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A Mind-Body Approach to Domestic Violence Perpetrator Treatment: Program Overview and Preliminary Outcomes

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Conventional interventions with perpetrators of domestic violence are marginally effective. Given these results, researchers and practitioners are beginning to focus on identifying ways to improve domestic violence treatment outcomes. This article describes how a rural state-sponsored domestic violence offender program utilizes a treatment approach known as Mind-Body Bridging to help its clients overcome their abusive behaviors. Preliminary findings from an ongoing outcome study are also reported. According to these findings, the program has a high completion rate coupled with a low recidivism rate. Ninety-three percent (82 of 88) of the clients who have participated in this program completed the program, and just 7% (6 of 82) of those who completed the program reoffended during the follow-up period, which ranged from 9 to 27 months.

KEYWORDS domestic violence offender treatment, mind-body, bridging, rural

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Within the past 3 decades, the problem of domestic violence (DV) has emerged from the shadows of private lives to the forefront of public policy and debate. DV cuts across all socioeconomic and cultural boundaries (Fagan & Browne, 1994) and has, over the last 3 decades, become one of America's most notorious social problems. As the problem of DV increased, legislatures, battered women's advocates, and mental health professionals responded by enacting laws and developing programs for abusers and their victims.

Domestic violence offender treatment programs, often referred to as batterer treatment programs, represent one such response to the problem of DV. Treatment or intervention groups for offenders have become the most common and accepted approach to batterer intervention in the United States (Gondolf, 1997). Programs numbering in the thousands are now functioning across the United States (Chalk & King, 1998; Edleson & Syers, 1990). These programs aim to improve the safety of victims and provide judges with an alternative to incarceration (Dutton & Sonkin, 2003).

Recent meta-analyses of the DV offender treatment program evaluation literature have concluded that these programs are marginally effective. Between 50% and 75% of offenders who enroll in batterers' programs fail to complete them, and those who do complete programs do not fair substantially better, on average, than those who drop out or those who do not attend at all (Babcock, Greene, & Robie, 2004; Daly & Pelowski, 2000; see also Babcock & La Taillade, 2000; Feder & Wilson, 2005). Researchers suggest that given the mediocre results batterer programs produce, future research on batterer programs should focus on improving outcomes. For example, reflecting on the extant literature, Gondolf (1997) suggested that rather than asking, "Do batterers' programs work?," researchers should now explore the question of, "What kinds of men are most likely to change their behavior and under what circumstances?" (p. 87). The Family Violence Council's Domestic Violence Abuser Research Collaborative issued a statement in 2002 that reflects this same sentiment. This group of researchers suggested that future research should focus on identifying those program characteristics most likely to influence and improve treatment outcomes, inclusive of identifying personality characteristics and other factors that might affect the efficacy of treatment (Family Violence Council, 2002). In their recently published review of the batterer treatment literature, Babcock et al. (2004) reached a similar conclusion. They wrote:

> Results showing a small effect of treatment on violence abstinence do not imply that we should abandon our current battering intervention programs. Similar small treatment effects are found in meta-analyses of substance abuse treatments when abstinence from alcohol is the outcome of interest . . . Yet, some people are able to dramatically transform their lives following substance abuse or battering interventions.

> Given what we now know about the overall small effect size of batterers' treatment, the energies of treatment providers, advocates, and researchers alike may best be directed at ways to improve batterers' treatment. (p. 1048)

A number of studies have attempted to increase our understanding of how personal, environmental, and treatment program factors affect treatment outcomes. The body of literature focusing on correlates of program attrition suggests that factors, such as psychopathology, lower educational levels, unemployment, referral source (voluntary vs. mandated), and substance abuse, are consistently related to program dropout (see Daly & Pelowski, 2000, for a review of this literature). Similarly the literature focusing on correlates of posttreatment recidivism suggests that factors, such as substance abuse, psychopathology, criminal history, and referral source (voluntary clients are more likely to reoffend), are consistently associated with reoffense (see Tollefson & Gross, 2006, for a review of this literature).

