced team** of a male and female counsellor.

Demographic Variables	How likely the man is to drop out from a group treatment program?				
28. Chris was mandated by the court to attend.	Very Unlikely	Unlikely	No Effect	Likely	Very Likely
29. Leroy is visibly not part of the mainstream culture in the community.	Very Unlikely	Unlikely	No Effect	Likely	Very Likely
30. Bob is single, never married.	Very Unlikely	Unlikely	No Effect	Likely	Very Likely
31. Robert was self-referred to the group.	Very Unlikely	Unlikely	No Effect	Likely	Very Likely
32. Roger is 22 years old.	Very Unlikely	Unlikely	No Effect	Likely	Very Likely
33. Tyler has a criminal record including misdemeanours for vandalism, petty theft and assault charges (not against a partner).	Very Unlikely	Unlikely	No Effect	Likely	Very Likely

34. Jason has had successful individual counselling two years ago for an unrelated issue.	Very Unlikely	Unlikely	No Effect	Likely	Very Likely
35. Phil has three young children with his current partner.	Very Unlikely	Unlikely	No Effect	Likely	Very Likely
36. Tom has been arrested twice previously for assaulting his intimate partner.	Very Unlikely	Unlikely	No Effect	Likely	Very Likely
37. Greg has a college education.	Very Unlikely	Unlikely	No Effect	Likely	Very Likely
38. Carl has a grade 10 education.	Very Unlikely	Unlikely	No Effect	Likely	Very Likely
39. Terry has been unemployed for eight months.	Very Unlikely	Unlikely	No Effect	Likely	Very Likely

40. Are there any other demographic variables you have found to be useful when judging the likelihood of abusive men dropping out from your group programs? (Please rate the effect of these variables)					
	Very Unlikely	Unlikely	No Effect	Likely	Very Likely
	Very Unlikely	Unlikely	No Effect	Likely	Very Likely
	Very Unlikely	Unlikely	No Effect	Likely	Very Likely
	Very Unlikely	Unlikely	No Effect	Likely	Very Likely

<p>41. Feel free to provide an explanation for any of the above responses.</p> <hr/> <hr/> <hr/> <hr/> <hr/>
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Psychological Variables
(Questions 42–55)

Directions:

- Read the following scenarios and, **based on your group counselling experience** working with men who have been abusive to a female partner, circle the appropriate phrase to signify **how likely the man is to drop out** from a group treatment program for men who are abusive to their female partner.
- Please provide an **explanation** for your answers if you think it is warranted to do so.
- The scenarios are artificial and it may seem that you are not provided with sufficient information to make a satisfactory judgment. However, please use only the **information provided** in each scenario with your clinical experience to judge how likely each client is to drop out of the group program.

Context:

- This is the **first time** that all of the men have attended a group for abusive men.
- Unless otherwise specified the **number of group sessions** attended is unknown.
- Unless otherwise specified the group is **voluntary**.
- The group is facilitated by an **experienced team** of a male and female counsellor.

Psychological Variables	How likely the man is to drop out from a group treatment program?				
42. Don has said that he is probably an alcoholic.	Very Unlikely	Unlikely	No Effect	Likely	Very Likely
43. Brent is a habitual drug user.	Very Unlikely	Unlikely	No Effect	Likely	Very Likely
44. Kyle has made it clear that he does not believe that the problems in his relationship warranted legal action. He blames his partner for the couple's problems and has made little effort in the past to change his behaviour.	Very Unlikely	Unlikely	No Effect	Likely	Very Likely
45. Brad believes he plays a major role causing the problems in his relationship but does not understand what he does wrong. He has made unsuccessful attempts in the past to change his	Very Unlikely	Unlikely	No Effect	Likely	Very Likely

