Fathers for Change: Integrated Intervention for Fathers with Co-Occurring IPV and Substance Abuse

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What’s wrong with the current system?

- Leo 25 and Linda 21
- Together 2 years (unmarried)
- Children age 4, 2, and 9 months
- Multigenerational pattern of IPV, SA, child maltreatment
- Leo arrested for IPV
- DCF notified and requested drug screening
- DCF referred Leo to SA, anger management
- Linda referred to SA and parenting class

“I don't want my son to feel about his father the way I feel about mine.”

“I know we can be a real family.”
Intimate Partner Violence (IPV)

- Physical, sexual or psychological violence perpetrated toward an intimate partner

Wide range from minor to very severe

5% of incidents fall into the very severe (e.g. fatal, serious injuries requiring hospitalization).

“situational couple violence” rates are high ranging from 26-89% depending on the sample
Rates of IPV in the United States

National Intimate Partner and Sexual Violence Survey (2010):
35.7% of women
28.5% of men have experienced rape, physical violence, or stalking by an intimate partner.

Of those 24.3% of women and 13.8% of men report severe IPV

2/3 report engaging in mild-moderately severe behaviors: throwing objects, pushing, grabbing, shoving, or slapping (Straus & Gelles, 1986)
Reciprocal Nature of Some IPV

½ of IPV is reciprocal and initiated by males and females at similar rates (Nichols & Dutton, 2001; Anderson, 2002; Whitaker et al, 2008)

Survey of dating couples reported that 70% of all physical abuse was mutual (Straus, 2008).
Group Treatment for Batterers

- **Duluth Model**
  - Power and control wheel
  - 8-36 weeks
  - Unchallenged tx of choice
  - Typically mandated
Batterer Tx Continued

- **CBT Groups**
  - Learning non-violence (e.g. coping, anger management, relaxation)

- **Combined**
  - Becoming more common
Meta analytic findings for Batterer Treatment

Babcock, Green, & Robie (2004):
- 5 experimental studies
- Mean effect size experimental studies
  - 0.09 victim
  - 0.12 police report
- 40% chance of remaining non-violent with treatment and 35% chance without treatment

Feder and Wilson (2005):
- 10 studies
- Mean effect sizes
  - 0.12 experimental studies based on police reports
  - 0.01 for victim reports
Overlap of IPV, Substance Abuse, and Child Abuse

- Co-morbidity of IPV and substance abuse/dependence is 40-60% across studies.

- Co-occurrence of IPV and child abuse is just over 50% (Hamby et al., 2010).
What is missing?

- Treatments ignore overlap among IPV, SA and child maltreatment
- One size fits all approach doesn't work
- Lack of Assessment of Family Needs
- Treatments ignore fathering role
- Fathers not held accountable in CPS-burden and tx opportunities target mothers
- Providing fathers with the same interventions opportunities offered substance abusing mothers
Fathers in Batterer Treatment

Fathers with IPV are more hostile and aggressive toward their children.

Fatherhood is a motivator for some men to engage in treatment especially those with substance abuse.

Fathers report a significant amount of Shame and guilt about the harm they may have caused their children (Litton Fox, Sayers & Bruce, 2001).

Fathers report a wish to have better relationships with their children and to be a good father (Mbilinyi et al., 2009).
Fathers for Change

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Developed as part of K23 funds from NIDA and the Annie E. Casey Foundation
For Whom?

- Biological Fathers of a child under the age of 10
- History of physical or psychological violence
- Substance abuse is a concern
- Father has at least twice monthly visits with his child.
Fathers for Change

Comprehensive Assessment

Hostile Thinking
Affect Regulation Problems
Reflective Functioning
Attachment
Parenting Skills
Psychiatric Sx

Cognitive Behavioral Therapy
Coping Skills
Co-parenting sessions/Communication skills
Father-Child Play sessions
Referral for other services
Progression of Content

1. Comprehensive Assessment
2. Individual Focused Sessions
3. Co-Parent Focused Sessions
4. Restorative Parenting Focused Sessions
Outline of Assessment

- self and partner report
  - Conflict Tactics Scale or other IPV measure
  - Danger Assessment Scale
  - Anger/Hostility measure
  - Symptom Inventory/SCID-IV
  - Addiction Severity Index or other SA measure
  - Coparenting
  - Parental Acceptance Rejection Questionnaire
  - Child Behavior Checklist or Devereaux
  - Parent Development Interview
- review of arrest and DCF records
1. Individual Meeting with Father (2 hours)
2. Individual Meeting with Mother (2 hours)
3. Father-child play assessment
   - If the family is living together can include family play assessment to observe dynamics together
4. Record Review/collateral contact
Fathers for Change Components

- Phase Ia-Motivational Sessions
- Initial individual sessions with the father
  - Using parenting role to enhance motivation
  - Relate father’s own experiences of trauma and parenting within his family
  - Increase acceptance of responsibility for his previous actions and choices
- Genogram
- Use video-tape
Zane

Got into an argument at a fast food restaurant with partner.

Police were called because she had red marks on her face

During an argument she threw a glass and keys at him, he punched the wall and broke his hand
28 year old Puerto Rican
Partner Amber is 21 and has 2 children (aged 4 and 2)
2 year old Greg lives with Zane and Amber
Older son is placed by CPS with his maternal grandmother
Amber has a history of heroin addiction
Abandoned family for 6 months
Concern for Child as Conflict
Assessment

Mild to moderate physical violence by both partners

High levels of hostility and verbal aggression

Zane is anxious and uses alcohol to cope with stress but is not substance dependent.