Unlike studies focusing on offender characteristics, studies focusing on program approach (e.g., duration, educational vs. therapeutic, etc.) have not generated findings capable of informing practice with DV offenders. These studies have failed to identify a superior treatment or intervention modality (Brannen & Rubin, 1996; Edleson & Syers, 1990; Gondolf, 1998, 1999; Harris, 1986; Harris, Savage, Jones, & Brooke, 1988; O'Leary, 2001; O'Leary, Heyman, & Neidig, 1999; Saunders, 1996). Commenting on the topic of treatment approach supremacy, Dutton and Sonkin (2003) stated, "At present there is no one 'treatment of choice' in working with physically abusive clients. No research demonstrates clear and consistent superior effectiveness for one treatment strategy" (p. 4).

Despite the lack of evidence favoring a particular treatment approach, the vast majority of batterer programs utilize a single-gender group approach that falls somewhere on a psychoeducational-psychotherapeutic continuum. These programs typically include some elements of the following: (a) feminist models of power and control and consciousness raising; (b) anger management, including time-out strategies, recognition of anger triggers, etc.; (c) analysis of the personal, familial, and social costs of family violence; (d) alcohol and substance abuse content; (e) communication skills; (f) cognitive restructuring and identifying thinking errors; (g) empathy development; (h) assertiveness training; (i) parenting training; and (j) relaxation and stress management (O'Leary, 2001; Rosenbaum & Leisring, 2001). Programs that depart significantly from this traditional path are viewed with skepticism and sometimes as inappropriate (Geffner & Rosenbaum, 2001; Hamel, 2005). In fact, many states have adopted standards for batterer treatment that prescribe and proscribe certain treatment approaches. In these standards, programs embracing an approach similar to that described above

have been identified as best practice (Gelles, 2001; Heyman & Schlee, 2003; Maiuro, Hagar, Lin, & Olson, 2001).

Alternative approaches to intervening with abusers include conjoint or couples' programs, modified 12-step programs, solution-focused programs, gender inclusive programs, programs based on a stages of change model, and programs, such as the one described in this article, whose approaches fall within the mind-body tradition (Dutton & Sonkin, 2003; Geffner & Rosenbaum, 2001; Hamel, 2005). The most studied and most controversial of these alternative approaches is conjoint or couples therapy. Critics of this approach argue that these programs implicitly blame the victim by implying that she or he should play a role in fixing the problem, and they run the risk of putting the victim at risk for further violence (McMahon & Pence, 1996). There is no evidence, however, to support these claims. In fact, programs utilizing the conjoint approach seem to be at least as effective as the more conventional programs (see Heyman & Schlee, 2003; O'Leary, 2001, 2006, for a more in-depth discussion of this literature). A few studies have focused on stages of change-based programs and solution-focused programs (Lee, Uken, & Sebold, 2004; Levesque, 1998; Scott, 2004), with each reporting positive effects. No studies reported in the literature have examined 12-step programs or programs utilizing a mind-body approach. Our purpose here is to begin to fill this void in the literature by describing a program that utilizes a mind-body approach to working with DV offenders and reporting preliminary outcomes (completion and recidivism rates) experienced by this program's clients.

Mind-Body Interventions

The program approach to treating DV offenders described in this article falls within the mind-body therapeutic tradition. Mind-body treatment approaches typically focus on the ways in which emotional, mental, social, spiritual, and behavioral factors can directly affect physical and mental health. Mind-body medicine fundamentally respects and enhances each person's capacity for self-knowledge and self-care, and it emphasizes techniques that are grounded in this orientation (Gilbert, 2003; Harrington, 2008). Mind-body treatments usually include intervention strategies that are thought to promote health, such as relaxation, hypnosis, visual imagery, meditation, yoga, biofeedback, cognitive-behavioral therapies, and group support. In the mind-body tradition, illness and dysfunction are viewed as an opportunity for personal growth and transformation.

There is evidence that mind-body interventions may offer some relief for individuals suffering from a wide range of problems (see Astin, Shapiro, Eisenberg, & Forys, 2003, for a comprehensive review of the utility of mind-body interventions for treating and managing wide-ranging clinical conditions). The mind-body approach to treating illness or personal dysfunction

seems well suited to partner abusers given that "most (abusers) suffer from some form of extreme tension held in the body" (Dutton & Sonkin, 2003, p. 4), and that "improving emotional regulation is critical to domestic violence treatment" (Rosenberg, 2003, p. 315).

