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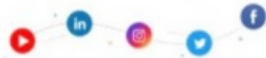


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Irvin Yalom önderliğinde organize edilen ve dünyaca ünlü terapistlerin ve terapi kuramı kurucularının, ekollerin en önemli temsilcilerinin psikoterapi seanslarını video olarak izlemek ve seans hakkındaki yorumlarını dinlemek ve bu kursları (American Psychological Association (APA) başta olmak üzere Social Workers (ASWB) New York State Social Workers (NYSED BSW) New York State Mental Health Practitioners (NYSED MHP) Certified Counselors (NBCC) Addiction Counselors (NAADAC) MFTs and LCSW (CA BBS) California Nurses (BRN) Canadian Counsellors kurumlarından CE (Continuing Education-Sürekli Eğitim) akreditasyonlu sertifikayla belgelendirmek isterseniz veritabanımıza bireysel veya kurumsal olarak erişmek için bizimle iletişime geçebilirsiniz.



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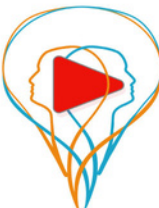
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Instructor's Manual

THE ABUSED WOMAN

A SURVIVOR THERAPY APPROACH

with

Lenore Walker, EdD

by

Randall C. Wyatt, PhD

&

Erika L. Seid, MA



psychotherapy.net

The Instructor's Manual accompanies the DVD *The Abused Woman: A Survivor Therapy Approach* (Institutional Instructor's Version). Video available at www.psychotherapy.net.

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Instructor's Manual for The Abused Woman: A Survivor Therapy Approach
with Lenore Walker, EdD

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Instructor's Manual for

THE ABUSED WOMAN

A Survivor Therapy Approach
with Lenore Walker, EdD

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Tips for Making Best Use of the DVD

1. USE THE TRANSCRIPTS

Make notes in the video **Transcript** for future reference; the next time you show the video you will have them available. Highlight or notate key moments in the video to better facilitate discussion during the video and post-viewing.

2. SESSION-BY-SESSION DISCUSSION QUESTIONS

Pause the video after each session to elicit viewers' observations and reactions to the development of the therapy. The **Discussion Questions** provide ideas about key turning points during the therapeutic work that can stimulate rich discussions and learning.

3. LET IT FLOW

Allow the sessions to play out some so viewers can appreciate the work over time instead of stopping the video too often. It is best to watch the full video since issues untouched in earlier sessions often play out later. Encourage the viewers to voice their opinions; no therapy is perfect! What do viewers think works and does not work in the sessions? We learn as much from our mistakes as our successes and it is crucial for students and therapists to develop the ability to effectively critique this work as well as their own.

4. SUGGEST READINGS TO ENRICH VIDEO MATERIAL

Assign readings on working with battered women from the **Suggestions for Further Readings and Websites** prior to viewing. You can also time the video to coincide with other course or training materials on related topics.

5. ASSIGN A REACTION PAPER

See suggestions in **Reaction Paper** section.

6. INVITE A GUEST SPEAKER

On a day shortly before or after showing the video, invite a guest speaker who works in the domestic violence field, such as a shelter program outreach coordinator, to facilitate a discussion on the following topics:

- Why do women stay in abusive relationships?
- Does doing psychotherapy with battered women equal blaming the victim? Why or why not?

7. ROLE PLAY IDEAS

After watching the video, organize participants into groups of three. Assign each group to role-play a session with an abused client. Each role-play shall consist of one therapist, one client and one observer. After the role plays, have the groups come together to discuss their experiences. First have the clients share their experiences, then the therapists, and then ask for the comments from the observers. Open up a general discussion on what was learned about both the practical and the emotional aspects of doing therapy with an abused person.

Another alternative is to do all of this in front of the group with just a therapist and the client; the entire group can observe before discussing the interaction. After a while, another participant may jump in as the therapist if the therapist gets stuck or reaches an impasse. Follow up with a discussion that explores what works and does not work with clients who are in battering relationships.

8. PERSPECTIVE ON VIDEOS AND THE PERSONALITY OF THE THERAPIST

Psychotherapy portrayed in videos is less off-the-cuff than therapy in practice. Therapists or clients in videos may be nervous, putting their best foot forward, or trying to show mistakes and how to deal with them. Therapists may also move more quickly than is typical in everyday practice to demonstrate a technique. The personal style of a therapist is often as important as their techniques and theories. Thus, while we can certainly pick up ideas from master therapists, viewers must make the best use of relevant theory, technique and research that fits their own personal style and the needs of their clients.

Session-by-Session Group Discussion Questions

Professors, training directors, or facilitators may use a few or all of these discussion questions keyed to certain sessions or those issues most relevant to the viewers.

WEEK ONE

1. **Naming the Abuse:** Walker helps Sarah to avoid seeing herself as a battered woman. Does it seem to work and why is it so important?
2. **Two People:** Why do you think Sarah needs to see her husband as two different people: Good Dan and Bad Dan? If you were the therapist, would it be important for you that Sarah integrates these two into one?

WEEK THREE

3. **Safety Plan:** Imagine that you are Sarah's therapist. What feelings come up for you around working with issues of her physical safety?

WEEK TWELVE

4. **Catastrophizing:** Why does Walker interrupt Sarah's catastrophizing about her life situation? What about taking the approach of joining with Sarah around her fears and anxiety?
5. **Managing Feelings:** Battered women sometimes numb their feelings through denial and repression. How might you work with Sarah to use her feelings of danger and anxiety for her own growth?

WEEK EIGHTEEN

6. **Loving Contrition:** Do you agree or disagree with Walker's view on loving contrition? What makes love and care after abusive behavior appropriate or inappropriate?
7. **Denial:** What countertransference responses do you have to Sarah's denial about the ongoing risk to her safety? How do you cope with negative feelings that might develop toward such a client for not taking care of herself?

WEEK THIRTY-TWO

8. Recovered Memories: Do you think that working in therapy with battered women requires an exploration of childhood memories? When is such childhood exploration necessary and when is it problematic? What about the risk of implanting false memories?

WEEK FORTY-TWO

9. Severe Violence: What countertransference issues come up for you when hearing about a serious battering incident like this one? What do we do with such reactions?

10. Boundaries: What do you think about Walker's response to Sarah's medical emergency? How might you have responded differently?

WEEK FIFTY-TWO

11. Marriage Counseling: What do you think about Walker's views on marital counseling in battering relationships? When, if ever, would you recommend couples counseling to a client in a battering relationship?

EIGHTEEN MONTHS

12. Anger: What differences do you see for male and female therapists in working with battered women around their anger toward men? How are these differences important?

TWENTY-ONE MONTHS

13. Injustice: What reactions and issues come up for you when clients experience unfairness in the legal system? How can therapists use this countertransference in their work?

AFTERWARDS

14. Abuse in Therapy: How are therapists of abused women at risk of abusing their clients? In working with a client like Sarah, what would you watch for in yourself to make sure you were not enabling her tolerance for being abused?

15. sAnd You? How would you feel about being Walker's client? Lets see a show of hands, who would be comfortable having Walker as your therapist? Do you feel an alliance could be made and that she would be effective with you?

Reaction Paper for Classrooms and Training

- **Assignment:** Complete this reaction paper and return it by the date noted by the facilitator.

- **Suggestions for Viewers:** Take notes on these questions while viewing the video and complete the reaction paper afterwards or use the questions as way to approach the discussion. Respond to each question below.

- **Length and Style:** 2-4 pages double-spaced. Be brief and concise. Do NOT provide a full synopsis of the video. This is meant to be a brief reaction paper that you write soon after watching the video--we want your ideas and reactions.

What to Write: Respond to the following questions in your reaction paper:

1. Key points What important points did you learn about working with abused women? For example, how is the alliance developed? What stands out in the way Walker works?

2. What I am resistant to. What issues/principles/strategies did you find yourself having resistance to, or what approaches made you feel uncomfortable? Did any techniques or interactions discussed push your buttons? What interventions would you be least likely to apply in your work? Explore these questions.

3. What I found most helpful. What was most beneficial to you as a therapist about the therapy presented? What tools or perspectives did you find helpful and might you use in your own work?

4. How I would do it differently. Where did you find yourself feeling that you would proceed differently than Walker? Describe these areas and explain why.

5. Other Questions/Reactions What questions or reactions did you have as you viewed the therapy in the video? Other comments, thoughts or feelings?

Suggestions for Further Readings, Websites and Videos

BOOKS

Walker, Lenore (2003). *Introduction to Forensic Psychology : Clinical and Social Psychological Perspectives*. Springer Publishing Company.

