Thank you for joining us today!

Efficacy of Interventions with Victims

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2-3:30pm Central Time

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EFFICACY OF INTERVENTIONS WITH VICTIMS: CHARACTERISTICS, CHALLENGES, & POTENTIAL SOLUTIONS

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EFFICACY OF INTERVENTIONS WITH VICTIMS

Detrimental impact of exposure to domestic violence
Trends in service access/utilization
Integrated framework for evaluation of intervention efficacy
Characteristics of Interventions
Results: Effectiveness by Intervention Type
Recommendations & Special Considerations with Children
DETRIMENTAL IMPACT OF EXPOSURE TO DOMESTIC VIOLENCE

Pervasive

Consequences: physical, emotional, psychological, financial

Adult & child victims exposed to DV

Children who witness DV: sleep disturbances, separation anxiety, hyper vigilance, physical complaints, irritability, uncontrollable overt emotional upset, regression, withdrawal, blunted emotions, distractibility

Children with exposure to DV and with direct experiences of victimization: internalizing and externalizing behaviors, delinquency, perpetration of violence
RESEARCH FOCUS

Benefits of highlighting the scope of concerns
Risks of focusing of symptoms and problems
Possible movement towards victim-focused research
TRENDS IN SERVICE ACCESS/UTILIZATION

Wide range of services and interventions
Underutilization
Patterns affecting use
Education & treatment selection
SURVEY RESULTS

Survey of nine sites providing DV interventions in Illinois

Services provided to children and their caregivers:

- Services for Caregivers:
  - Best outcomes for caregivers: Services with a focus on impact of violence on children, sexual abuse, building support systems, and grief and loss
  - Best outcomes for children: Services with a focus on appropriate discipline

- Services for children:
  - Best outcomes for children: focus on identifying and expressing feelings, differentiating between good and bad touch, domestic violence, and community violence.
INITIAL META ANALYSIS

Effectiveness of mental health domestic violence interventions
Children & non-offending parent in joint treatment
Differential efficacy based on targeted outcome
Effect size
INITIAL META ANALYSIS: RESULTS

Are mental health interventions involving women and children in joint treatment effective?
• Large effect size (d .812)

Are mental health interventions involving women and children in joint treatment effective in comparison to control group interventions
• Medium effect size (d .518)
THERAPEUTIC FACTORS

- Universality
- Imparting of Information
- Altruism
- Corrective Recapitulation of the Primary Family of Origin
- Development of Socializing Techniques
- Imitative Behavior
- Interpersonal Learning
- Group Cohesiveness
- Catharsis
- Existential Factors
- Instillation of Hope
INITIAL META ANALYSIS: RESULTS

(a) external stress (behavioral problems, aggression, or alcohol use);
(b) psychological adjustment (depression, anxiety, or happiness);
(c) self-concept (self-esteem, perceived competence, or internal locus of control);
(d) social adjustment (popularity, loneliness, or cooperativeness);
(e) family relations (mother–child relations, affection, or quality of interaction); and
(f) maltreatment events (reoccurrence of violence, return to partner).
CONCEPTUAL FRAMEWORK

Agent of Change
• Those who implement an intervention
  • Examples: Victims, Offenders, Families, Police/Courts, Organizations, Communities

Target of Change
• Those who receive the intervention
  • Examples: Victims, Offenders, Families, Police/Courts, Organizations, Communities

Strategy
• Strategies through which the intervention is supposed to achieve outcomes
  • Examples: Empowerment, Education, Sanctions, Treatment, Services
PRIMARY META ANALYTIC REVIEW

Purpose

Inclusion criteria

Treatment Modality
- CBT/Action-oriented therapy,
- Advocacy interventions
- Parent/Family therapy
- Supportive Therapy/Empowerment
- Child therapy
COGNITIVE BEHAVIORAL INTERVENTIONS

Focus on cognitive and behavioral restructuring of faulty schemas developed as a result of DV