Somatic awareness and mindfulness are two key themes in the emerging science of mind-body interactions. Somatic awareness is defined as the ability to perceive, interpret, and act on the basis of one's own internal bodily sensations, and it can be a powerful tool in maintaining health and facilitating recovery from illness and dysfunction (Bakal, 1999). Mindfulness is a way of paying attention that originated in Eastern meditation practice. It is usually described as paying attention in a particular way—on purpose, in the present moment, and nonjudgmentally (Kabat-Zinn, 1994). In our view, mindfulness represents alterations in how we construct (somatic) awareness. These transformations typically emerge from intensive experiential training to develop skills in monitoring and perceiving internal states of the body and external states of the world. These two themes are an integral part of the mind-body program that we describe in this article.

What has limited the accessibility of existing mind-body methods, however, was the necessity for a rather extensive or intensive period of training required to effectively utilize these interventional methods in a clinical setting (Geffner & Rosenbaum, 2001). This situation may be changing, as reflected in the development and implementation of a new mind-body intervention program to manage wide-ranging medical and psychological conditions (Block & Block, 2007). In this article we describe how this program, referred to as Mind-Body Bridging, is used to help DV offenders overcome their abusive behaviors.

MIND-BODY BRIDGING PROGRAM FOR DV OFFENDERS

We believe that the key factor in understanding the root cause of DV lies in understanding the mind-body state of the perpetrator before his[1] aggressive outburst (i.e., his thoughts are spinning wildly, his body is numb and full of tension, his awareness of his surroundings narrows until all he sees is a victim in front of him). Frequently this state explodes into a violent outburst that to some degree is caused by a lack of awareness and an inability to modulate psychological and physical arousal. We assert that this Explosive State can be prevented from occurring through a mind-body treatment approach we refer to as Mind-Body Bridging. This treatment approach

[1] We recognize that DV offenders are not exclusively males. We use male references to offenders throughout the article to avoid the cumbersome use of his and her pronouns.

is based on the premise that the root cause of the Explosive State is the overactivity of a system in our body we call the Identity System,[2] a holistic system responsible for regulating our mind-body state. Mind-Body Bridging is a simple technique for "resting" the Identity System, or in other words, modulating the mind-body state, which in turn resolves the Explosive State (i.e., abusive behavior).

Mind-Body Bridging has components that may be similar to existing cognitive restructuring techniques, mindfulness training, trigger identification, and grounding techniques used in Dialectical Behavioral Therapy (DBT; Linehan, 1993), Cognitive-Behavioral Therapy (CBT; Beck, 1995), mindfulness-based stress reduction (MBSR; Williams, Teasdale, Segal, & Kabat-Zinn, 2007), and other therapeutic techniques; however, there are critical differences. In Mind-Body Bridging, the major premise is that the client is always connected to a wellspring of healing, goodness, and wisdom (i.e., he is whole, complete, and undamaged). The reason for his inappropriate actions is his overactive Identity System preventing him from experiencing and expressing this wellspring. The client is not defective and does not need to be taught skills other than those necessary to rest his Identity System. When the Identity System is rested, his adaptive skills will flourish. More specifically, awareness techniques are helpful in allowing the client to be present in the moment, because they rest the Identity System. However, awareness can be used as a form of avoidance if the client's Identity System is seeking out a state of tranquility rather than facing life as it is.

Cognitive-Behavioral Therapy, DBT, and to some extent MBSR assume that the patient's thinking, feeling, and attention states are defective and need to be corrected or fixed. This assumption, and the techniques that follow, may activate the Identity System and interfere with the client's progress. Mind-Body Mapping, which includes approximately a dozen fundamental maps and another dozen advanced maps, has one fundamental purpose, recognition and resting of the Identity System. One of the maps, the Requirement Map, may be similar to identification of triggers; however, the key in Mind-Body Bridging is not only identification of the trigger, but utilization of techniques to Defuse the Requirement (e.g., the two-part mapping exercise of completing the same map while using the Bridging Awareness Practices and daily practices in Defusing Requirements in real time).

The rural, state-sponsored DV treatment program that is the focus of this article offers Mind-Body Bridging groups consisting of between 4 and 15 individuals (the program's rural location causes group size to vary greatly). Groups consist of only males or only females and are typically led

[2] A detailed description is available in Block & Block (2007).

by two master's-level facilitators who are certified[3] in Mind-Body Bridging therapy; smaller groups are led by a single facilitator. Both mixed-gender and single-gender facilitation teams have been used. Some individual sessions are also employed when clients cannot participate in group sessions due to work conflicts or other contingencies.