Walker, Lenore (2000). *The Battered Woman Syndrome*. Springer Publishing Company

Walker, Lenore (2000). *Abused Women and Survivor Therapy : A Practical Guide for the Psychotherapist*. American Psychological Association.

Walker, Lenore (1985). *A Handbook of Feminist Therapy: Women's Issues in Psychotherapy*. Springer Publishing Company.

WEB RESOURCES

www.dviworld.org	The Domestic Violence Institute
www.endabuse.org	The Family Violence Prevention Fund
www.duluth-model.org	The Duluth Model and The Domestic Abuse Intervention Project

RELATED VIDEOS AVAILABLE AT WWW.PSYCHOTHERAPY.NET

Feminist Therapy with Lenore Walker, Ed D

Adlerian Therapy with Jon Carlson, PsyD, EdD

The Counting Method

Emotionally Focused Therapy with Sue Johnson, EdD
Healing Childhood Abuse through Psychodrama

Complete Transcript of The Abused Woman: A Survivor Therapy Approach

with Lenore Walker, EdD

Walker Commentary: *Research indicates that one of two adult women in the United States will be abused sometime during her life. Dr. Lenore Walker has worked with abused women for more than 20 years, developing an approach to treating victims of sexual, physical, and psychological abuse called Survivor Therapy.*

Survivor therapy integrates principles from feminist therapy and trauma theory and it draws on techniques from those, as well as other, treatment models.

Survivor therapy directly addresses the changes in affect, cognition, and behavior that trauma can cause. Often, these psychological changes are coping strategies for avoiding further abuse.

To help the client go from being a victim to becoming a survivor, two goals are essential. First, we must help her become safe. And second, we must help her re-establish her own sense of personal power. An essential tenet of this treatment approach is for the therapist to take care not to blame the victim for being abused.

WEEK ONE

Walker Commentary: *Now let's begin.*

Sarah is a 36 year old woman who lives with her husband, Dan, her eleven year old daughter, Abby, and her nine year old son, Justin. She works at home as a part time computer graphics consultant. Sarah was referred to me by her daughter's psychologist, who was concerned that Dan might be battering Sarah.

Walker: So I thought maybe we could start with you just giving me some idea of what brings you here.

Sarah: Okay. It's - My daughter, Abby, has been having some problems and so when I talked to Dr. Kelly, we thought that it might be something that's happening at home. And I noticed that I have been - My husband and I have been fighting a lot more the last couple of months, and I want to try to learn how I can make it better at home. So that's why I'm here.

Walker: Okay, let's talk a little bit about it. Tell me a little bit about what's happening with Abby, and if it's okay with you, I want to take some notes.

Sarah: Sure.

Walker Commentary: *When I suspect a new client is being battered but she doesn't identify the abuse, I let her describe the presenting problem the way she sees it. I also like to ask permission before I take notes to establish that she has certain rights here in therapy.*

Sarah: She's even quit gymnastics, which she loves, and she doesn't want to go at all. And I've really noticed that - I mean, when she used to get home from school, she would come in and we would talk, and talk about her day and she would sometimes help me with dinner and we would have a really nice time. But now she just - briefly says 'hello' and goes straight up to her room. She spends so much time in her room. Just really withdrawn. Just - it really worries me.

Walker: And you think there may be some tie together between some fighting in the house. Tell me a little bit about that.

Sarah: It's the only thing I can think of. Just been a little bit more tension and some fights between my husband and I.

Walker: What's your husband's name?

Sarah: Dan. And, I don't know. He just is - He gets very jealous, and sometimes just, I think, you know - He's also under a lot of pressure at work. And there's just been some times when I haven't been able to, I guess, keep up on some of the things at home because I've been taking a little bit more work myself now that the kids are in school.

Walker: What kind of work?

Sarah: I do some computer work.

Walker: At home?

Sarah: Yes. Mostly. Two days a week - I'll go in every now and then but mostly at home.

Walker: Tell me, if you can, what the last fight is that you can remember about?

Walker Commentary: *It's important to give clients a clear message that it's acceptable to talk about abuse.*

Sarah: Well, I was – I was in the kitchen. I was on the phone talking to this guy at work, and he was having some difficulty with this new software program and he had called me. He was really desperate, really needed my help. So I was talking to him, going through it with him to try and get him started and Dan was in the room. He was doing some work on some of his papers and you could just tell that he was – he was really upset by the way he was slamming down his briefcase and just the way he was moving, and so I thought it would probably be best for me to get off the phone. And I told Kevin – this guy – that I would just come in when the kids were at school and I would help him then. And – to get off the phone. It's really a bad move, because that set Dan off.

Walker Commentary: *This incident holds some important clues that this is a battering relationship. Dan demonstrates extreme jealousy and his response suggests that he feels he's entitled to Sarah's attention 100% of the time, and that he has the right to punish her if he doesn't get it.*

Sarah: He told me that I was a whore. Stuff like that. And it was – just escalating. It was getting more angry and I was trying to calm him down. I really tried to calm him down and explain to him what was going on. And the more I tried to explain, the worse it got. He just – He lost it, and he started coming after me with this ball point pen so –

Walker Commentary: *It may be tempting to suggest that Sarah stay off the phone when Dan is home, but this would be a short-term solution at best. Batterers usually continue to pursue their need for power and control in other ways.*

Sarah: I just tried to drown him out, so I put my hands up to my ears, which was really stupid because he hates it when I don't listen to him – when he's not being listened to. So, he yelled at me and said that – told me that I should never leave, told me that I should never run away from him

like that and that he'd teach me to listen to him so he twisted my hands off my ears and said – "I'll teach you how to listen, you bitch," and slammed his hands onto my ears.

Walker: Show me how he did it.

Sarah: He just – like that. Really hard.

Walker: Was it really hard?

Sarah: Yeah. Yeah. It hurt.

Walker: Did you need any kind of medical attention?

Sarah: No. No, I did not. I was just dizzy. I couldn't – I couldn't get up very well. My left ear I couldn't hear out of for a while, but I was fine.

Walker Commentary: *Although, Sarah is very clear about reporting the details, she minimizes the severity of the abuse. Minimization is a typical coping strategy used to avoid re-experiencing the high levels of anxiety that come from abuse.*

Walker: Have things like that happened before?

Sarah: Like –

Walker: Like him hurting you.

Sarah: Yeah.

Walker: They have? Can you remember the first time something like that might have happened?

Walker Commentary: *It's important to take a detailed abuse history as part of the initial assessment. I usually ask for four battering incidents: the first one she can remember, a typical one, the worst, and one of the most recent.*

Sarah: I was – It was probably when I was – We were first married and I hadn't been feeling too well. And so I wasn't – I wasn't able really to do the housework and some things had sort of fallen behind. I hadn't vacuumed for a while and one of my best friend's was having a baby shower, and I really wanted to go. So I thought that I had felt well enough, and it was that night. So I planned on going. I had gotten ready, and Dan had asked me where I was going to be going, and when I told him, he – He just really got – He got very upset and said that if I wasn't well enough to clean the

house and take care of things at home that I certainly wasn't well enough to be going out to any old baby shower. And he grabbed me. He grabbed me and dragged me down the hall and threw me into the bedroom and said that if I was sick, I had to stay in bed. And sort of kept me in my room.

Walker: So you couldn't go?

Sarah: No. But I mean – I probably should have spent the time cleaning the – you know, getting things ready before I left. I just didn't quite have the energy to do everything so I thought that maybe I could do it the next day, but I probably should have finished.

Walker Commentary: *Although Sarah has made a number of self-blaming statements, it's too early to confront them now. But I'll make a note to address them later.*

LATER IN SESSION ONE

Walker: Tell me what the very worst thing was that Dan's ever done to you in all the time you've been together. The very worst that you can think of.

Sarah: [Laughs then Coughs]

Walker: I know this is hard. But it will give me an idea in a short period of time of what life is really like for you.

Sarah: I guess, a couple weeks ago, we were going out to dinner with some

friends. I had met her at a bus stop. It was really nice to get to know her because she was the only other person that stayed at home during the day. And this is the first time that we had ever gone out together, and we went down town. And Dan had dropped us off. We had a really lovely time.

But we all sort of drank a little bit too much. Dan, especially, had a lot to drink, and when we were leaving we were walking back to the car and it was kind of in a bad neighborhood. Not really good. And we had passed by this – We passed by this – an adult video store and Dan just sort of was going off on all these pictures that he was seeing and making all these comments and really embarrassing me. And embarrassing them. And I was just really trying to get him to leave and to come and he got this look in his eye that – And he dashed into the video store.

Walker: Just leaving you in the street?