behaviour.					
46. Scott experiences a time of tension building followed by severe forms of abuse. He then feels a great deal of remorse and regret for his actions.	Very Unlikely	Unlikely	No Effect	Likely	Very Likely
47. Colin has an advanced understanding of his behaviour and its effects. He has recently made considerable successful efforts to change his behaviour. He is primarily concerned with maintaining his non-abusive behaviour.	Very Unlikely	Unlikely	No Effect	Likely	Very Likely
48. Ben has recently decided that he wants to change his behaviour and has begun to research what steps he will need to take to successfully change.	Very Unlikely	Unlikely	No Effect	Likely	Very Likely
49. Barry can identify his abusive behaviour and its effects on his partner. He is actively attempting to change his behaviour and has had a moderate level of success.	Very Unlikely	Unlikely	No Effect	Likely	Very Likely
50. Brian has low levels of anger and jealousy in his relationship and has a lengthy criminal record, as well as a history of abuse as a child.	Very Unlikely	Unlikely	No Effect	Likely	Very Likely
51. Henry is only violent in his intimate relationship. He uses less severe forms of violence but shows remorse and contrition after the event. He also experiences little anger or jealousy.	Very Unlikely	Unlikely	No Effect	Likely	Very Likely
52. Brennan seems to have difficulty with abstract thought.	Very Unlikely	Unlikely	No Effect	Likely	Very Likely
53. Jacob admits that he has been violent in the past but feels that his relationship has changed	Very Unlikely	Unlikely	No Effect	Likely	Very Likely

significantly so that it will not reoccur. He has made no effort to change his behaviour in the past.	
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54. Are there any other psychological variables you have found to be useful when judging the likelihood of abusive men dropping out from your group programs? (Please rate the effect of these variables)					
	Very Unlikely	Unlikely	No Effect	Likely	Very Likely
	Very Unlikely	Unlikely	No Effect	Likely	Very Likely
	Very Unlikely	Unlikely	No Effect	Likely	Very Likely
	Very Unlikely	Unlikely	No Effect	Likely	Very Likely

<p>55. Feel free to provide an explanation for any of the above responses.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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Client-Group Variables (Questions 56–69)

Directions:

- Read the following scenarios and, **based on your group counselling experience** working with men who have been abusive to a female partner, circle the appropriate phrase to signify **how likely the man is to drop out** from a group treatment program for men who are abusive to their female partner.
- Please provide an **explanation** for your answers if you think it is warranted to do so.
- The scenarios are artificial and it may seem that you are not provided with sufficient information to make a satisfactory judgment. However, please use only the **information provided** in each scenario with your clinical experience to judge how likely each client is to drop out of the group program.

Context:

- This is the **first time** that all of the men have attended a group for abusive men.
- Unless otherwise specified the **number of group sessions** attended is unknown.
- Unless otherwise specified the group is **voluntary**.
- The group is facilitated by an **experienced team** of a male and female counsellor.

Client-Group Variables	How likely the man is to drop out from a group treatment program?				
56. In the first three group sessions Gary is very quiet and has not disclosed personal information.	Very Unlikely	Unlikely	No Effect	Likely	Very Likely
57. There are only a couple of sessions remaining in Dustin's group. He is feeling a mixture of emotions including sadness, loss, hope and pride because the group is nearly completed.	Very Unlikely	Unlikely	No Effect	Likely	Very Likely
58. The group that Clint attends is open to new members at every session.	Very Unlikely	Unlikely	No Effect	Likely	Very Likely
59. Glen has attended a number of sessions of the group and the last couple of sessions were	Very Unlikely	Unlikely	No Effect	Likely	Very Likely

characterized by conflict and polarization around interpersonal issues. The group members, including Gary, seem to be resistant to completing the tasks in group.					
60. Jim attends the third session after missing the first two sessions.	Very Unlikely	Unlikely	No Effect	Likely	Very Likely
61. Tim has attended two group sessions and seems to be establishing and testing relationships with other members and with the leaders.	Very Unlikely	Unlikely	No Effect	Likely	Very Likely
62. The group that Eric attends is closed to new members after the first three sessions.	Very Unlikely	Unlikely	No Effect	Likely	Very Likely
63. In the group Zachary is attending new group standards are developing and each member is adopting new roles. Zachary is beginning to share personal opinions with other members.	Very Unlikely	Unlikely	No Effect	Likely	Very Likely
64. Rick has attended a number of group sessions. In the last few sessions Rick has begun to feel comfortable attempting new roles within the group. He also feels that the group is beginning to achieve its goals.	Very Unlikely	Unlikely	No Effect	Likely	Very Likely
65. The group that Wayne is part of does not require him to pay a fee for service.	Very Unlikely	Unlikely	No Effect	Likely	Very Likely
66. Throughout the first three sessions Henry is hostile to other group members.	Very Unlikely	Unlikely	No Effect	Likely	Very Likely
67. Clyde has discovered that three members he really liked have decided not to return to the group.	Very Unlikely	Unlikely	No Effect	Likely	Very Likely