The program under study is located in a rural area of southeastern Utah. It serves two counties with a combined population of approximately 15,000 and is the only DV offender program available in the area. The sample consisted of 88 individuals who participated in the program between November 2005 and October 2007 and included all who participated in the program since it adopted the Mind-Body Bridging treatment approach. The sample was similar to other samples described in the batterer treatment program literature in that (a) all of the participants were court mandated to participate; (b) 65% were males; (c) ages ranged from 23 to 69 years (M = 33, SD = 6.2); (d) 76% were Caucasian, whereas 24% were racial or ethnic minorities proportionate to their numbers in the community; (e) most were employed (85%), with more than 90% of those employed working in blue-collar jobs; (f) 45% reported substance abuse problems at intake; and (g) 19% were given a psychiatric diagnosis other than substance abuse or dependence, with all but two of these diagnoses falling within the mood disorders (e.g., depression, anxiety, etc.).

Initially the program operated on an open-enrollment basis; that is, individuals entered and exited the program at different times. Therefore clients progressed through the program components in varying order depending on what point they began treatment. Regardless, clients were required to experience all of the components in order to successfully complete the program. After about a year, the program switched to closed groups because this approach was deemed a better fit with Mind-Body Bridging. In some cases individual sessions were conducted. The decision to utilize group or individual treatment for a particular person was based on factors, such as employment schedules, appropriateness for group treatment, and the rural nature of the area (whether there were a sufficient number of clients at a given time to have a group). Twenty-two individuals (25%) in the sample participated exclusively in individual treatment, whereas 24 (27%) participated in individual and group sessions. For this group, group sessions represented 59% of all sessions attended. Forty-nine percent (n = 43) of the sample participated exclusively in group treatment.

Group sessions occurred weekly for the first six sessions and every other week for the remaining sessions. They lasted between 90 and 120 minutes each. Similarly individual sessions occurred weekly or every

[3] Certification requires the completion of a Mind-Body Bridging training course, which consists of approximately 40 hours of training.

other week and lasted approximately 60 minutes. Clients were generally required to complete 8 to 10 sessions in order to complete the program. Most (70%) completed treatment within 3 to 5 months, however, some clients took longer to complete treatment. In these cases, employment conflicts were usually responsible for extending the treatment period. Participants in the present study attended an average of nine treatment sessions, with program completers attending an average of nine sessions (median 9.5) and dropouts attending an average of three sessions. Participants were classified as dropouts if they failed to complete the entire program within the time frame set forth by the court or referring agency, which is typically 6 months. Those who missed group sessions were required to make them up through individual sessions.

Sessions were conducted by master's or doctoral level, licensed[4] clinicians who are certified in Mind-Body Bridging practice. As mentioned previously, group sessions were usually led by two facilitators and individual sessions were led by a single clinician. These clinicians also conducted the intake interviews through which they determined whether a client was appropriate for treatment or required additional or different services (e.g., substance abuse treatment, mental health treatment, etc.). Intake sessions were conducted in accordance with state standards that require an in-depth, face-to-face interview and assessment to determine the client's clinical profile and treatment needs. Information had to be obtained from the police incident report, perpetrator's criminal history, prior treatment providers, and the victim, in addition to what was obtained through the interview with the offender.

Session 1

During the first session participants begin to learn how they can effectively control and manage both their internal emotional and physiological states simply and literally by coming to their senses. The initial group begins with an introduction of the Mind-Body Bridging model and how the Identity System operates. Case vignettes are used to demonstrate the Identity System in action. Group participants are also taught that in order to experience the expansion of their awareness, sense of connection with their Source, and sense of well-being, they must become aware of their Identity System's functioning and learn to rest this system.

Group participants are then invited to experience the difference between an overactive Identity System and a resting Identity System. They are asked to think of a stressful life event and then to ponder on it for about

[4] Licensed DV treatment providers in Utah are required to complete specialized training in DV assessment and treatment practices including 24 hours of preservice training and 16 approved DV-related CEUs (Continuing Education Units) annually thereafter.