Sarah: Yeah. I couldn't look at my friends in the eye. I was so embarrassed. **Walker Commentary:** *Like Sarah, many battered women identify humiliation as the worst form of abuse. Worse even than specific acts of physical and sexual violence.*

Sarah: Finally, Dan comes out waving this bag. He grabbed me around the shoulders and started taking me down the sidewalk. He – just started saying that – that I really enjoyed being roughed around. And he pulled out this pair of handcuffs and started waving them around and laughing and joking and saying, “Go ahead and beg me for it. Beg me to give it to you rough tonight.” And saying that I enjoyed having it done that way and laughing and trying to get me to – to beg him.

And I just was pleading with him. I just was, “Dan, please don't do this.” And he said, “Just beg me. Beg me to give it to you rough tonight.” And he put the handcuffs on and went up to this car – it wasn't our car - and said he was going to handcuff me to the car unless I begged him.

I didn't know how to make him stop. He was so drunk. I suppose I shouldn't have let him drink so much, but I couldn't stop him. And so I begged him. I begged him and – I just wanted him to stop. But he didn't stop. And when we got home, he handcuffed me to the bed and just did all these awful things.

Walker: What did he do, Sarah?

Sarah: [Crying]

Walker: Can you talk about it?

Sarah: It was just stuff in bed.

Walker: Sex?

Sarah: Yeah. Yeah.

Walker Commentary: *I won't go into the details of the sexual abuse today because Sarah's level of emotional intensity is already high enough for the first session.*

Walker: Sounds awful.

Walker Commentary: *This can be a difficult moment in therapy. Many therapists find it painful to listen to the details of abuse, particularly sexual*

violence. It's important to let the client know that it's safe to re-experience these painful feelings in the therapy session. Empathic listening and my confidence that this is part of the healing process, will help us both get through the tough times.

Walker: Is it getting worse?

Sarah: Yes. I think they are. He's so stressed out with work. He's got a huge project coming up and I just haven't been able to spend, I think, the amount of time just being there for him because I've taken on a few projects, also and -

Walker: Sarah, do you think that this is your fault?

Sarah: Well, I think I have a lot to do with it, yeah, I do. I think it's -

Walker: Do you want him to hurt you that way?

Sarah: No.

Walker: So why is it your fault?

Sarah: It's a two way street. I mean, I'm sure that I provoke him at times. There are things that I do that -

Walker: Oh, I'm sure you do some things, but do you think the kinds of things that you do deserve what you just described to me?

Sarah: Well - No, I don't think that it deserved that.

Walker: It doesn't deserve it no matter what you do.

Walker Commentary: *At this point, it's too early to know if Sarah's statement is indicative of self-blame, or if she really plays a part in the escalation of the violence that needs to be changed. In order to avoid any misconceptions that she is to blame, I emphasize that violence is never justified.*

Sarah: I mean, he's not really an abusive person. He's -

Walker: I'm not saying he's an abusive person. Because I don't know Dan. I mean - But what I'm saying to you is that what you're describing to me is being - you're being abused. That's abusive behavior. Battering behavior. And you don't deserve it.

Sarah: He's such a - He can be such a great man.

Walker: Tell me about some of the nice times.

Walker Commentary: *Sarah's recovery after recounting the painful details of the abuse demonstrates resiliency and emotional strength. I don't want to pass judgment on Dan as a person, so I limit my comments to his behavior. Although I'm trying to get Sarah to look at the abuse in a different way, that's too difficult for her right now. Instead, I'll respond to her need to tell me about Dan's positive qualities. This will help strengthen our therapeutic alliance and it will help me understand what keeps her in the relationship.*

Sarah: One time he – to surprise me, he had bought all these lilac bushes and we - it filled the family room with them when I came down. And we spent the whole day just together, planting them in the yard and spending time together. It was really lovely.

Walker: This happened after there was a fight. Was there a fight right before that?

Sarah: Yeah. Yeah? Yeah.

Walker: And so this made you feel better?

Sarah: Well, yeah. I mean, he was sort of making up, I guess, in his way.

Walker: So he knows when he's gone too far, when you're really upset, and he'll do something to make you feel better.

Sarah: Yeah. I mean, he's always so sweet afterwards. He can be so – just really sweet.

Walker: Does Justin and Abby, do they get involved sometimes in some of the fights?

Sarah: I know they're affected by it. They –

Walker: Do they see it? Do they hear it?

Sarah: Yeah. Yeah, they do.

Walker: Which?

Sarah: They do see – They see some. And yeah, I know that they do hear when – I mean, when we're yelling at each other, the house isn't that big.

Walker: Do you yell at him? At Dan? Or does Dan do most of the yelling?

Sarah: Dan does most of the yelling. I really try to keep him calm. I get

angry every now and then. I mean, I probably should try to – It's not good when I do. It just gets worse. So I really try to stay as calm as I can.

Walker: Do the children ever get involved in a fight?

Walker Commentary: *Research shows that as many as 60% of men who batter their partners also batter their children. I'll do a more thorough assessment for child abuse later in consultation with Abby's therapist.*

Walker: So it sounds like everybody's paying a lot of attention to Dan's needs. I wonder if maybe one of the reasons why Abby might run away to her room is because this is getting difficult for her.

Sarah: That – That could be. I hadn't thought of that.

Walker: What would you like to see happen?

Sarah: At home?

Walker: If you came – Well, yeah. If you were to come here and work with me, what would you like to be different? Want me to fix Dan? Make him all better?

Sarah: Yeah. I guess – I mean, if I could learn how to stop the fighting, then I would be happy about that. Yes. That's what I would like.

Walker: Well, I've got some good news and bad news. The bad news is there's no way that I can help Dan stop his fighting or stop his abusive behavior. Only Dan can do that. The good news is that I can help you try and figure out what you want to do about all of it.

Sarah: Yeah, I guess if I could figure out how to, you know, stop it – to smooth it out, that would be good. That would be what I -

Walker: You can't stop it. But what I can do –

Sarah: Well, my – I'm sure my reactions, if I can learn how to minimize it, then –

Walker: Maybe we can help you find ways to make yourself more safe. But we'll have to know more about you as a person to be able to do that. But we can't stop Dan's fighting. He is battering you. And that we can't stop.

Sarah: I – I'm not a battered woman. I'm not. I'm not a battered wife.

Walker Commentary: *Denial, minimization, repression, and dissociation*

are frequently seen in battered women. They serve as healthy coping responses to protect the woman from her overwhelming reactions to the abuse.

Walker: What do you think about when I say that? What kinds of situations do you think about?

Sarah: That TV show, *The Burning Bed*. You know, I think – I think of all these other stories. I mean, the stories I hear, they're so horrendous, they're so awful. I mean, I'm not in that situation.

Walker: Well, what – How do you call when somebody hits you – hits you on the head? Chases you? Chases after you? Gets handcuffs, forces you to have sex when you don't want to have sex? If I told you that about somebody else, what would you say?

Sarah: Well, he was drunk so I think there's things that – Do you really think that I'm a battered woman?

Walker: Yes, I do. I really do think that you're a battered woman. You know, I have a lot of clients that I work with who have been battered, and they describe things just the way you did, Sarah.

Walker Commentary: *The simple act of naming the abuse can be therapeutic in itself. Telling the client that she is like other women who have been abused can reduce her feelings of isolation and shame.*

Walker: And I don't think that the abuse is your fault. But I think there are some things that if you want to work together in therapy – and I'd love to work with you – that we could do that could really help you look at things maybe a little bit differently and maybe really feel better about what your life is about. Is that something you think you might want to do?

Sarah: I would like to do that.

Walker Commentary: *One of the basic principles of survivor therapy is that the goals are negotiated mutually. This models egalitarian aspects of relationship and focuses attention on the power dynamics.*

Walker: How about if for the next time that we meet together, you do a little bit of thinking during the week. What I'd like you to think about is what you would really like your life to be like. If you could design a life for you, what would you like it to be like? And I'm going to give you three times.

- What would you like it to be like now? Right now.
- What would you like it to be like in a couple of months? Let's say, maybe three months or so.
- And then what would you be like, maybe, in a couple of years from now? What would you like to be doing then, and how would you like your life to look like?

And if you could do a little thinking about that and then bring that in next week, we'll start to talk a little bit more about that.

Sarah: Okay, okay.

Walker: Great.