68. Are there any other client-group variables you have found to be useful when judging the likelihood of abusive men dropping out from your group programs? (Please rate the effect of these variables)					
	Very Unlikely	Unlikely	No Effect	Likely	Very Likely
	Very Unlikely	Unlikely	No Effect	Likely	Very Likely
	Very Unlikely	Unlikely	No Effect	Likely	Very Likely
	Very Unlikely	Unlikely	No Effect	Likely	Very Likely

<p>69. Feel free to provide an explanation for any of the above responses.</p> <hr/> <hr/> <hr/> <hr/> <hr/>
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Client-Therapist Variables
(Questions 70–80)

Directions:

- Read the following scenarios and, **based on your group counselling experience** working with men who have been abusive to a female partner, circle the appropriate phrase to signify **how likely the man is to drop out** from a group treatment program for men who are abusive to their female partner.
- Please provide an **explanation** for your answers if you think it is warranted to do so.
- The scenarios are artificial and it may seem that you are not provided with sufficient information to make a satisfactory judgment. However, please use only the **information provided** in each scenario with your clinical experience to judge how likely each client is to drop out of the group program.

Context:

- This is the **first time** that all of the men have attended a group for abusive men.
- Unless otherwise specified the **number of group sessions** attended is unknown.
- Unless otherwise specified the group is **voluntary**.
- The group is facilitated by an **experienced team** of a male and female counsellor.

Client-Therapist Variables	How likely the man is to drop out from a group treatment program?				
70. After the intake session Walter commented that you seemed to understand his problems.	Very Unlikely	Unlikely	No Effect	Likely	Very Likely
71. During the intake session Patrick and you agreed upon the group treatment goals.	Very Unlikely	Unlikely	No Effect	Likely	Very Likely
72. By the end of intake, Jerry and you have very different perspectives on what the problem is in his relationship.	Very Unlikely	Unlikely	No Effect	Likely	Very Likely
73. After the first group session you dislike Tom's personality.	Very Unlikely	Unlikely	No Effect	Likely	Very Likely
74. Patrick was an acquaintance of your co-facilitator's when they were young adults.	Very Unlikely	Unlikely	No Effect	Likely	Very Likely

75. Kevin is 20 years younger than the male facilitator.	Very Unlikely	Unlikely	No Effect	Likely	Very Likely
76. Neither you nor your co-facilitator are part of the mainstream culture to which the group members belong.	Very Unlikely	Unlikely	No Effect	Likely	Very Likely
77. If you had met under different circumstances you could see yourself being friends with Fred.	Very Unlikely	Unlikely	No Effect	Likely	Very Likely

78. Are there any other client-therapist variables you have found to be useful when judging the likelihood of abusive men dropping out from your group programs? (Please rate the effect of these variables)					
	Very Unlikely	Unlikely	No Effect	Likely	Very Likely
	Very Unlikely	Unlikely	No Effect	Likely	Very Likely
	Very Unlikely	Unlikely	No Effect	Likely	Very Likely
	Very Unlikely	Unlikely	No Effect	Likely	Very Likely

<p>79. Feel free to provide an explanation for any of the above responses.</p> <hr/> <hr/> <hr/> <hr/> <hr/>
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80. Are there any other variables that cannot be classified in the four sections (demographic, psychological, client-group, and client-therapist) that you have found to be useful when judging the likelihood of abusive men dropping out from your group programs? (Please rate the effect of these variables)					
	Very Unlikely	Unlikely	No Effect	Likely	Very Likely
	Very Unlikely	Unlikely	No Effect	Likely	Very Likely
	Very Unlikely	Unlikely	No Effect	Likely	Very Likely
	Very Unlikely	Unlikely	No Effect	Likely	Very Likely
	Very Unlikely	Unlikely	No Effect	Likely	Very Likely

Appendix B

Telephone Script when Contacting Referring Agencies

Researcher:

Hello. My name is Marcel Sikkema and I am a Counselling Psychology graduate student at The University of Lethbridge. Is this a good time to talk to you for five minutes?