2 or 3 minutes. They are subsequently invited to get in tune with their bodily sensations and to identify any tension in their body. Any tension they experience is said to be a sign of an overactive Identity System. They are then asked to tune into a background sound, such as the humming of the fan or the ticking of a clock. They are instructed to avoid trying to stop any painful thoughts or emotions they are experiencing. Rather, they are asked to simply focus on the sound, and when thoughts or emotions take center stage, they should return their awareness to the sound. At this point, participants are taught that the feelings of peace, calm, and wholeness that usually accompany this exercise are signs of a resting Identity System. Additional exercises are then conducted to ensure participants have a solid understanding of the Identity System concept.

At this point in the first group session, participants view a 10-minute video about a soldier that served in Iraq who was experiencing misery and distress related to his service there. He describes how he was able to use Mind-Body Bridging to rest his Identity System, which gave him relief from the constant discomfort he was experiencing. The video is designed to increase participant buy-in and motivation as well as to further illustrate how the Identity System operates.

At the end of the first session, participants are given homework assignments that will encourage the use of Bridging Awareness Skills, helping them to incorporate the skills into their daily habits. They are instructed to avoid berating themselves if they fail to practice for a time. Instead, participants are counseled to simply begin using the skills again. Participants complete the Quality of Life Scale at the beginning of the first session and again at the end of Session 10; they also complete the Mind-Body Bridging Scale periodically throughout the 10 sessions to gauge their progress and use of Bridging skills. Both scales were developed by Block and Block (2007; see Table 1 and Table 2).

Session 2

In Session 2, participants are asked to discuss how successful they were at practicing the Bridging skills learned during the previous week. Participants are introduced to the full Identity System model and how it captures normal, natural thoughts, both positive and negative, and then creates tension and overwhelming emotions. They learn that it is their Identity System that causes the dysregulated internal emotional and physiological states they experience rather than some other person or situation. They are then invited to become familiar with their own Identity System.

A simple tool, which we call a Mind-Body Problem Map, is employed to enable participants to become familiar with the workings of their individual

TABLE 1 Bridging Scale

During the past week, how many times have you experienced the following practices? Check the description that most closely reflects your practice.

How frequently do you:	Never	Hardly ever	Occasionally	Regularly
Listen to background sounds				
Sense the sensation under your fingers when you take a drink				
Experience gravity				
Use bridging practices to bust stress or melt misery				
Become keenly aware of everyday activities, such as making the bed, eating, driving				
When you are showering or washing your hands do you hear the water going down the drain and experience the water on your body.				
Use bridging to help you sleep				
Use bridging to help you relax and stay focused				
Use body sensations as a sign of overactive identity system.				
Recognize an overactive identity system is underlying your problem				
Recognize your depressor				
Recognize your fixer				
Befriend your depressor				
Befriend your fixer				
Recognize requirements are causing your daily upsets				
Defuse requirements				
Recognize story lines				
Bridge story lines				
Recognize damaged self				
Experience damaged self is a myth of the identity system				
Recognize free (natural) functioning				
Appreciate true self is free functioning moment by moment				
Come to appreciate in a new light aspects of everyday life				

Note.

Identity Systems. It helps them visualize the thoughts, tension, emotions, and requirements that their Identity System is producing, as well as the negative impact it has on them. They are asked to select a problem they are dealing with, write it down in the middle of a blank piece of paper, and draw a circle around it. Outside this circle, they are asked to take approximately 5 minutes to write down any thoughts that come to mind. They are then invited to identify any bodily tensions they are feeling and write them

TABLE 2 Quality of Life Scale

Over the past 10 days, how have you been doing?				
Circle the number under your answer	Not at all	Several days	More than half the day	Nearly every day
1. Positive interest or pleasure in doing things	0	1	3	5
2. Optimistic, enthusiastic, and hopeful	0	1	3	5
3. Sleeping well and waking rested	0	1	3	5
4. Having lots of energy	0	1	3	5
5. Able to focus on tasks and have self-discipline	0	1	3	5
6. Satisfactory management of diet, health, exercise, and recreation	0	1	3	5
7. Feeling good about relationships with family and friends	0	1	3	5
8. Satisfied with what you have accomplished at home, at work, or at school	0	1	3	5
9. Comfortable with your financial situation	0	1	3	5
10. Feeling good about the spiritual base of your life	0	1	3	5
11. Satisfied with the direction of your life	0	1	3	5
12. Self-fulfilled with sense of well-being and peace of mind	0	1	3	5
Total, per column	____	____	____	____
Total score	____			

Note. Copyright 2006 by Stanley H. Block.

down on a corner of the same piece of paper. They are instructed to tune into their emotions and write those on another corner.