LETHALITY ASSESSMENT

- Risk appeared low
- Battered woman hotline

Walker Commentary: *A lethality checklist can be a useful tool in assessing the potential for serious harm or death. Although, it's very difficult to predict the escalation of violence, in Sarah's case, the risk appeared low. Nevertheless, I gave a Sarah a list of community resources, including the local battered women's shelter, in case the violence escalated.*

Post-traumatic Stress Disorder

Battered Woman Syndrome

- Re-experiencing Intrusive Memories
- High Anxiety and Arousal Symptoms
- High Avoidance and Numbing Symptoms

Walker Commentary: *My initial diagnosis is a post-traumatic stress disorder with battered woman syndrome as a sub-category. Although she didn't exhibit all the necessary criteria in the first session, later on she did demonstrate the intrusive memories, the high anxiety or high arousal symptoms, and high avoidance or numbing symptoms.*

SECOND WEEK

- Further Details of History
- Safety Plan

Walker Commentary: *The second session was devoted to continuing to gather further details of her history and to the concept of a safety plan. Her homework was to develop a preliminary escape plan.*

WEEK THREE

Walker: That's great, Sarah. Where do fights usually start? Show me that.

Sarah: Usually in the kitchen, which is this right here. Because I spend most of my time – It's in here. That's usually where I'm either on the phone or –

Walker: Where's the phone?

Sarah: The phone is on this. It's right here. But it has a long cord so that I can move around pretty easily.

Walker Commentary: *It's important for Sarah to generate the plan herself rather than me suggesting what she should do. Later in therapy, I may be faced with moments when I have to step back and let the client lead, even if I disagree with her choices.*

Walker: Now if he were to start – Think about a fight where he really started something and you were just in that position – Let's say, where you were on the phone and he was sitting in there. So how would you get out? Draw it. Maybe draw it with the pen so I can –

So you're standing there. He starts. You're on the phone. He's sitting there and you're starting to get – Where do you feel it, when you start getting a little nervous? It's like, you know -

Sarah: Right here.

Walker: Okay, right here. Okay, so now can you feel it?

Sarah: Yeah.

Walker: Alright. Now you're getting nervous. What would you do if you wanted to start to walk out? Without talking to him, without looking at

him, what route would you take there?

Walker Commentary: *It is often possible to use the concept of 'time out', but it has to be employed early before the abuser's anger escalates. If Sarah can learn to recognize the physical signs of her anxiety, she can learn to act sooner to protect herself.*

Sarah: If I needed to get out or away, I would just come over here. There's a door right there.

Walker: Okay, now remember last week when we were talking about this, we talked about the need for you to get out and have things ready for you.

Sarah: Right. Right. And this, I think, would be the best place to go. The carport is right here. Here's the car. And I could go – I could go out this door very easily.

Walker: Now where do you usually keep your car keys and your purse?

Sarah: Yeah, I keep them in my purse, and he's got his keys, too.

Walker: But what if you couldn't get your purse?

Sarah: I thought of that.

Walker: Okay, what did you do?

Sarah: I actually got an extra pair. I made a spare and these are – I put one in the planter that's right out here.

Walker: Good for you. That's great. So you've got that part all set up. Very good. Now did you talk to the children? Do the kids know that if you were to go out and they were to meet you if you wanted them to leave? Did you arrange a signal yet?

Sarah: No, I didn't. I didn't do that.

Walker: Okay, so you think about that. You don't have to do that right away, but think about that, just in case you need to.

Walker Commentary: *I'll let Sarah take her time with this because both Abby's psychologist and I feel that the risk of abuse to the children is very low at this time.*

Walker: Okay, now, what I want you to do with this is, I want you to - when you go home - I want you to rehearse how you would get out. And

what I want you to remember is that feeling up here. So that when you start to feel that way, you know it's time to leave. Don't wait for anything more to happen. Just go out so that Dan is not going to start to block you.

Sarah: You don't think that would make him angrier that I – Not just leave the house, but get in the car and go?

Walker: Well, now we talked about that last weekend, and you were saying you thought you could tell him that if he really starts to make you very upset, that you were going to leave. You'd come back again and talk to him when he's calmed down, but that you were going to leave. So you haven't done that yet?

Sarah: No. I haven't.

Walker: Okay. Alright. Well, when you're ready to do that, we'll talk about how to do it. But what I want you to do now, is I want you to rehearse it. So I want you to actually physically walk there. Put yourself in that position and walk there. So that you see how long it takes, how you would walk. All those little details. Think you can do that?

Sarah: Yeah.

Walker: That's great. That's good work. You really are paying attention to that and that's really important for you.

Sarah: Thanks.

Over the next few months, therapy focused on two goals that are central to survivor therapy: helping the client become safe from violence, and empowering her with a belief in her own strengths.

WEEK 12

Sarah: I went in to go see Justin's teacher the other day, because he's been having some problems himself, and it made Dan furious. He got really upset with me. He said I've made Abby crazy; I'm not going to make Justin crazy, too. And he just laid into me and said that having two shrinks in the family-He's not going to have three. In fact, he even told me that he's going to stop paying for this after the insurance runs out next week. I just don't know what I'm going to do.

Walker Commentary: *An abusive partner will frequently react to the*

woman's growing strength by trying to sabotage the therapy, often by refusing to pay for it.

Sarah: I mean, if I take on more work – I really can't take on more work because that's – I won't be there for the kids. They've got to have me there after school and when they're - And I know that it just frustrates Dan, and it makes everything so much more - tense in the house and I just don't know if that's – I just don't think that that's an option.

Walker: What would happen if you took on more work?

Sarah: I would not probably get stuff done at home that Dan wants to have done. I wouldn't – I wouldn't be there when Abby and Justin get home from school, and –

Walker: Uh huh, even if you worked in the house?

Sarah: Well, there's only a certain amount that I can do in the home. And even if – I don't know – I'm just not –

Walker: I mean, what would happen if you just weren't there for a little bit?

Sarah: I would be – It would be horrendous. It would be just like – It would be just like when I was a kid. My mother was never there and it was awful and that's the whole reason why they got divorced is because she was

never around. She was never at home. And if I'm not – I know that that's exactly what's going to happen. If I go out to work and I'm not there, then we're going to be out on the street and I know that Dan is just going to be – He's not going to have anything to do with us and it's just like –

Walker Commentary: *Sarah's catastrophizing tells me that we have hit a raw nerve here. We won't address her irrational beliefs now because the issue of commitment to therapy must first be re-negotiated.*

Sarah: - and I've got to have them around!

Walker: Whoa. Whoa, whoa, whoa. I mean, do you hear where you're going with this?

Sarah: I'm going –

Walker: We were just talking about a couple of hours of extra work, and now you've got yourself on the street.

Sarah: But I'm not going to be there. I mean, a couple of hours extra work a week is not going to help my financial situation that much. I know that it's going to turn into being more and more and more.

Walker: Alright. Let's stop for a minute. Just stop for a second. Do you want to stay in therapy?

Walker Commentary: *This is also a decision point for Sarah. Our relationship is deepening, permitting us to work on a more intense level. This can frighten some clients and they may terminate therapy at this time.*

Walker: - for you. Is this something you want to do and then let's see if we can't problem solve.

Sarah: Yes, I do, but I just don't know if it's worth it.

Walker: In what way?

Sarah: Well, it's causing so much anxiety right –

Walker: Now is it the finance that's worrying you, or are you really getting scared that Dan is getting more and more upset?

Sarah: I mean – I guess he – he gets really angry whenever I come.

Walker: And is his anger starting to make you more scared?

Sarah: Yeah. It does. It –

Walker: Does therapy help you deal with that any better?

Sarah: It helps me to be able to come and talk to you about how I'm feeling and what's going on with my kids.

Walker: Are you feeling stronger inside as a person?

Sarah: Yes. Yes, I am. I am.

Walker: And that may be part of what's happening with Dan, is that he may be seeing that you're getting stronger inside and that may be why he's giving you a harder time about coming to therapy.

Sarah: Oh. I'd never thought about that.

Walker: Yeah. Well, let's talk about how you might be able to pay for it.

Sarah: I don't – Maybe what you did say about trying to take on some work at home so that I can still be there. I mean, I can ask them. I can ask them if

- what kinds of things that I can be away from the office and still do.

Walker Commentary: *This is an important moment for Sarah. Rather than looking to me, her family, or to Dan, she's taking responsibility for her own situation.*

Sarah: Well. A lot of it is really fun. I enjoy the computer graphics. I enjoy figuring out how to make those work and creating. There's a certain amount of creativity that is in that, and I like that part. There's so much out there that I would love to learn, but I know a little bit.

Walker: Bet you know more than a little.

Sarah: I'm pretty good at what I do.

Walker: You know, it is okay to pat yourself on the back when you do something right.

Sarah: Well, I'm pretty good.

Walker: Do you know your whole face lights up when you talk about something you'd really like to do.

Sarah: No.

Walker: It does. It really does. You know, a lot of what we talked about today has really made you very upset. You seem like you get more nervous, more anxious. Are you doing this more now than you have in the past?

Sarah: Being more anxious? Yes. Yes, I am.

Walker: Would you like to learn some techniques that might be able to help you relax a little bit more when you begin to feel this way?

