









From Outcomes to Impact in Treatment of Domestic Violence Offenders

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Overview

- Overview of outcomes in the non profit sector
- CCC's outcome program
- Research results from the "Responsible Choices for Men" program
- Practical implications and questions











Overview of Outcomes in the Non-Profit Sector

 The outcome agenda has brought greater accountability to the sector but there exists a gap in moving from outcomes to impact

 How do we improve the overall outcomes for the clients that we serve.











Its suggested that

- we have not marshalled the full extent of available knowledge and applied it to complex problems...
- which would in turn generate new knowledge to address some of our toughest social problems, such as domestic violence/abuse.











As non-profits focus on improved client benefit, we need to:

- clarify the results (outcomes) we are trying to achieve
- collect the information that can best help us navigate towards these outcomes
- differentiate between operational performance (overhead costs) and organizational effectiveness (results or outcomes)
- ensure we have the culture to support our work











Moving from outcomes to impact will bring forth the following results:

- staff will develop better skills in their core capacity (i.e. counselling)
- program managers will develop better people management skills and have the tools they need
- board members will have the information to provide more effective oversight

All of which lead to better results for clients











In Sum

- Many non-profits have no reliable way to know whether they re on track to deliver on their promise
- We need to invest in continuous collection and use of information (data) to guide program/agency decisions and operations
- This change requires a significant culture shift within an organization – it is primarily about culture and people (not numbers)











In Sum (cont.)

- We must focus on why measure and on what to measure – not just on how to measure
- The non-profit needs to drive the change and be the primary beneficiary of it
- Reasonableness and common sense must guide both agency and funder investment decisions











Tris Lumley, head of strategy for New Philanthropy Capital (London) suggests that

"Great organizations are build around great data. Data that [allow] then to understand the needs they address, what activities are likely to best address these needs, what actually happens as a result of these activities, and how to allocate resources and tweak what they do for even greater impact. Too often, funders set the agenda with their own requirements [and]cripple the organizations they are trying to help.













Treatment for Men











Programs for Abusive Men

- Typical program goals are to eliminate violence & assist the abuser in taking responsibility for his abusive behaviours.
- Differences include:
 - Treatment type
 - Treatment format
 - Length of treatment
 - Program structure
 - Theoretical or philosophical framework











The 2013 Stats Can report (based on 2009 data).

- Only 22% of victims reported violence to the police
- In Canada, in 2008, 334,000 individuals were victims of self reported violence at the hands of an intimate partner – 6% of the adult population
- Alberta has the second highest rate of self reported abuse, followed by Saskatchewan.
- The consequences are significant for victims & children as well as the abuser











Demographic Predictors:

- Younger
- Living in a common-law relationship
- Living in a step family

 Income levels and education levels were not predictors of family violence











Calgary Counselling Centre's Responsible Choices for Men Program (1996)

- The primary goal is to assist men to become violent free
- Major objectives include:
 - decreasing all forms of abusive behaviour
 - accepting responsibility for one's behavior
 - increasing self-esteem
 - improving family relations
 - decreasing stress
 - increasing empathy towards the victim
 - stopping abuse towards children











Individual Counselling Prior to Group

- Clients must first engage with a CCC primary therapist
- The primary therapist:
 - assesses the client's "readiness for change"
 - the extent of violence in the relationship
 - determines treatment goals.
- If available, the partner is contacted by the therapist
 - The partner will be contacted 4 other times during the offender's treatment to assess safety.











Entry into Group

- Entry into group occurs when the man has begun to accept responsibility for the abuse
- Men's readiness for change is assessed using the URICA-DV











Group Process

- The groups are process-oriented rater than educational.
- Length of groups is 30 hours, conducted over 14-weeks.
- Groups typically comprise 8 to 12 men.
- While a manual has been written, the facilitators can focus on alternate issues should one emerge, allowing group members input into the agenda.
- A female-male team facilitates the groups
- Many groups have a reflecting team comprised of 3 to 6 individuals who observe sessions from behind a one way mirror











Group Overview

- The following are key components:
 - Challenging victim-blaming behaviour
 - The men are invited to become accountable for their actions.
 - The men are invited to consider what would allow them access to their preferred selves
 - The men are invited to reconnect with their emotions
 - The men are invited to experience empathy towards the victim











CCC Program Elements:

- Counselling to engage in process
 - Specialized 14 week (30 hour) Group
 - Counselling for any outstanding issues
- Outcome measures
 - Outcome data is collected on a session by session basis during counselling, at the beginning of group, at the end of group and at the end of counselling











Research Design

- The study employs tenets of *Practice Based Evidence* whereby the research questions are grounded in the practice context and need to be relevant to practitioners and the delivery of routine services.
- The study employs a pre/post-test design
- The major analysis includes both mandated and voluntary men who participated in the treatment program
- The measures reflect the previously identified objectives of the Responsible Choices for Men program.