Next, participants are taught about Identity System Requirements, which are the expectations about how they and the world should be at any moment. When these requirements are not met, they produce a cluttered mind, contracted awareness, bodily tension, and a sense of feeling incomplete, discontent, damaged, or even devastated. These Identity System Requirements (e.g., "People shouldn't be so disrespectful," "My wife should know what I need," "I have to have my room organized and clean," "People shouldn't tell me what to do," etc.) are the fuel that drives the Identity System and keeps it going. Participants are taught how simple awareness of these Identity System Requirements will cause the requirements to lose their power or emotional "punch." Participants are assisted in identifying the Identity System Requirements underlying each thought and are instructed to record them underneath each thought on the map.

During this session, participants are taught that they are not damaged and thus do not need fixing. Moreover, they are taught that their overactive Identity System caused them to feel damaged, unacceptable, etc., and that these feelings are not necessarily reflective of reality. They are taught that when their Identity System is rested through Mind-Body Bridging, allowing them to experience connection with their source of healing, goodness, and wisdom, they will naturally and effectively deal with any situation they may be facing. This way of being, participants are taught, is referred to as Free Functioning or Natural Functioning.

After completing the Mind-Body Problem Map, participants are invited to practice their Bridging skills by tuning into background sounds or to sensations while they ponder on and *befriend* the items on the map. To befriend, they are taught, means to be aware of, to acknowledge, and to notice all parts of the Identity System without judging or trying to change one's Identity System in any way. Participants then complete a To-Do Map. They are asked to make a list of at least 10 things they need or want to accomplish in the next few days. They are asked to rate each item according to the level of tension or anxiety it may be triggering in them by placing a "+" next to items that evoke some tension or anxiety and a "++" next to items that evoke higher levels of tension or anxiety. They are instructed to select one "+" or "++" item that they have avoided.

Next, participants mentally review their reasons for avoiding certain items and allow the negativity associated with these reasons to permeate their body. They get in tune with their bodily tension and identify where the tension is located (e.g., stomach, neck, jaw, chest, etc.). They are then invited to Bridge by tuning in to background sounds or sensations until they experience the signs of a resting Identity System. They are told that they now have the full, natural functioning to complete the to-do item they have been avoiding. This exercise shows the participants that they can control whether or not they approach problems with natural functioning or with restricted functioning of the Identity System.

Finally, participants are encouraged to complete a Mind-Body Problem Map each day during the next week. They are told each map they create serves to increase their awareness of their Identity System and its requirements, which decreases the power these requirements have to trigger the Identity System's reactions. Participants are also asked to continue using Mind-Body Bridging skills on a daily basis.

Session 3

In Session 3, participants are taught about the Depressor, a component of the Identity System that takes a person's naturally occurring negative thoughts and uses them to convince the person he is damaged or somehow less than whole. During this session participants become acutely aware of

how their Depressor operates, what triggers it, and the mental and physiological toll it takes on them. More specifically, participants are taught that the Depressor triggers a physiological response in the brain that causes them to feel depressed.

Participants complete a Depressor Mind-Body Map in order to become familiar with their Depressor and its functioning. They are instructed to write the word Depressor in the center of a blank piece of paper and to draw a small oval around it. Then they write random thoughts that come to mind when they feel discouraged, down, or depressed, as well as any negative self-talk that they experience. They are instructed to get in tune with their bodily sensations, to once again identify any tension (e.g., knot in stomach, tight shoulders, tight jaw, etc.), and to record this on a corner of the paper. They are asked to get in touch with and identify any emotions evoked as they view the thoughts they have recorded. They write these down on another corner of the paper. Then they identify the Identity System Requirement underneath each thought on the map and write each requirement underneath its corresponding thought.