Target of Change: Victims

Agent of Change: Mental health providers

Included Interventions: CBT, Trauma focused therapy, prolonged exposure therapy, cognitive processing therapy, eye movement desensitization
ADVOCACY INTERVENTIONS

Providing victim support ranging from legal sanctions to case management, education, and skills training

Target of Change: Victims

Agent of Change: Police/courts, Organizations, Case Managers, Social Service Providers, Communities

Included Interventions: Family advocacy, in-home advocacy, technology skills, case management, shelter services, hotline usage, coordinated community response, interim protection orders
PARENT/FAMILY INTERVENTIONS

Focus on interventions at the relationship level in the context of a parent-child dyad or family unit

Target of Change: Parent-child dyads and family systems

Agent of Change: Community organizations, social services providers, mental health treatment providers and the victims themselves

Included Interventions: parenting skills training, filial therapy, and parent-child interaction therapy (PCIT)
SUPPORTIVE THERAPY INTERVENTIONS

Focus on helping victims regain a sense of control, emotional coping, self-efficacy, autonomy, and acceptance following DV

Target of Change: Victims

Agent of Change: Counseling providers, Victims

Included Interventions: emotion-focused, empowerment, mindfulness, expanding social connections
Focus on helping children develop specific skills through a developmentally appropriate form of learning

Target of Change: Victims

Agent of Change: Non-offending parent, mental health service providers, organizations

Included Interventions: action-oriented interventions, advocacy interventions, parent/family interventions, supportive therapy, child therapy, and no treatment/control
OUTCOMES MEASURED

Maltreatment
Internalizing problems
Quality of life
Social support
Stress/Distress
Parent-Child Relationship

Behavior problems
Trauma reaction
Psychopathology
DV Skills
Self Concept
PRIMARY META ANALYSIS

Purpose of study

Study inclusion

Conceptual framework
- Agent of Change
- Those who implement an intervention
- Target of Change
- Those who receive the intervention
- Strategy
- Strategies through which the intervention is supposed to achieve outcomes
EFFICACY OF ADULT VICTIM INTERVENTIONS

Highly Effective:

Agent of Change
- Specific mental health or social services professional

Target of Change

Strategy
- Therapeutically Based Interventions
- CBT
- Parent/Family
- Supportive/Empowerment Therapies

Moderately Effective:

Agent of Change
- Wide array of potential agents of change

Target of Change

Strategy
- Advocacy Interventions
- Control Treatments
EFFICACY OF CHILD VICTIM INTERVENTIONS

Highly Effective:

Agent of Change
- Specific mental health or social services professional

Target of Change

Strategy
- Therapeutically Based Interventions
- CBT
- Parent/Family
- Supportive/Empowerment Therapy
- Play Therapy

Notably Less Effective:

Agent of Change
- Wide array of potential agents of change

Target of Change

Strategy
- Advocacy Interventions
RECOMMENDATIONS & SPECIAL CONSIDERATIONS WITH CHILDREN

Focus on the mother/child dyad
Disclosure of DV experiences
Duration of Interventions
RECOMMENDATIONS & SPECIAL CONSIDERATIONS WITH CHILDREN

Effects of study methodology
• Qualitative vs Quantitative
• Participatory Action vs. Traditional inquiry
• Longitudinal vs. cross-sectional
FINAL THOUGHTS

Summary of findings
Suggestions for continued research
Recommendations for service selection & delivery
What do we mean by “effective” services?

LAUREN CATTANEOP, PH.D.
GEORGE MASON UNIVERSITY
Delving into “Effectiveness”

How can we best serve survivors of IPV?

How can programs explore and document the effectiveness of their practice?
Three Contributions to the Conversation

In collaboration!