Agency:

...

Researcher:

I am conducting survey research investigating counsellors' experiences of men dropping out of group therapy for partner abuse.

Agency:

...

Researcher:

Do you know any individuals/agencies who facilitate such groups who may be willing to complete the survey?

[if yes, obtain name and compare to current list, if on list:] Thank you, fortunately I already have the information of _____. Is there anybody else that you could recommend?

[if yes, repeat as above]

[if yes, obtain name and compare to current list, if not on list:] Thank you, do have contact information for _____? [Collect name, phone number and email address if possible]

[if no:] Alright, thank you very much for your assistance.

Appendix C

Email to Referring Agencies

To:
Subject: Request for Referral Information

To Whom It May Concern:

As a graduate student at The University of Lethbridge, I am conducting a study to elicit counsellor's views on why men dropout from treatment groups for family violence. The **survey** is designed to be completed by counsellors within Alberta and British Columbia who facilitate group treatment programs for **men who have been abusive to a female partner in their intimate relationships.**

I am seeking your assistance in locating possible participants to complete the survey.

I am in the recruitment phase of the study. I am seeking your **assistance in locating possible participants** (e.g., social workers, counselors, psychologists, etc) to complete the survey. I am hoping you can offer your assistance to me by providing contact information for potential participants who meet the following criteria:

- provides group counselling for men who have been abusive to a female partner in their intimate relationships; and
- provides this service within the provinces of Alberta or British Columbia

Your anonymity will be ensured as I will not inform the participant from whom I received their name. In addition, if you would like a copy of my thesis, or an executive summary, please inform me and I will send it to you upon completion.

The survey has received full ethical clearance and participation in the survey is voluntarily, etc.

To send me contact information of agencies and/or counselors offering group treatment to men who are abusive to their female partners, please select the most convenient method:

By Email	By Phone	By Mail
marcel.sikkema@uleth.ca	(403) 327-6796	1231 6 Ave S Lethbridge, AB T1J 1A3

If you have any questions or concerns about this research please contact myself at marcel.sikkema@uleth.ca. Alternatively, you may contact the project supervisor Dr. Dawn McBride at dawn.mcbride@uleth.ca. You may also verify the ethical approval of this study, or raise any concerns you might have, by contacting the Chair of the Faculty of Education Human Subjects Research Committee at the University of Lethbridge (403-329-2425).

Thank you very much,
Marcel Sikkema

Appendix D

Telephone Script when contacting Participants

Researcher:

Hello. My name is Marcel Sikkema and I am a Counselling Psychology graduate student at The University of Lethbridge. Is this a good time to talk to you for five minutes?

Participant:

...

Researcher:

I was informed by [referral source] that you facilitate group programs for men who have been abusive in their intimate relationships. I would like to invite you to consider participating in a study I am conducting on reasons men drop out of treatment. It will only take 30 minutes of your time. It involves completing a survey, which can be done online or you can receive a paper copy.

Participant

...

Researcher:

[if no]

Do you know any other individuals who facilitate such groups who may be willing to complete the survey?

[if yes, obtain name and compare to current list, if on list:] Thank you, fortunately I already have the information of _____. Is there anybody else that you could recommend?

[if yes, repeat as above]

[if yes, obtain name and compare to current list, if not on list:] Thank you, do have contact information for _____? [Collect name, phone number and email address if possible]

[if no:] Alright, thank you very much for your time.

[if yes]

Which survey version do you prefer?

[if online:] Is there an email address that I can send you a message explaining how to complete the survey?

[if yes, obtain and confirm email address]

[if no:] In order to complete the survey you have to visit

www.counsellingsurvey.ca and enter "2006" when asked for a password.

[if paper version:] When I mail the survey I include a survey overview, a consent sheet, and the survey. Once you have completed the survey please return it in the

addressed and stamped envelope provided. Where would you like me to mail the survey? [confirm address]

Thank you very much for your time and I will send out the survey within two hours of this phone call.