Next, they are taught about Storylines, which are thoughts people think that give them permission to be paralyzed, to be stuck, or to continue to wallow in self-pity (e.g., "I'll never amount to anything," "I can't do that," "Why do bad things always happen to me," etc.). Participants are taught how the Identity System captures these thoughts and embeds them into their bodies, creating tension, cluttering their minds, restricting their awareness, and impairing their quality of life. Participants are assisted in identifying the Storylines associated with each thought on the map and are instructed to either write these down by each corresponding thought or to make a list of their Storylines on a blank space somewhere on the paper. Once the map is complete, participants befriend their Identity System by not trying to change themselves, their thoughts, or their emotions in any way. They are invited to ponder on the contents of the map while tuning into background sounds and sensations (i.e., Bridging).

Participants are taught that their minds are dualistic; that is, they do not and cannot operate without both positive and negative thoughts. As well, they are instructed that thoughts, which are a means of inner communication, are merely chemical secretions of a brain cell. Knowing that a thought is just a thought is fundamental to releasing the negative mind-body state. A person does not need to get rid of the negative thoughts or reinforce positive thoughts. Participants are taught to give neutral labels to their thoughts by using a skill known as Thought Labeling. They are given the example of a person who wakes in the morning tired and unrested. This person looks in the mirror and thinks to himself, "I look like an old fart." They are shown how this person can label this thought as *just* a thought by saying out loud or in his mind, "I'm having

the thought that I look like an old fart. What else is new?" They are then encouraged to take thoughts from their own maps and practice this skill out loud with the group by filling in the blank, "I'm having the thought that (fill in the blank). What else is new?" They are encouraged to practice this skill throughout the week each time a depressing or distressing thought occurs.

Participants are also taught during this session that the unpleasant body sensations they recorded on their maps are not due to the nature of their thoughts but are due to the action of their Depressor. The Depressor captures those thoughts, spins a Storyline, and imbeds the negativity in every cell of their body. They are reminded that these are warning signals telling them that their Depressor is in action. Once they have recognized these sensations, they need only to recognize them as body sensations, or somatic components of the Depressor, and then return to what they are doing by tuning into their surroundings. Participants are given homework assignments that require the daily use of Depressor Mind-Body Mapping, recognizing Storylines, and Thought Labeling skills, as well as skills they learned in previous sessions.

Session 4

The goal of Session 4 is to help participants become aware of the role the Fixer plays in the Fixer/Depressor cycle and to further illuminate the Identity System Requirements underpinning their Fixer/Depressor activity. Recognizing and diffusing these requirements is the key to neutralizing the Fixer/Depressor cycle, as well as the cycle of violence and abuse. In this session, participants also come to recognize Natural or Free Functioning; that is, when they are functioning free of the influence of the Identity System and the Fixer/Depressor cycle.

Participants are guided through an experience we refer to as Looking for the Damaged Self, which helps them learn that they are not damaged. They are asked to get comfortable in their chairs, to close their eyes, and then to use their Bridging skills (i.e., tuning in to background sounds or sensations) until they experience signs of a resting Identity System (i.e., feelings of calmness or peace). Then while continuing to Bridge with eyes still closed, they are instructed to experience their expansiveness. They are asked to look very hard, as if their life depended on it, searching each part of their mind (left-right, forward-backward, up-down) for signs of damage while asking themselves, "Where is the damage?" After searching for approximately 3 to 5 minutes, they are invited to open their eyes. They are asked whether they found any damage. Usually some participants say they have, while some say they have not. To the former group the facilitator says, "Great, you have experienced the truth. The damaged self is a myth. When you experience your connection to your wellspring of healing, goodness,

power, and wisdom through Bridging, you know that you are not damaged." To the latter group, the facilitator says, "Perhaps you initially experienced expansiveness and a sense of well-being, but once you started looking for the damage and then thought of past trauma, self-criticism, or a painful body sensation, those feelings disappeared. Great! You now know how the Identity System captures natural, negative thoughts and uses them to create a cluttered mind and a tense body." They are then told that who they really are is not damaged. Even if they are dying of cancer or have all of their limbs amputated, who they are really created to be is not damaged. Who they really are cannot be damaged in these ways. It is the Identity System that tries to make them think that they are damaged. Even though they are always connected to their Source, the Identity System interferes with their ability to experience that connection, not only by cluttering their mind, but by impairing their body's (i.e., mind, spirit, and body) natural functioning.