Clean urine screens

Significant history of child physical and psychological abuse by step-father
Assessment

Nice skills with son alone
Motivated to change
Dynamic with mother vacillates between tender and hostile
Anxious attachment style
Phase Ib

Following increased motivation for change implementation of individual CBT/coping skills

- Identifying hostile thoughts-violence/SA triggers
- Identification of feelings
- Cognitive Triangle
- Emotion regulation strategies
Outline of Progression of Individual Focused Phase of Intervention

Motivational Interviewing/Engagement Treatment Contract

What is a Father, video review

Genogram

Hostile Cognitions/Affect Recognition

CBT skills building

Prep for co-parent sessions

Parallel sessions with mother reviewing similar content/checking in on safety/violence and interactions with father since treatment began. (3 sessions minimum)

1-2 sessions 1-2 sessions 1 session 2-3 session 2-3 sessions 1 session
Phase Ib: Individual Sessions - Zane

- Focus on anger and SA triggers and how connected to his history
- Hostile attributions and automatic thoughts
- Coping skills/physiological emotion regulation
- Psychoeducation about the impact of his treatment of Amber on Greg
Phase II

- Co-Parenting-optional partner participation
  - Psychoed Co-Parenting
  - Communication training
  - Parent Management Skills
Phase II Topics

1. What is co-parenting and areas of disagreement
2. Household routines/roles
3. Positive communication—catch your partner doing something good as a parent
4. Co-parenting problem solving
Phase II: Co-Parenting Zane

- Relationship dissolves because Amber resumes use
- Sessions used to focus on his extreme anger and how she is still important as a co-parent
- Increase reflective functioning around Greg's behaviors (clingy, crying)
- How to communicate with Abby about visits
Phase III-Dyadic Sessions

- Fathers talk with child about past behavior and intention to change
- Teaching of coping/relaxation skills together
- Affect modulation and expression
- Child directed play
- Modeling of appropriate expectations/parent management skills learned
Phase III: Dyadic Sessions

- How to talk with Greg about his mom and why she can't live with them
- Child directed play
- Limits without harshness
Pilot Outcomes
RTC

- Fathers for Change compared to IDC
- Fathers with biological children under age 10
- Substance abuse (does not need to be dependent)
- At least one incident of physical violence in the last 12 months
- Must have at least monthly visitations with their child
Pilot Outcomes - Outpatient

15 Fathers randomized to Fathers for Change

9 Fathers to Individual Drug Counseling

Fathers were referred from court, child protection or self referral

Offered free treatment and paid $50 for research assessments
Measures

Conflict Tactics Scale Revised

Weekly Substance abuse reporting and urinalysis

Coded free play sessions with child
Completions Rates

67% completion vs. 40% for IDC

Similar reductions in substance abuse and remaining abstinent
Violence Reductions

Physical Aggression by Participant

- FFC
- IDC

Physical Aggression by Partner

- FFC
- IDC

Graphs showing changes in physical aggression over time (Pre-Treatment, Post-Treatment, 3 Month FU) for participants and partners.
Father-Child Interactions Pre-Post

Overriding/Intrusiveness by Treatment Condition

Consistency of Style by Treatment Condition
Satisfaction

Families have been overwhelmingly positive. All said it was either just right or too short in duration and all were “very satisfied.”

All components ranked as helpful. “It helped me open up as a person.” “It helped me try to understand my partner and to control my anger.”
Pilot implementation at Westcare Inc.’s Focus Program
12-18 month residential treatment setting
Men are DOC referred
Survey of the male residents revealed 40% were fathers with most reporting IPV
90% said they would want to participate in a fatherhood focused program
Residential Tx Modification

Greater emphasis on how to talk to children about addiction and residential treatment

Reconnection with children after being absent

Co-parenting relationships may differ-defining them and expectations of his role following treatment
Tony

30 year old father of a 9 year old daughter and 2 year old son.

Married to the mother of his children

Significant history of opiates

In 12 month residential SA treatment following arrest and incarceration

Plans to return to live with his family following treatment
Review of Tony’s history reveals significant neglect and use of substances in his family of origin

Discussion of his family of origin and his wish to do things differently for his children are motivating

Focus on his hostile thinking and constant misperceptions of being forgotten and disrespected
Treatment Phase II

- Defining co-parenting and helping prepare him to have a co-parenting session with his wife
- Clinician has a phone session and then in-person preparation with his wife
- Co-parent meeting to discuss issues with the children and how to talk with them about where their father is.
Treatment Phase III

- Focus on parenting skills
- Practice what he will say to his daughter about his addiction and treatment
- Planning for visits with children
  - structure
  - rituals
- Father-child session to further encourage skills
Pilot Outcomes-Residential

15 men have completed treatment pilot with pre-post assessments
 Significant reductions in Anger-Out on Staxi
 Significant reductions in hostile thinking
 Improved understanding of co-parenting and the impact of violence on children
Bumps in the Road

- Careful assessment of mothers has been important
- Relationships with courts and CPS facilitate referrals and continued external pressure to get men engaged in the program if done outpatient
Special Thanks and Disclosure

Bruce Rounsaville, MD
Caroline Easton, Ph.D.
Thomas McMahon, Ph.D.
Steven Marans, Ph.D.
Alicia Lieberman, Ph.D.
Patricia Van Horn, Ph.D.
Miriam Berkman, MSW, JD
Dorothy Morgos, Ph.D.
Joan Kaufman, Ph.D.
Carolyn Cowan, Ph.D.
Phil Cowan, Ph.D.

David Reiss, MD
Nancy Suchman, Ph.D.
Rodney Webb III, MA
Arthur Roy, MA
Anna Urdahl, BA
Andrew Kiselica, BA
NIDA
Annie E. Casey Foundation
Thank you and Questions

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