Appendix E

Recruitment Email to Participants

To:
Subject: Request for Referral Information

Have You Ever Wondered Why Men Who Are Abusive to their Partners Dropout of Group Treatment?

To help answer the question, I, a graduate student at The University of Lethbridge, am conducting a study to investigate reasons men dropout from treatment groups for family violence. I am interested in learning about your perspective, along with 200+ counsellors in the field.

CRITERIA TO PARTICIPATE IN THE STUDY: A counsellor (social worker, psychologist, etc.) in Alberta and British Columbia who have experience facilitating group treatment programs for men who have been abusive to a female partner in their intimate relationships.

TYPE OF STUDY: Survey that will take, on average, 30 mins to complete. The survey can be completed in a **web-based** format or in a **paper** format. No follow up survey is requested. There are no incentives for your participation and no one will know if you have completed the survey or not.

HAS THIS STUDY RECEIVED ETHICAL CLEARANCE: Yes, on Dec 2006.

TO ACCESS THE STUDY:

- 1. For a web-based format:** Please visit www.counsellingsurvey.ca At this point you will be asked to supply the following password: 2006
- 2. For a paper copy:** Please contact me at marcel.sikkema@uleth.ca or call me at (403) 327-6796.

YOUR HELP IS NEEDED.

THE GOAL IS TO RECRUIT 200 RESPONDENTS. COULD YOU PLEASE **forward this email** to your colleagues or peers who fit the following inclusion criteria:

- provides group counselling for men who have been abusive to a female partner in their intimate relationships; and
- provides this service within the provinces of Alberta or British Columbia

If you have any questions or concerns about this research please contact myself at marcel.sikkema@uleth.ca. Alternatively, you may contact the project supervisor Dr. Dawn McBride at dawn.mcbride@uleth.ca. You may also verify the ethical approval of this study, or raise any concerns you might have, by contacting the Chair of the Faculty of Education Human Subjects Research Committee at the University of Lethbridge (403-329-2425).

I welcome your participation.

Thank you for your time,

Marcel Sikkema

1231 6 Ave S

Lethbridge, AB

T1J 1A3

PHONE: (403) 327 - 6796

EMAIL: marcel.sikkema@uleth.ca

Appendix F

Survey Overview – Paper Version



Reason why Abusive Men Dropout of Group Counselling – Survey Overview¹

You have been selected to complete a survey designed for completion by counsellors within Alberta and British Columbia who facilitate group treatment programs for men who are abusive in their intimate relationships.

The survey is part of a student graduate research project at the University of Lethbridge. It addresses the attitudes and practices of Canadian counsellors as they relate to attrition of male clients in a group counselling context for domestic violence. You are asked to respond to a number of questions and statements designed to evaluate these parameters. The survey will take approximately 30 minutes to complete. No follow up survey is requested.

Confidentiality and anonymity are assured. You are not asked to provide any identifying information. The information you provide will be used for the present research project and any presentations or publications resulting from it. It may also be used in the future for further research, funding proposals, and group program development. Your participation is completely voluntary and you may discontinue at any time. However, your name or other identifying features will not be associated in any way with the published results.

If you have any **questions or concerns** about this research please contact the principal investigator Marcel Sikkema at marcel.sikkema@uleth.ca. Alternatively, I may contact the project supervisor Dr. Dawn McBride, at: dawn.mcbride@uleth.ca. You may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Chair of the Faculty of Education Human Subjects Research Committee at the University of Lethbridge (403-329-2425).

The survey can be completed in a web-based format or in a paper format. If you would prefer to complete the web version of the survey please visit www.counsellingsurvey.ca and enter the number 2006 when asked for a password. If you prefer to complete the survey by paper please read and sign one of the enclosed Participant Consent Form (the other is for your records) and complete the survey. Once you have completed the survey please place it in the addressed envelope provided and send it in the mail.

Thank you for your time,
Marcel Sikkema

¹ Survey Overview adapted from Schaefer (2006).