Sarah: Yeah, sure. I'd like that.

Walker: Okay. One of the techniques I want to teach you is called a relaxation training. And I'm going to teach you how to make your body feel more relaxed.

Walker Commentary: *As we focus on the reality of the abuse, the defenses Sarah has used for many years, including minimization and denial, become less effective in managing her anxiety. Relaxation training gives her another choice.*

Walker: -how tight that feels? Now hold it.

In the 13th week, Dan attempted to batter Sarah, but she implemented her safety plan to avoid serious injury.

CYCLES OF VIOLENCE

Walker Commentary: *In a typical battering cycle, a period of tension building escalates to an acute battering incident. This is followed by a period of loving contrition that reinforces the woman's belief that the man will stop his abuse. However, without intervention, the cycle of violence usually begins again, leading to further abuse.*

In the weeks following the incident, Sarah reverted to her typical pattern of minimization and denial, resisting work on revisions to her safety plan.

WEEK 18

Walker: Hi, Sarah. How are you doing?

Sarah: Doing okay.

Walker: Great. That's good. You know, I made a note that this session I wanted to start with checking up with you on if you've done the rehearsal of the safety plan that we've been talking about now for the past few weeks. **Sarah:** No, I haven't.

Walker: Not yet, huh? What's going on?

Sarah: No – I just don't think it's going to be that much – important anymore right now. Things are so much better at home, Lenore. Ever since I came here, things have gotten so much better.

Walker: Tell me about it.

Sarah: Dan is just not as angry anymore. I think coming here has really helped our relationship at home. My being able to come and talk to you about my problems, I don't stress him out, and I'm able to be there for him when he needs me. He's been under so much stress with his new project I was telling you about. Just my being able to be there has been so – And open to him. Not having to take my problems in and talking about any of these kind of stressful things he's able to – It's just gotten so much better. He's nicer all the time and just – Things are a little bit more positive.

Walker: So you're looking pretty chipper about all this.

Sarah: I am. I feel really great. Oh! Dan, the other night, he, he mentioned that we should get out of town. That we needed just some time together –

Walker Commentary: *As he feels the woman pulling away, a batterer will frequently use loving behavior to seduce her back into his control.*

Sarah: So we're going to go up to a mountain home that his boss owns and just sort of get away from everything. So that's what I needed to tell you. I need to re-schedule.

Walker Commentary: *Even though she's lived through these cycles many times, Sarah wants to believe that this time he really means it.*

Walker: Sure. But let me ask you a question about that. What do you know about his mountain home?

Sarah: Well, I've been there once before.

Walker: Where is it? Are there lots of people around? Is it –

Walker Commentary: *When I feel a client's safety is directly at risk, I take*

a

very active role.

Sarah: There are a few other cabins around and – I don't know how many people will be up there, but there should be people up there at this time.

Walker: You feel okay about going that far away from home with Dan?

Sarah: I'm looking so forward to it. Yeah, I do.

Walker: What would you do if you were up there and you were all alone and Dan started getting angry with you? Have you thought about that?

Sarah: No.

Walker: I don't want to be a wet blanket or throw cold water on this because it sounds like it might be fun. But let's think about some of the ideas or things that you could do just to make sure that you're safe.

Sarah: Well.

Walker: Anybody have a telephone?

Sarah: Well, yeah, they do have a telephone.

Walker: And a telephone number that works?

Sarah: Yeah. As far as I know. I haven't called it but –

Walker: So do you think you could give that telephone number to some people? You know, like maybe – Who's going to take care of the kids?

Sarah: My sister is. I could give it to my sister. Yeah.

Walker: Could you make sure she calls you a couple of times? And have like a pre-arranged signal with her?

Walker Commentary: *I'm very concerned about Sarah going away with Dan to a secluded place. She is resistant to the idea that Dan's anger could escalate to a dangerous level. I'll use our relationship to get her to develop a safety plan.*

Walker: Well, I would feel a whole lot better if I knew that you would make a safety plan. Do you think you could do it?

Sarah: Yeah. I can do that, Lenore.

Walker Commentary: *Sarah did develop a safety plan for her trip to the mountains. Fortunately, the weekend went well and she didn't have to use it.*

Over the next few months, therapy focused on helping Sarah replace her old coping strategies with new skills for handling her anxieties. While Sarah hoped to preserve her marriage, she was also beginning to realize that her growing strength might ultimately threaten it.

WEEK 32

Walker: Hi, Sarah. How you doing?

Sarah: Fine. Guess what?

Walker: What?

Sarah: I got a call from a marketing research group the other night and they want me to work two days a week in their office to do a multi media program.

Walker: Now what does that involve?

Sarah: It's going to involve a lot. It's going to take video images, putting them – feeding them into the computer, and using some of my own computer graphics, putting them together, and then putting audio for both of them. And the difficulty is trying to get all these things to talk to each other and work.

Walker: Wow. That is so exciting.

Sarah: Yeah. Yeah. It is.

Walker: That's great. You don't look so happy. What's going on?

Sarah: Oh. Well.

Walker: Uh-oh.

Sarah: No, it's exciting but – Yeah. It- I just don't want to be away from home for those two days.

Walker: What's going to happen in two days?

Sarah: Well, I just – I just don't want to be away from my kids if they need me. I'm not going to be there.

Walker: Okay. Kids have the phone number?

Sarah: Yeah. I mean, I can give them the phone number. I know they can get in touch with me. That's not the issue. It's the issue of being not there. I mean, what if they need me?

Walker: Then if they need you, they can call you. They're not babies.

Sarah: No. But-

Walker: Now let's look at this. This is going to be on days – Can you arrange it - like Abby's got all kinds of after school activities; Justin has all kinds of after school activities. Can you arrange this – these two days you'd be away so that the children wouldn't be alone, they would be with other children their age?

Sarah: Well, they want me to work on Tuesdays and Thursdays. And Tuesdays is when Abby has her gymnastics and Justin has his – He's got after school activities. He's got track –

Walker: So Tuesdays, you could arrange to be home just about the time they would get home?

Sarah: Yeah. I would probably get home shortly thereafter.

Walker: Okay. So now we're down to one day.

Sarah: Thursday, well. Abby – Abby – I know she could spend time at a friend's house. I just hate having her do that, but -.

Walker: Sarah, something else sounds like it's going on here. What – I mean, what are you really feeling inside about those children and not being there?

Sarah: My mother was never home for when – for me and –

Walker Commentary: *Sarah's reluctance to be away from her children and her anger at her own mother for leaving her alone when she was a child have come up a number of times already, and we dealt with it in relation to the immediate situation. Now, I think she's ready to look at the underlying dynamics.*

Sarah: I swore I would never do that to my kids.

Walker: Okay. Let's stop for a minute. Let's talk a little bit about you as a kid. You know, we haven't spent a lot of time doing that. Let's look at that. Can you kind of get yourself into a mindset and think about when you were a little kid and think about a time when you were home when your mother wasn't there.

Sarah: Almost every time after school. She – She worked at the store. And she was not there for several hours and all night on Thursdays. She was at the store.

Walker: Okay. What was it like for you? Can you get back to the feelings about being a kid and coming home from school. Was it an empty house when you came home?

Sarah: Well, both my brother and I got home around the same time.

Walker: Okay. Was anybody home?

Sarah: Not at first. No. I would have to take care of getting things ready for dinner and making sure the house was cleaned up. My uncle was there on Thursdays, and I was expected to make sure that he was taken care of and fed. My aunt also worked late on Thursdays. Both she and my mother worked late on Thursday, so –

Walker: So once a week he was there.

Sarah: Yeah.

Walker: Your face is changing. Are you remembering something?

Sarah: Well. I just –

Walker: Stop for a minute. I want you to put yourself back there. Can you make yourself like a little girl again? Just kind of think 'little girl' for a minute, okay? And I just want you to close your eyes, maybe, and think about being little Sarah coming into the house. You come into the house with your brother and it's all empty in the house. You got that picture?

Walker Commentary: *Because some courts have ruled that hypnosis may produce unreliable information, it's preferable to use guided imagery when the legal implications are not yet clear.*

Walker: How are you feeling?

Sarah: I feel – I feel resentful.

Walker: Did you get angry?

Sarah: Yeah.

Walker: Could you show anybody how angry you were?

Sarah: No, no.

Walker: You couldn't show it.

Sarah: I would just do things – No, I didn't tell anybody. I was -

Walker: You're getting all curled up in a ball. What do you need? What are you thinking?

Sarah: I just was scared.

Walker: Are you feeling scared now?

Sarah: Yeah.

Walker: Can you attach that feeling of being scared to anything that's going through your mind right now?