Research Measures

- Abuse of Partner Scales: Physical and Non-physical (Hudson, 1992)
- Partner Abuse Scales: Physical and Non-Physical (Hudson, 1992)
- Rosenberg Self-Esteem
- Index of Clinical Stress (Hudson, 1992)
- Generalized Contentment Scale (Hudson, 1992)
- Marlowe Crowne Social Desirability
- URICA-DV (Levesque, Gelles, & Velicer, 2000)











The OQ - 45

- 45-item self-report measure
- takes about five minutes to complete
- grade 6 reading level
- provides a total score, based on all 45 items, as well as three subscales: symptoms of distress, interpersonal relationships and social role functioning
- scores range from 0 180, with a clinical cut-off of
 63
- Available in 18 first languages

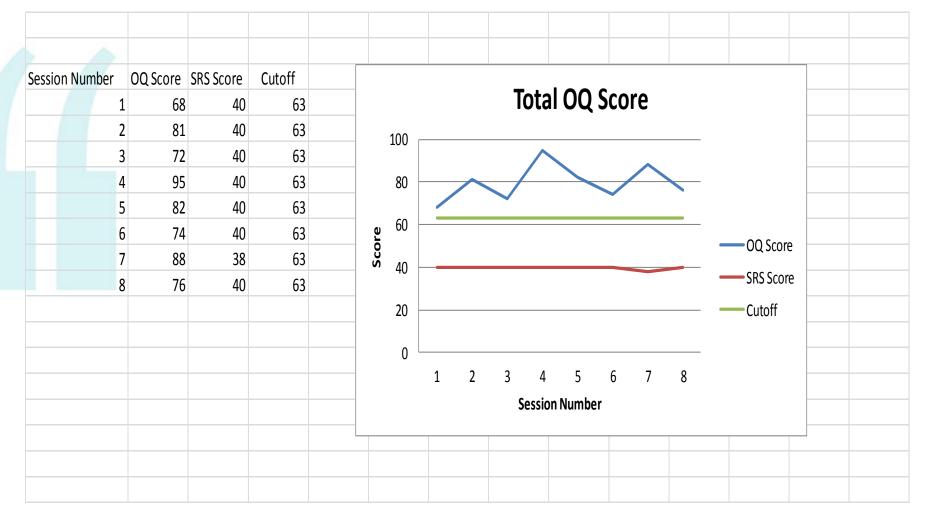






















Four Categories of Change for the OQ

	Category	Definition
	No Change	the client's OQ score changes by less than 14 points
	Deteriorated	the client's OQ score increases by 14 or more points
	Improved	the client's OQ score decreases by 14 or more points but does not pass below the clinical cut-off of 64
	Recovered	the client's OQ decreases by 14 or more points and passes below the cut off of 64.











j		N	Deteriorated	%	No Change	%	Improved	%	Recovered	%	Total Improved & Recovered
	Baseline	6072		8.2		56		20.9		14.1	35
	CCC 2009	2052	147	7.2	1021	49.8	471	23.0	413	20.1	43.1
	CCC 2010	2284	173	7.6	1085	47.5	519	22.7	509	22.3	45
	CCC 2011	2469	160	6.5	1152	46.7	612	24.8	545	22.1	46.9
	CCC 2012	2288	148	6.5	1023	44.7	597	26.1	520	22.7	48.8 (39% increase from baseline) and 13% increase from 2009)
	Total	16,680	1237	7.4	7909	47.4	3771	22.6	3390	20.3	42.9











Results: 2008 – 2012

- 1540 clients
 - 901 clients participated in counselling
 - 639 who participated in group
- Number of individual counselling sessions
 - Counselling before group x = 4.26
 - Individual counselling only x = 5.83
 - Counselling and group x = 5.76
- 76.8% of RC Men clients completed the program











Demographics

Men in the RC Men Program (2008 – 2012)

On average

- 35 years old, range of 18 76
- Median income: \$25,000-35,000
- Marital status: Single (41.1%); Married/Common-Law (38.9%); Separated/Divorced (19.9%)











Results 2008 – 2012, Cont.