Appendix G

Survey Consent Form – Paper Version



Reason why Abusive Men Dropout of Group Counselling PARTICIPANT CONSENT FORM¹

THIS PAGE OUTLINES YOUR RIGHTS AS A PARTICIPANT

I hereby give my consent to participate in a research project titled: **Counsellors perceptions of why men dropout of group therapy for domestic violence**

I also understand that in proceeding to complete this survey I will be giving informed consent for my participation in the study. I understand that participation in this research project is voluntary and that I am free to choose not to answer certain questions or I may withdraw entirely by simply not mailing the survey. I understand that withdrawal will not adversely affect me in any way. This survey will take approximately 30 minutes to complete. I understand that the responses will remain anonymous. All information will be kept confidential, except when legislation or a professional code of conduct requires that it be reported. This survey is completed anonymously and therefore once a participant has mailed the survey there is no way to remove the results of a particular individual from the study. I understand that there are no known risks associated with participating in this survey. I also understand that some of the benefits associated with this study include contributing to the understanding of the attitudes and practices of Canadian counsellors as they relate to dropout of male clients in a group counselling context for domestic violence. This knowledge can be used by practitioners to improve the programs they offer to clients to increase the success rate of the program.

All reporting of data and use of data in later presentations or possible publications will also maintain participant anonymity. I understand that individual results from the survey will not be reported and/or published and that only group results will be reported and/or published. I understand that the results of the survey will be analyzed with the purpose of seeking information on Canadian counsellors and their attitudes and practices of Canadian counsellors as they relate to attrition of male clients in a group counselling context for domestic violence. I understand that findings from this survey may be disseminated at professional conferences and peer reviewed publications, and will be primarily used for a Graduate research project that will be presented at a thesis defense. They may also be used in the future for further research, funding proposals, and group program development. All data collected for this study will be stored in a locked cabinet for a seven year period, after which it will be shredded and/or deleted. A summary of the results of this study will be posted to the web site www.counsellingsurvey.ca in mid 2007. The entire final project will be kept by the Department of Education at the University of Lethbridge by the estimated date of July 2007.

I can keep a copy of this consent form for my personal records. I understand that if I have any questions or concerns in regards to this project I can contact Marcel Sikkema at marcel.sikkema@uleth.ca. Alternatively, I may contact Dr. Dawn McBride, at: dawn.mcbride@uleth.ca. I may verify the ethical approval of this study, or raise any concerns I might have, by contacting the Chair of the Faculty of Education Human Subjects Research Committee at the University of Lethbridge (403-329-2425). I have read and fully understand the consent form and I agree to participate in this research as described, to the best of my ability. By proceeding to answer the enclosed survey questions, I understand that I am agreeing to participate in this study as if I have signed a paper document with my signature. Completing and mailing the survey to the researcher indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researchers.

Survey Overview adapted from Schaefer (2006).

Appendix H

Survey Overview - Web Version



Reason why Abusive Men Dropout of Group Counselling – Survey Overview¹

THE FOLLOWING INTRODUCES THE STUDY. FEEL FREE TO READ OR ADVANCE TO THE NEXT PAGE THAT CONTAINS THE CONSENT FORM.

You have been selected to complete a survey designed for completion by counsellors within Alberta and British Columbia who facilitate group treatment programs for men who are abusive in their intimate relationships.

The survey is part of a student graduate research project at the University of Lethbridge. It addresses the attitudes and practices of Canadian counsellors as they relate to the dropout of male clients in a group counselling context for domestic violence. You are asked to respond to a number of questions and statements designed to evaluate these parameters. The survey will take approximately 30 minutes to complete. No follow up survey is requested.

Confidentiality and anonymity are assured. You are not asked to provide any identifying information. The information you provide will be used for the present research project and any presentations or publications resulting from it. It may also be used in the future for further research, funding proposals, and group program development. Your participation is completely voluntary and you may discontinue at any time. However, your name or other identifying features will not be associated in any way with the published results.

If you have any **questions or concerns** about this research please contact the principal investigator Marcel Sikkema at marcel.sikkema@uleth.ca. Alternatively, you may contact the project supervisor Dr. Dawn McBride, at: dawn.mcbride@uleth.ca. You may also verify the ethical approval of this study, or raise any concerns you might have, by contacting the Chair of the Faculty of Education Human Subjects Research Committee at the University of Lethbridge (403-329-2425).