Sarah: Sometimes when it was late and my mom hadn't been home, I'd lock myself up in my room to just get away from everybody and expect my uncle to take care of things for my brother and sister, and my dad would get really mad.

Walker: Your dad would get mad because you'd lock yourself in your room?

Sarah: Yeah.

Walker: And that was when just your uncle was there?

Sarah: Yeah.

Walker: Are you seeing anything in your mind right now?

Sarah: I just remember being – lying on my bed with my pillow over my head.

Walker: Are you getting scared?

Sarah: Yeah.

Walker: Angry?

Sarah: Yeah. Mostly scared. Mostly scared.

Walker: You want your mother?

Walker Commentary: *Research shows that half of all battered women were sexually abused as children.*

Sarah: Yeah.

Walker: Did you ever tell her?

Sarah: That I was scared?

Walker: That you wanted her those times. Or were you not allowed to talk about that?

Sarah: It never was right to talk about it. I – I told her that I wished she was home, but she –

Walker: So you had – as a little girl – you had to fend for yourself. You had to do everything for yourself. Did you feel unprotected?

Sarah: Yeah, I did.

Walker: Every night? Or especially the nights your uncle was there?

Walker Commentary: *Because it's often difficult to access incest memories, it's important to continue asking questions.*

Sarah: It was especially on Thursday nights. Dad didn't get home until around 6 or 7.

Walker: I want to ask you something, Sarah. Do you think there's any chance or do you have any memories of your uncle maybe touching you in ways that made you feel bad?

Sarah: I – No. I – I don't have any memories of that. I don't remember.

Walker: Okay. It's just something I wondered about.

Walker Commentary: *The therapist must be very careful not to plant any false memories in the process. Even though Sarah is very compliant, it's interesting to note that she won't report something she doesn't remember.*

Sarah: I feel like if she had been at home, then they would have never gotten divorced. They would have stayed together. That I wouldn't have had all that kind of responsibility.

Walker: So it's your mom's fault.

Sarah: Well.

Walker: Or you just don't want to be like her.

Sarah: I don't want to be like her. I don't want that to happen. I don't want that to happen to my kids. I –

Walker: Let me ask you a question. You tell me all the time that you and your kids talk to each other. Do you talk more to your kids than you and your mother were able to talk at that age?

Sarah: I think so. I try. I try really hard to do that.

Walker: And when things aren't going right, the kids come to you and tell you?

Sarah: Most of the time.

Walker: I know Abby had a lot of trouble when you first started coming to therapy, but we've been talking a lot about it and it feels like she's better now.

Sarah: Well, I think she is. I think she is for the most part. I know that –

Walker: If something bad was happening to Abby, do you think she'd come and tell you?

Walker Commentary: *I'll challenge Sarah's early irrational beliefs by gathering evidence that her current situation is not the same as when she was a child.*

Walker: But what I want to tie together and help you take a look at is that maybe part of your reluctance to leave home - especially on Thursdays.

There's something about Thursdays, Sarah, that just doesn't feel like anybody can be protected on Thursdays. That, that may be tied more to you as a little child than to your children's needs.

Sarah: That could be. Yeah. That could be.

Walker: Hard stuff, huh? But good work.

Sarah's work outside of the home brought her increased recognition, and Dan became increasingly jealous and upset. He continually rejected suggestions that he seek therapy for himself.

WEEK 42

[Phone buzzes.]

Walker: Yes?

Phone: *I've got a Dr. Adams on the line. He's in the emergency room at Metropolitan General. He's got Sarah there.*

Walker: Oh, no.

Walker Commentary: *Of course, I always feel terrible when I get a call like this, but my first priority is taking care of Sarah. I'm a member of a feminist therapist support group where I can deal with my own feelings when a client gets hurt.*

Walker: Oh, no. Is she hurt very badly?

Walker Commentary: *A therapist who does not specialize in this work, may want to seek consultation with someone who has more experience working with an abused woman.*

Walker: Oh, no. Her ribs, too. Oh, this is not the first time, I'm afraid. Do you know what's happened to her?

Walker Commentary: *At times like this, I wish I could simply make a client leave an abusive partner. Unfortunately, I can't make her leave. Besides, leaving does not stop the violence.*

Walker: Well, I'm not sure that we really – Does she want to be admitted?

Sarah: *No. No. I said I didn't want the police.*

Walker: Do you want her to call the police? I hear her in the background.

Dr. Adams: *Yeah.*

Sarah: *Why isn't anybody listening to me?*

Dr. Adams: *I think it might be a good idea if you spoke with her.*

Walker: *Okay. If you want me to speak with her, I'd be glad to.*

Dr. Adams: *Sarah.*

Sarah: *Lenore?*

Walker: *Hi, Sarah.*

Sarah: *Hi. I don't want the police called in. Does he have to call the police in?*

Walker: *No, he doesn't have– I don't think he has to call the police, but –*

Walker Commentary: *It's tempting to team up with Dr. Adams to call the police even though Sarah doesn't want it now. I know that there can be serious consequences later on. But again, Sarah must be in power to make her own decisions, right or wrong.*

Walker: *But I want to know: Where's Dan?*

Sarah: *Dan had to go out of town. He's probably already gone.*

Walker: *So you think he's gone. He's not going to be back?*

Sarah: *No, I don't think he's going to be back.*

Walker: *And where are the kids?*

Sarah: *They're with my sister.*

Walker: *They're at your sister's house.*

Sarah: *Yes.*

Walker: *Does your sister know what's happened? Have you spoken with her?*

Sarah: *No, I haven't – I haven't called her yet. I'll give her a call. I'll ask her to keep the kids tonight.*

Walker: *And what are you going to do?*

Sarah: *Lenore, I would really love to come over and stay at your place. Do you think that I could come over tonight?*

Walker: *No, Sarah. I don't think it's a good idea for you to come over to*

my place.

Sarah: *I really need to be with you, though.*

Walker: Well, if you really want to see me tonight, I've got one more client and I could stay so you could come here and we could have a session if you want.

Walker Commentary: *It's important to maintain appropriate boundaries throughout the therapy, especially at times like this. I want to make myself as available as possible for Sarah, while still respecting the proper therapeutic limits.*

Walker: You're sure you want to stay alone? You don't want to go to your sister's?

Sarah: No. *I don't want my kids to see me like this right now.*

Walker: Uh huh. Can you call your sister and at least have her look in on you or call you?

Sarah: Yeah, *I'm sure she would.*

Walker: Okay. Now listen: I'm going to be at home tonight, so if you need anything, I want you to call me, okay?

Sarah: Okay.

Walker: Maybe just give me a call to check in. You have my home number?

Sarah: Yeah. *Yeah, I do.*

Walker: Alright. Let me talk to Dr. Adams, okay? And you know what, I want to see you in the morning. Can you come in at 10 in the morning?

Sarah: Yeah. *I can do that.*

Walker: Okay. You can do that?

Sarah: Yeah.

Walker: Alright. Listen, you take care. You're safe now, Sarah. You did a good job. You've got yourself to the hospital. Okay. I want you to rest tonight. Call me if you need anything, and I'll see you first thing in the morning.

Sarah: Okay.

Walker: Alright. Let me talk to Dr. Adams.

Sarah: Alright. *Here he is.*

Walker: Okay

10 AM SESSION THE FOLLOWING MORNING

Walker: Hi, Sarah.

Sarah: Hi, Lenore.

Walker: How you doing?

Sarah: I feel awful.

Walker: Wow. Look at your arm.

Sarah: It still hurts. I really – My ribs are really sore.

Walker: Are they? The doctor said you were pretty banged up.

Sarah: Yeah.

Walker: What happened?

Sarah: The day that my project was due, I went to get it and Dan had deleted all of my files. He had permanently deleted them. I ran a check on them. I couldn't retrieve them at all. There was nothing there. I was so angry. I was so mad. I mean, how dare he do that to me? I had worked so hard. I had worked so hard on all of that. And he had – He just – He deleted everything that I had done. And when I – When I confronted him with this, he blew.

Walker Commentary: *When a batterer realizes he has lost his control over the woman, he will sometimes seek vengeance by destroying something she values. In Sarah's case, her competence at work was synonymous with her growing sense of self, and this is where Dan chose to attack her.*

Sarah: - He threw me down the stairs. He kicked me.

Walker: Wow.

Sarah: I am so mad at him.

Walker: It sounds like this is the worst he's ever done.

Sarah: He could have killed me. He could have killed me. I have never seen that look in his eye. I have never seen him like that before. I have never been – I have never been like this. I am just so mad at him.

Walker: Sounds like this time you really understand that there was nothing that you did, that this comes from inside Dan.

Sarah: I didn't do anything to deserve this.

Walker: No, you didn't.