Lisa Goodman, Boston College
Kristie Thomas, Simmons College
The Domestic Violence Program Evaluation and Research Collaborative
Amanda Stylianou, Safe Horizon
Safe Horizon staff and leadership
Three Contributions to the Conversation

1. Refine our thinking about what effectiveness means.
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The Empowerment Process Model (Cattaneo & Goodman, 2015)
Three Contributions to the Conversation

1. Refine our **thinking** about what effectiveness means.

2. Develop **tools** to measure effectiveness that:
   - Integrate this thinking
   - Reflect programs’ missions
   - Reflect survivors’ goals
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**Measure of Victim Empowerment Related to Safety** *(MOVERS; Goodman, Cattaneo, Thomas, Woulfe, Chong & Smyth, 2015)*

**Survivor-Defined Practice Scale** *(Goodman, Thomas, Cattaneo, Heimel, Woulfe & Chong, 2015)*
Three Contributions to the Conversation

1. Refine our **thinking** about what effectiveness means.

2. Develop **tools** to measure effectiveness.

3. **Test** our thinking, using our tools.
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*Pilot project with Safe Horizon: Does survivor-centered practice lead to an increase in survivor empowerment?*
Three Contributions to the Conversation

1. Refine our **thinking** about what effectiveness means.

2. Develop **tools** to measure effectiveness.

3. **Test** our thinking, using our tools.
Refining our thinking: What’s empowerment?
Refining our thinking: What’s empowerment?

◆ Something that means everything means nothing.
Refining our thinking: What’s empowerment?

◆ Something that means everything means nothing.
◆ Who gets to say what’s empowering?
Refining our thinking: What’s empowerment?

◆ Something that means everything means nothing.
◆ Who gets to say what’s empowering?
◆ It’s more than a feeling...
Refining our thinking: What’s empowerment?

◆ Something that means everything means nothing.
◆ Who gets to say what’s empowering?
◆ It’s more than a feeling...
◆ It can be facilitated, but not gifted.
Define or redefine *meaningful, power-oriented* 
**GOALS** and objectives
Define or redefine meaningful, power-oriented GOALS and objectives

Carry out ACTIONS toward goal achievement

EMPOWERMENT PROCESS MODEL

SOCIAL CONTEXT
Define or redefine meaningful, power-oriented **GOALS** and objectives

Carry out **ACTIONS** toward goal achievement

Observe and reflect on **IMPACT** of actions in relation to goal achievement

**EMPOWERMENT PROCESS MODEL**
Define or redefine **meaningful, power-oriented GOALS** and objectives

Observe and reflect on **IMPACT** of actions in relation to goal achievement

Carry out **ACTIONS** toward goal achievement

**EMPOWERMENT PROCESS MODEL**

- self-efficacy
- knowledge
- skills
- community resources

**SOCIAL CONTEXT**
A Collaborative Approach to Defining & Measuring Success in DV Programs

How do programs define success?

Collaborate with survivors and program staff to develop plan for administering surveys

Review of literature
Program conversations, & focus groups
Discussion & consultation

Develop the focus for a "measure"...

...develop items for first draft of survey

Test & revise items with group of survivors

"Long" draft of proposed measure, in multiple languages

Collaborate with survivors and program staff to develop plan for administering surveys

Administer surveys to 301 survivors

Data Analysis

• Create groups of related items
• Eliminate redundant & extraneous items
• Ensure scale is related to similar concepts

Final Revised “Short” Measure (in multiple languages)

Develop a Program Guide for using measure and interpreting findings
Results: Two Measures

◆ Measure of Empowerment Related to Victim Safety (MOVERS)
Results: Two Measures

◆ Measure of Empowerment Related to Victim Safety (MOVERS)

◆ Survivor-Defined Practice = degree to which advocates:
  ◆ help them achieve goals they set for themselves;
  ◆ facilitate a spirit of partnership;
  ◆ show sensitivity to their individual needs and styles
MOVERS

13 item scale
3 subscales
Never true-Always true

External Supports

Trade Offs

Internal Resources
MOVERS

Has developed a set of safety-related goals and a belief in the ability to accomplish them.

*I know what my next steps are on the path to keeping safe*

13 item scale
3 subscales
Never true-Always true
MOVERS

Perceives that the support needed to move towards safety is available and accessible.