The survey can be completed in a web-based format or in a paper format. If you would prefer to complete the paper version of the survey please contact the principal investigator Marcel Sikkema at marcel.sikkema@uleth.ca to have a paper version sent to you. If you prefer to complete the survey online please click the CONTINUE button below, which will direct you to a “Consent for Participation” page. If you choose to give your consent to participate in the survey you will be asked to continue on to the survey itself. You will be asked to supply the password noted in the email that informed you of this survey.

Thank you for your time,
Marcel Sikkema

CONTINUE

¹Survey Overview adapted from Schaefer (2006).

Appendix I

Survey Consent Form – Web Version



Reason why Abusive Men Dropout of Group Counselling PARTICIPANT CONSENT FORM¹ (Web Version)

THIS PAGE OUTLINES YOUR RIGHTS AS A PARTICIPANT

I hereby give my consent to participate in a research project titled: **Counsellors perceptions of why men dropout of group therapy for domestic violence.**

I also understand that in proceeding to complete this survey I will be giving informed consent for my participation in the study. I understand that participation in this research project is voluntary and that I am free to choose not to answer certain questions or I may withdraw entirely by simply not submitting the survey. I understand that withdrawal will not adversely affect me in any way. This survey will take approximately 30 minutes to complete. I understand that the responses will remain anonymous. All information will be kept confidential, except when legislation or a professional code of conduct requires that it be reported. This survey is completed anonymously and therefore once a participant has submitted the survey there is no way to remove the results of a particular individual from the study. I understand that there are no known risks associated with participating in this survey. I also understand that some of the benefits associated with this study include contributing to the understanding of the attitudes and practices of Canadian counsellors as they relate to dropout of male clients in a group counselling context for domestic violence. This knowledge can be used by practitioners to improve the programs they offer to clients to increase the success rate of the program.

All reporting of data and use of data in later presentations or possible publications will also maintain participant anonymity. I understand that individual results from the survey will not be reported and/or published and that only group results will be reported and/or published. I understand that the results of the survey will be analyzed with the purpose of seeking information on Canadian counsellors and their attitudes and practices of Canadian counsellors as they relate to attrition of male clients in a group counselling context for domestic violence. I understand that findings from this survey may be disseminated at professional conferences and peer reviewed publications, and will be primarily used for a Graduate research project that will be presented at a thesis defense. They may also be used in the future for further research, funding proposals, and group program development. All data collected for this study will be stored in a locked cabinet for a seven year period, after which it will be shredded and/or deleted. A summary of the results of this study will be posted to the web site www.counsellingsurvey.ca in mid 2007. The entire final project will be kept by the Department of Education at the University of Lethbridge by the estimated date of July 2007.

I can keep a copy of this consent form for my personal records by using my computer's "Print" function in order to have a 'written' copy of this consent for my records. I understand that if I have any questions or concerns in regards to this project I can contact Marcel Sikkema at marcel.sikkema@uleth.ca. Alternatively, I may contact Dr. Dawn McBride, at: dawn.mcbride@uleth.ca. I may verify the ethical approval of this study, or raise any concerns I might have, by contacting the Chair of the Faculty of Education Human Subjects Research Committee at the University of Lethbridge (403-329-2425). I have read and fully understand the consent form and I agree to participate in this research as described, to the best of my ability. By proceeding to answer the following survey questions, I understand that I am agreeing to participate in this study as if I have signed a paper document with my signature.

Clicking on the CONTINUE button below indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researchers. You will be asked to provide the password given in the recruitment advertisement and/or email in order to begin the survey.

CONTINUE

Survey Overview adapted from Schaefer (2006).

Appendix J

Survey Items` Description in Tables

Item	Item Description
Demographic Variables	
28. Chris was mandated by the court to attend.	Court mandated
29. Leroy is visibly not part of the mainstream culture in the community.	Non-mainstream culture
30. Bob is single, never married.	Single
31. Robert was self-referred to the group.	Self-referred
32. Roger is 22 years old.	22-years old
33. Tyler has a criminal record including misdemeanours for vandalism, petty theft and assault charges (not against a partner).	Criminal Record
34. Jason has had successful individual counselling two years ago for an unrelated issue.	Prior Counselling
35. Phil has three young children with his current partner.	Has three children
36. Tom has been arrested twice previously for assaulting his intimate partner.	Prior domestic charges
37. Greg has a college education.	College education
38. Carl has a grade 10 education.	Grade 10 Education
39. Terry has been unemployed for eight months.	Unemployed
Psychological Variables	
42. Don has said that he is probably an alcoholic.	Alcoholic client