Walker Commentary: *Although there was no way to predict that Dan would beat Sarah so severely when she angrily confronted him, she was aware that her growing strength and independence was likely to threaten him.*

Sarah: I don't know what to do, Lenore. I just don't know what to do.

Walker: Have you been doing a lot of thinking about it?

Sarah: I have, but I haven't come to any kind of conclusions. I know I don't want to see him. I know I don't want him around.

Walker: Uh, huh. You scared of him?

Sarah: Yeah. I'm scared of what else he might do. I mean, he could have killed me. I don't want him around.

Walker Commentary: *Although battered women will often say they're leaving and then change their minds, with this incident, I felt some line had been crossed and Sarah would never go back.*

Walker: This is hard, isn't it?

Sarah: It is. I never thought I'd hear myself saying that. I guess I need a lawyer, huh?

Walker: Well, this is not the time to make permanent decisions. You're in a crisis state, so you've got to take your time, think things through the way we've been learning how to do.

Sarah: Yeah.

Walker: You might want to find out, at least, what you can do and what your rights are and things. You ready for that?

Sarah: I think I am.

Walker: Uh, huh.

Sarah: I mean, I don't know what to say to a lawyer. I've never dealt with a – I don't know who to call. I don't know what to say. Do you – Do you know anybody?

Walker: Well, we do have a list of some lawyers. If you think you're really ready for it, I'd be more than willing to give you some names and you could choose from them.

Sarah: Yeah, I would like that. What do I say when I call them?

Walker: Well, what do you want to say? What do you want to know from the lawyer?

Sarah: I guess what I need to do to separate myself from him, to get a divorce.

Walker: You don't have to make a decision about a divorce right away, you know. It sounds like what you need right now is a way to keep yourself safe from Dan, and it sounds like you really want him out of the house – at least temporarily. But you need to know what your legal rights are. So maybe if you start off with a lawyer by saying that you've been hurt, that you want to separate right now. You don't know if you want it permanent or not, that might be –

Walker Commentary: *Even though I think Sarah will not go back, I'm going to give her a lot of wiggle room, so if she does change her mind she can remain in therapy comfortably.*

Walker: I'm going to give you a couple of names. You know, when we talked last night from the hospital, you were saying that you didn't want the doctor to call the police. I assume that he didn't and you didn't change your mind about that?

Sarah: No. No, I haven't. No, I don't want him to call the police. I – I just don't want them to be involved in this. I don't want people to know about it. And I don't want there to be such a fuss.

Walker: There's a fuss already, you know.

Sarah: Well – But it would be a public fuss and it would be documented and it would – I don't want to hurt Dan. I don't want him to be thrown

into jail, and I don't want the kids to have that, either. I don't want their father to be in jail, so – No. I don't want the police involved.

Walker: Well, you know, Sarah, you don't have to report it now if you don't want to, but you can change your mind at any point. And I've documented it, as well, so it will be in my records. So at least we have some of that information. And if you change your mind, we can do it.

Sarah: Okay.

Walker Commentary: *A therapist who works with abused women has to know the laws in his or her own jurisdiction. You should be prepared to help clients deal with situations involving police, judges, lawyers, doctors, and even custody evaluators. It's helpful to know in advance the specific individuals and resources in your own community to whom battered women can turn when they need help.*

Walker: This is a step that you have to really take, and you can do it.

Sarah: Yeah. Yeah. I think it's the best thing to do.

Walker: Now remember: You make the decisions in this.

Sarah: Yeah, I know. And I know that this is not going to turn into my mother and father's situation. I'm different. It's not going to happen. This case is different. I know that.

Walker: Yeah, you've been doing a lot of work with that, aren't you? Good for you.

Sarah did consult an attorney, who helped her obtain a Domestic Violence Protection Order. Her husband moved out of the house, and agreed to a legal separation.

Like many abused women, Sarah maintained frequent contact with her husband, who alternately tried to seduce her back into the relationship, and to control her with verbal intimidation.

WEEK 52

Sarah: Work seems to be going much better. They're giving me a lot more to do, and I've got – Work keeps me busy almost every single day, which is good. And I enjoy it.

Walker: That's great.

Sarah: Yeah. I'm enjoying it a lot. And it seems to be working out better all the way around. Dan has been – He's actually even said he would like to go into marriage counseling. He seems very sincere about it. I mean, he would really like to try to work on things.

Walker: What do you think?

Sarah: Well, I think that would probably be a good idea. I know that you haven't been so hip on that in the past, but I really think that that would be good for us. I want to try everything I can to make things work.

Walker: So you still think maybe – even though you've filed for divorce – that maybe this relationship is still going to work out?

Sarah: If he is willing to change and willing to want to work on it, which he seems that he is, then yes. I'm willing to do that, too. I mean, I miss not having him around. I mean, he wasn't always bad. And the times when he wasn't were really wonderful, and I miss that.

Walker Commentary: *As expected, Sarah is receptive to reconciliation when Dan asks nicely. When women like Sarah begin to identify and pursue their own needs, it can disrupt the balance within the family system. In the absence of violence, family therapy would be perfectly appropriate to help them both adapt to these changes. But the use of violence is never an appropriate response to these stresses, and the source of the violence is not the family system, but Dan's own internal problems. Until Dan deals with these problems in special batterers treatment, marital counseling is not appropriate.*

Walker: If he really wants to change, why won't he go into counseling for himself? Why not go into individual counseling so he can work on his problems?

Sarah: I think he feels that because it's a marriage, that we should be working together to try to make it work.

Walker Commentary: *Batterers groups can be the most effective in getting the abuser to stop his violence. Unfortunately, Dan has refused on several occasions to attend such a group.*

Sarah: I know that I can't make him change. I can't make him change.

Walker: Good. We've been working on that, haven't we?

Sarah: Yes. I realize that. But he does seem very sincere when he wants – when he talks to me about wanting to make our marriage work.

Walker: Uh, huh.

Sarah: And that's important to me.

Walker: And it sounds to me like you're kind of wanting to try again, to try and make the marriage work, but only if Dan changes.

Sarah: Well, yes. I mean, I don't –

Walker: You don't want it to go back the other way.

Sarah: No. I don't want him – If he could learn not to hurt me when he gets angry, then I would want the marriage to still be in tact. But yes, I would still want to be – to have us as a family unit.

Walker: Of course. You want the good Dan all the time.

Sarah: Yes. Yes, I do.

Walker: But remember what we've been saying? We can't make Dan – you or I – can't make Dan change. Why do you think a marriage counselor could do it?

Sarah: I don't – I mean. I don't know. I don't know. I just think that it's possible.

Walker: Of course it's possible for Dan to change. But the best way for Dan to really demonstrate that he's serious about change would be to do something about it himself, wouldn't it?

Sarah: I don't know. I'm going to have to think about this. I don't know. I don't think it's wrong for me to want to help if I can. But I know that I can't change him, if that makes sense.

Walker: Of course. It's not – It's not a question of right or wrong. It's a question of what's best for you and whether or not Dan is really making a

good faith effort to change.

Sarah: He really is sincere about this. He's tried very hard. He hasn't been abusive at all since he left the house a couple months ago. These last couple months have been fine.

Walker: Sarah, how many times has he called you in the last week? You just talked about it a few minutes ago.

Sarah: He calls a lot. He calls a lot. I mean, you asked me to bring in this tape. I did bring it in.

Walker: Okay. Let me go get the recorder.

Sarah: He called probably about – about 10 times yesterday.

Dan: Sarah. Pick up. I know you're there. Fine, just make sure you're listening. I'm going to be by to pick up the kids at 5:00 and I want them ready, alright. I don't want excuses. I'm going to be there at 5:00. I'm going to honk the horn once. I want the kids ready to go. I'm going to be there at 5:00 – not 5:01, not 5:02, not 5:03. Do you understand?

Walker Commentary: *Listening to these tapes can be an effective technique to break through Sarah's denial and minimization. It's hard to reconcile Dan's angry comments with Sarah's earlier reports that he hasn't been abusive at all since he left the house. But it's typical for a battered woman to focus on the positive.*

Dan: Sarah. Pick up. Justin has no god damn sneakers. How is he supposed to go to his god damn gym class? Huh? What the hell is wrong with you? I'm talking to your mother. Alright, get those sneakers to him on Monday morning in school. I know that that's what you want anyway. Don't think that I don't see what's going on between you and his teacher. You slut. Bitch.