*I have a good idea about what kinds of support for safety I can get from community programs and services*

13 item scale
3 subscales
Never true-Always true

Has developed a set of safety-related goals and a belief in the ability to accomplish them.

*I know what my next steps are on the path to keeping safe*
MOVERS

Perceives that the support needed to move towards safety is available and accessible
*I have a good idea about what kinds of support for safety I can get from community programs and services*

Believes that moving towards safety has not/will not disrupt other domains of life.
*I have to give up too much to keep safe; Moving towards safety has created or will create new problems for my family*

13 item scale
3 subscales
Never true-Always true
A test:
*Does what we do have the impact we think?*

Does survivor-centered practice lead to an increase in safety-related empowerment?
Pilot Project at Safe Horizon

◆ Community programs in 4 boroughs.

◆ First meeting with staff member.

◆ Surveyed client pre and post, provided incentive.

◆ Administered MOVERS, SDPS, and other measures of interest...
Demographic Information

**Gender**
- 159 = female
- 21 = male

**Sexual Orientation**
- 172 = heterosexual
- 2 = lesbian
- 6 = bisexual
Demographics

Age
18-66
60% between 26-46

Kids
At all: 78%
At home: 63%
In common: 64%

education

- some high school
- finished high school
- some college
- 4-year college
- graduate school
Abuse Experiences: 1 (never) – 5 (frequently)

Physically hurt you? 3.2
Insulted you or talked down to you? 4.4
Threatened you with harm? 3.5
Screamed or cursed at you? 4.3
Forced you to engage in sexual activities? 2.3

How often did you engage in sexual activities with this person because you were afraid of what would happen if you didn't? 2.4

OVERALL SUM: 20.1
Past Use of Services

Number of services used in the past:

- Five or more
- Three to four
- One to two
- None

Past Use of Services

Number of services used in past

- Five or more
- Three to four
- One to two
- None

Past Use of Services

Number of services used in past

- Five or more
- Three to four
- One to two
- None
Satisfaction with services I wanted

- Safety Planning
- Stay Safely
- Leave Safely
- Support for Changes
- Safety Resources
- Help for Person who Hurt Me
- Safety for Family

- N/A
- Very helpful
- A little helpful
- Not helpful
One session can make a difference.

On average, survivors’ safety-related empowerment increased significantly from pre to post.
MOVERS

Internal Tools | Expectations of Support | Trade Offs

Pre | Post

Bar chart showing the expectations of support before and after a certain event or intervention, with 'Pre' and 'Post' indicating the time points.
MOVERS Subscale Change after 1 session

- **Internal Tools**: Better (50) vs. Worse (10) vs. No Change (20)
- **Expectations of Support**: Better (50) vs. Worse (10) vs. No Change (20)
- **Trade Offs**: Better (40) vs. Worse (10) vs. No Change (20)
Survivor-Defined Practice

- PTSD symptoms
- Severity of abuse

Change in MOVERS

Internal Tools

Expectations of Support

Tradeoffs
What have we learned?

◆ MOVERS scores are a sensitive indicator of service impact.
What have we learned?

◆ MOVERS scores are a sensitive indicator of service impact.

◆ For 2 aspects of SRE, internal tools and expectations of support:
  ◆ On average, there is change after one session
  ◆ More survivor-defined practice predicts more improvement.
What have we learned?

◆ MOVERS scores are a sensitive indicator of service impact.

◆ For 2 aspects of SRE, internal tools and expectations of support:
  ◆ On average, there is change after one session
  ◆ More survivor-defined practice predicts more improvement.

◆ Tradeoffs are different.
  ◆ On average, they do not change significantly.
  ◆ Survivor-defined practice does not predict improvement.
Questions to come...

How do client, staff, and observer perceptions relate to each other?

What else predicts MOVERS increases?
- particular aspects of service?
- particular perspectives?
- demographic match?

How do MOVERS scores relate to what happens after the session?
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