Item	Item Description
43. Brent is a habitual drug user.	Drug-using client
44. Kyle has made it clear that he does not believe that the problems in his relationship warranted legal action. He blames his partner for the couple's problems and has made little effort in the past to change his behaviour.	Precontemplation stage – extreme
45. Brad believes he plays a major role causing the problems in his relationship but does not understand what he does wrong. He has made unsuccessful attempts in the past to change his behaviour.	Contemplation stage
46. Scott experiences a time of tension building followed by severe forms of abuse. He then feels a great deal of remorse and regret for his actions.	Emotionally volatile aggressor
47. Colin has an advanced understanding of his behaviour and its effects. He has recently made considerable successful efforts to change his behaviour. He is primarily concerned with maintaining his non-abusive behaviour.	Maintenance stage
48. Ben has recently decided that he wants to change his behaviour and has begun to research what steps he will need to take to successfully change.	Preparation stage
49. Barry can identify his abusive behaviour and its effects on his partner. He is actively attempting to change his behaviour and has had a moderate level of success.	Action stage
50. Brian has low levels of anger and jealousy in his relationship and has a lengthy criminal record, as well as a history of abuse as a child.	Antisocial generalized aggressor

Item	Item Description
51. Henry is only violent in his intimate relationship. He uses less severe forms of violence but shows remorse and contrition after the event. He also experiences little anger or jealousy.	Family-only aggressor
52. Brennan seems to have difficulty with abstract thought.	Difficulty with abstract thought
53. Jacob admits that he has been violent in the past but feels that his relationship has changed significantly so that it will not reoccur. He has made no effort to change his behaviour in the past.	Precontemplation stage
Client-Group Variables	
56. In the first three group sessions Gary is very quiet and has not disclosed personal information.	Quiet client
57. There are only a couple of sessions remaining in Dustin's group. He is feeling a mixture of emotions including sadness, loss, hope and pride because the group is nearly completed.	Adjourning stage
58. The group that Clint attends is open to new members at every session.	Open group
59. Glen has attended a number of sessions of the group and the last couple of sessions were characterized by conflict and polarization around interpersonal issues. The group members, including Gary, seem to be resistant to completing the tasks in group.	Storming stage
56. Jim attends the third session after missing the first two sessions.	Misses two sessions

Item	Item Description
57. Tim has attended two group sessions and seems to be establishing and testing relationships with other members and with the leaders.	Forming stage
58. The group that Eric attends is closed to new members after the first three sessions.	Closed group
59. In the group Zachary is attending new group standards are developing and each member is adopting new roles. Zachary is beginning to share personal opinions with other members.	Norming stage
60. Rick has attended a number of group sessions. In the last few sessions Rick has begun to feel comfortable attempting new roles within the group. He also feels that the group is beginning to achieve its goals.	Performing stage
61. The group that Wayne is part of does not require him to pay a fee for service.	No-fee
62. Throughout the first three sessions Henry is hostile to other group members.	Hostile client
63. Clyde has discovered that three members he really liked have decided not to return to the group.	Wave phenomenon
Client-Therapist Variables	
70. After the intake session Walter commented that you seemed to understand his problems.	Counsellor understands problem
71. During the intake session Patrick and you agreed upon the group treatment goals.	Agreement on treatment goals
72. By the end of intake, Jerry and you have very different perspectives on what the problem is in his relationship.	Different perspective on problem

Item	Item Description
70. After the first group session you dislike Tom's personality.	Counsellor dislikes personality
71. Patrick was an acquaintance of your co-facilitator's when they were young adults.	Acquaintance of co-facilitator
72. Kevin is 20 years younger than the male facilitator.	20 years younger
73. Neither you nor your co-facilitator are part of the mainstream culture to which the group members belong.	Counsellors not part of cultural group
74. If you had met under different circumstances you could see yourself being friends with Fred.	Could have been friends