Sarah: Turn it off. I can't believe – what he says to me. I don't even listen to these half the time. I just fast forward right through them. He has no right to talk to me like that. He has absolutely no right to be – especially when my kids are next to him, listening to him. Okay, so I forgot the gym shoes. That's not a big deal. He didn't even have gym class the next day. It's not that big of a deal and yet he turns it into this huge thing. It's all my fault. Everything is always my fault. And if things not exactly perfect, if I'm not

there exactly at 5:00 then he blows his stack, I mean – You're right. He has to change. He has to change. It has to be his decision that he is going to change and stop this kind of behavior. I'm not going to take it anymore. I'm not going to listen to that anymore.

Walker: How will you know that he's really going to change?

Sarah: When he gets help. When he gets help.

Walker: Well, it's very helpful for me to listen to it, because sometimes you minimize and you just want to make believe that the good Dan is the only person there. It's hard for you to really sit with the kind of things that he does.

Sarah: I have no choice but to see what he really is.

Walker: Dan can change, Sarah, but only if he takes responsibility and wants to change. It's the only way.

Sarah: It is. It is the only way. That's – And if he changes, then maybe we'll talk about what our future holds.

As Sarah worked through her denial, she began to recognize the underlying patterns of Dan's behavior.

Her sense of physical safety combined with an understanding of her husband's manipulations allowed her long-suppressed anger to emerge.

As with many abused women, this anger quickly generalized to include all men.

18 MONTHS

Sarah: The judge sent over this psychologist, this guy that comes over. And I know Dan probably had something to do with the fact that it's a man coming over to evaluate what kind of mother that I am. And he tries to portray himself as being this sensitive, really caring, gentleman kind of guy, and I know he doesn't believe a word that I say.

Walker: How do you know?

Sarah: Oh. How he reacts. The look in his eye. The demeanor. Just sort of the little reactions whenever I tell him. I know he doesn't believe anything that I say about Dan. Nothing.

Walker: Is he letting you talk about some of the abuse?

Sarah: Oh, he tries. You know, he – He pretends that he’s listening and that he’s, you know, that he’s concerned about all this. And he kind of brings up every now and then so that I might trust him, but it – I know that it doesn’t believe me. I know he doesn’t at all understand what I’m saying. He’s just trying to –

Walker: Now, wait. Wait a second. If – How do you know that he doesn’t believe you? I mean, what are the signals that he’s giving you that say he doesn’t trust you?

Sarah: It’s just his demeanor. It’s just the look. Like I said –

Walker Commentary: *Anger at men is very common when women are healing from abuse. It’s important for the therapist to permit the woman to work through her anger at her own pace.*

Sarah: It’s like the doctor when I went to the hospital, he kept asking me what I had done to Dan that might have provoked the situation. I mean, who was being treated there? I was the victim. Things- I was the one that was hurt. I was the one that had a broken arm, and yet he was asking me what I had done to Dan. They all stick together.

Walker: All who?

Sarah: All these men.

Walker: Oh, so you’re angry with all men.

Walker Commentary: *This can be an uncomfortable time for male therapists who may try to rush the woman through this period before she’s ready. The therapist can help her learn not to express this anger destructively. At the same time, giving her confidence that she won’t always feel this way.*

Sarah: Can’t you talk to me? Can’t you just like be open and sort of – But no. They’re always like trying to come on. And they’re always just trying to, you know, chat you up for one thing.

Walker: What’s the one thing?

Sarah: Oh, they want to get you in bed. I know that’s exactly what they’re trying to do. That is it. They have no other interests in finding out who I am. They don’t care what I think. They don’t care what I have to say about any issues. They don’t want to talk about issues. It’s like, ‘So what’s your

sign?’ And ‘What did you do’- Don’t even get me started.

Walker: So you’re not into the dating scene yet, huh?

Sarah: No. I don’t – I’m fine with my friends right now. I’m not at all interested in – I just haven’t met anybody who’s going to – who’s piqued my interest.

Walker: You think they’re all like Dan?

Sarah: Oh, I don’t know if they’re all like Dan –

Like many abusive partners, Dan attempted to regain control of his wife through their children, convincing the custody evaluator that she would alienate them from him.

As frequently happens, Sarah’s evaluation took place during her intense anger period, and the judge accepted the evaluator’s recommendation of shared rather than sole custody.

21 MONTHS

Sarah: You know what the worst thing about this whole thing is?

Walker: What?

Sarah: Is that there’s not one mention in the decision that Dan ever hurt me. Not one word. It’s like – It’s like it never even happened as far as they’re concerned.

Walker: Really.

Sarah: No. Not one thing. And I’d also have to give the kids over to Dan if I was ever going to leave here, which I’m not going to do.

Walker: It doesn’t feel like much justice got done.

Sarah: No. I feel like I was totally – It totally failed me.

Walker: They did fail you. They did fail you, Sarah.

Sarah: That’s what I feel. It just – It hurts. It doesn’t –

Walker: So for you to follow what this court has ordered, this joint custody decision, that means you have to stay here for a while.

Sarah: Exactly. And I don’t want to be here. This is such a small town.

Everybody knows what's been happening. Dan has all these connections everywhere. I don't want to be around where he is. I'd just really like to leave and make a new start somewhere. You know, career-wise, it would be much better for me to be somewhere else. And there's just not that much here to offer me anymore.

Walker Commentary: *Unfortunately, battered women must frequently share custody with the abuser if he has not directly hurt the children. This is often a painful reality for both client and therapist. It's clear that Sarah will have to put aside some of her own personal goals if she wants to remain with her children. Although she's justifiably angry now, I'll help her find ways that she can still continue to grow.*

Walker: So let's take a look at what your options are. If you stay, then you have to have certain options, and we'll look at them in a minute. If you leave, you have to give up the kids to leave.

Sarah: Right. And I don't want to do that. So, we're going to appeal the decision. My attorney and I –

Walker: So that's one of your options is to stay and appeal the decision.

Sarah: Right.

Walker: What could you do if you had to stay here? What are your options?

Sarah: I don't know.

Walker: You've been making such great progress. You've been growing. Really finding yourself. What are you going to do to not lose yourself again?

Sarah: I've got work to do, and most – You know, it's good work. It's just not – It's just not as far as I can go. You know, there's so much more in this field, and other things that I would like to explore and do.

Walker: Like what?

Sarah: I would just like to learn more about what – that's out there in computers, but I would also like to just try some other things – You know, find out more about what other skills that I have that might be useful to me.

Walker: So how would you go about doing that?

Sarah: Well, do some research on it. Talk to people. Maybe take some classes here and there.

Walker: This is a university. Think big!

Sarah: You know what I think would be really nice is to maybe go into city and take a couple business classes. It might help sort of broaden my abilities.

Walker: Think you could get a degree?

Sarah: I don't know about a degree. I mean, that would take so much time. I have to raise two children. I've got to work –

Walker: But is it something you might like?

Sarah: Yeah. Yeah, I really would. I would like to get a degree. I think I could get a degree. I don't know if I've got any time right now. I mean, it seems like it's worse than it ever was.

Walker: Well, it seems to me that one of the things that we can work on is really trying to help you figure out what the best use of the limited amount of time that you really have would be for you.

Sarah: Yeah. I feel pulled in so many different directions. You know, I just – I want to give to my kids and to work and to myself, and I just never feel like I have enough time to do all that.

Walker: Well, balance is the hardest thing to get to.

Sarah: So how do I do that? I mean, how do I get there?

Walker: Well, that's something we're going to have to work on together. You're going to have to really figure out what your priorities are and how to really enforce that.

Sarah: Yeah

Walker: You can do it.

Sarah: Yeah.

Walker Commentary: *Once Sarah felt more safe, we could reinforce her sense of inner strength. That allowed her to overcome her denial at her own pace and to make decisions in her own way. While Sarah ultimately chose to leave her husband, I want to emphasize that the goal of survivor therapy*

is not to end the relationship. Rather, the goal is to help the woman become more safe, whether or not the relationship continues.

Sarah terminated therapy several months after this session. We left open the possibility of her coming back, either for a check up or for further therapy. In survivor therapy, the door is left open for the abused woman. She may want to return if she faces a specific developmental landmark, a crisis, a life cycle issue or maybe new childhood memories that break through into awareness.

About eight months later, in fact, Sarah formed a serious relationship. As they became more intimate, she began to experience childhood memories of sexual abuse by her uncle. She returned to therapy, and we spent the following year examining and helping her heal from the trauma of incest, using many of the same techniques you have seen in this video.

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Dr. Walker's areas of interest have been in feminist psychology, violence in the family and violence against women. She has written 13 books in the area including the now-classic *The Battered Woman*, published extensively in journals and book chapters, and presented at scientific meetings around the world. She has been in the national and local media discussing issues around domestic violence, introduction of the Battered Woman Syndrome in self-defense cases where women killed their abusive partners and drew attention for her work with the O.J. Simpson defense team.

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Robert E. Wubbolding *Reality Therapy*