- 63.2% began treatment in the non clinical range
- There was a significant difference in OQ raw scores at the first session between clients who did individual counselling only and those who did counselling and group (t(1179) = 3.24, p < =.001*).











What we are Learning

Clients who did not attend group, tend to have higher average
 OQ scores than those clients who attended group

At first counselling Session	Raw OQ
Individual counselling only	53.81 (n=209) Range (4-128)
Group and counselling (Completed Group)	48.23 (n=347) Range (1-128)
Group and counselling (Didn't complete group)	50.21 (n=86) Range (14-106)











First Session of Counselling to First Session of Group	First Counselling Session OQ	First Session of Group OQ	Change Score	Results
Raw OQ Score (n=422)	48.5	35.9	-12.60***	P < .001*
Adjusted OQ Score (n=417)	84.93	78.14	-6.79***	P < .001*











First Session of Group to Last Session of Group	First Group Session OQ	Last Group Session OQ	Change Score	Results
Raw OQ Score (n=347)	34.18	29.13	-5.05***	P < .001*
Adjusted OQ Score (n=340)	77.67	71.56	-6.10***	P < .001*











	First Session of Counselling to Last Session of Group	First Session Of Counselling OQ	First Group Session OQ	Last Group Session OQ	Change Score	Results
	Raw OQ Score (n=257)	48.74	35.79	30.75	-17.99***	P<.001*
	Adjusted OQ Score (n=254)	85.9	78.6	72.4	-13.6***	P < .001*











	Combined Programming Unadjusted	N=257	Change Score	Results
	First Counselling Session	48.74		
	First Session of Group	35.79	-12.95	
	Last Session of Group	30.75	-5.04	
	From first session of counselling to last session of group		-17.99	t(256) = 12.21, p <.001*











	Combined Programming Adjusted (2008-2012)	N=254	Change Score	Results
	First Counselling Session	85.9		
	First Session of Group	78.6	-7.3	
	Last Session of Group	72.4	-6.2	
	From first session of counselling to last session of group		-13.5	t(253) = 9.15, p <.001*











Combined Programming Unadjusted	N=158	Change Score	Results
First Counselling Session	46.8		
First Session of Group	34.0	-12.8	
Last Session of Group	30.2	-3.8	
Final Counselling Session	29.9	30	
From first session of counselling to last session of group		-16.9	<i>t</i> (157) = 9.72, <i>p</i> <.001*











Combined Programming Adjusted	N=157	Change Score	Results
First Counselling Session	84.3		
First Session of Group	77.2	-7.1	
Last Session of Group	72.1	-5.1	
Final Counselling Session	67.9	-4.2	
From first session of counselling to last session of group		-16.4	t(156) = 8.99, p <.001*











Psychological Assessment Screener

- 45% of men scores above the cut-off of 19
- 40% of men scored about the cut-off of 22

Alcohol Problem

 49.1% of men self-report a mild problem with alcohol

Negative Affect

69% of men self-report negative affect











Group Outcomes 2008 - 2012

Adjusted Measures RC Men	Pre	Post	T-Test
Marlow Crowne (n=444)	8.5	8.7	(p=.176 ns)
Rosenberg Self Esteem (n=443)	25.2	27.3	(p=.000*)
Hudson Clinical Stress (n=436)	50.1	41.6	(p=.000*)
Hudson Generalized Contentment (n=439)	46.2	42.8	(p=.000*)











	Adjusted Measures RC Men	Pre	Post	T-Test
	I am psychologically abusing my partner (n=217)	20	13.6	(p=.000*)
	I am physically abusing my partner (n=217)	3.9	1.6	(p=.000*)
	My partner is psychologically abusing me (n=218)	25.7	24.4	(p=.124,ns)
	Partner Physically Abusing Me (n=0)			











	Change in Readiness for Change URICA - DV	First Group Session	Last Group Session
	Precontemplation	19.8% (n=85)	11.9% (n=51)
	Contemplation	28.8% (n=124)	23.3% (n=100)
	Preparation	12.1% (n=52)	8.8% (n=38)
	Action/ High Relapse	15.8% (n=68)	13.5% (n=58)
	Action/ Low Relapse	23.5% (n=101)	42.6% (n=183)
			Chi-square +=69.629, df=16, p < 0.000*











Conclusions

- Men who participated in the full spectrum of counselling experienced the greatest amount of change
- Individual counselling alone doesn't produce sufficient change given the vulnerability to violence.
- 77% of men completed the program
- Collecting outcome data provides meaningful feedback at the client, program and agency levels.











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