The facilitator then makes a shift to positive thoughts and how the Identity System sometimes uses positive thoughts to confine or keep people from functioning naturally. Participants are taught that in Western culture, most psychiatric, psychological, self-help, motivational, and even spiritual advisors place a premium on positive thinking. Natural or Free Functioning includes both positive and negative thoughts, and the Identity System can take either positive or negative thoughts and create problems. The crux is not to reinforce positives or eliminate negatives, but to help participants realize that they are much greater than they think they are. That is, frequently who people think they are is a self-limited, incomplete, damaged version of who they really are. Participants are taught that the thinking mind cannot grasp who they really are because it is so vast, ever-changing, and boundless, and that the expansiveness of who they are (the True Self) naturally springs forth when their Identity System is at rest.

To demonstrate how the Identity System can cause people to be confined in their positive thoughts and to help participants begin to understand their Natural or Free Functioning, they are guided in completing a Fixer Map. They are instructed to write the word Fixer in the center of a blank piece of paper and to draw a small oval around it. They are then told to write down their thoughts about how they think they are going to improve or make themselves better. They are instructed to write quickly and freely for 3 to 5 minutes. After completing the map, they are asked to compare their overall energy while completing the Fixer Map to when they completed the Depressor Map during the previous session. They get in tune with their bodily sensations while imagining that they are unable to complete the self-improvement items, and they record those on a corner of the paper. Then they tune in to their emotions and record those on another corner of the paper. They are then instructed to consider each item or thought on the map and to be aware of any internal pressure or anxiety

they feel. They are taught that underneath every Fixer is a Depressor at work. However, for those items that would be considered Free or Natural Functioning, meaning free from the functioning of the Identity System, there would be little sense of anxiety or tension. They are assisted in looking for the Depressor underneath each thought that has a sense of anxiety or tension associated with it (Fixer thought) and instructed to list these disguised Depressors underneath each Fixer thought. They are then assisted in identifying the associated Identity System Requirements for each Fixer/Depressor dyad and instructed to write these beneath each dyad. They are also encouraged at this point to identify any Storylines associated with the Fixer/Depressor dyad and to record these on a blank space of the paper. Finally, they befriend their new found Identity System Requirements and Storylines by reviewing them silently, while still using their Bridging skills.

Participants often report that they did not realize that even their positive thoughts could undermine them and perpetuate the cycle of abuse. To further illustrate this concept, we give the following explanation: The Depressor is activated, causing an offender to feel damaged if certain Identity System Requirements are not met (i.e., his food wasn't cooked just right or something didn't happen the way he expected it to happen). In an attempt to fix his sense of feeling damaged, his Fixer causes him to lash out verbally or even physically toward the person(s) whom he perceives to be the source of his dissatisfaction. After he has become abusive, the Depressor is further activated, causing him to get down on himself and feel sorry and remorseful. The Fixer then goes to work attempting to fix the damaged self, coming up with all sorts of ways that the person can make things better. It is during this time that the offender enters the so called honeymoon stage, where he attempts to fix the wrongs he has committed and vows never to do them again. However, despite good intentions, he will lash out verbally or physically again once his Identity System's Depressor is reactivated.

It is not necessary to explain this process to offenders in order for them to benefit from the program and break the cycle of abuse. What is necessary is getting them to wholeheartedly practice the skills taught and to bring the Depressor and Fixer activity, along with associated thoughts, bodily sensations, Identity System Requirements, and Storylines into their awareness. This enables them to rest their respective Identity Systems. Participants are told that the positive statements on their map are natural, free thoughts. Taking care of themselves and their responsibilities is their life. However, when the Identity System captures free thoughts, their activities are driven by it, and their functioning is impaired. When they learn to rest their Identity System, they care for themselves and their responsibilities with their natural, free-functioning True Self. Because the Fixer is sometimes associated with a more positive energy than the Depressor, they can be fooled into thinking that their good impulses and drive to succeed are

natural or free functioning. The key to living life at its best, they are taught, is to be able to differentiate the Identity System Fixer from natural or free functioning.

Fixer activity versus natural or free functioning is discussed with the participants in depth. They are taught that when they are natural or free functioning and one of their expectations or goals is unfulfilled, they are merely disappointed. On the other hand, when a Fixer expectation or goal is unfulfilled they are often devastated or feel damaged or incomplete in some way. Homework is assigned at the conclusion of this session to help participants to continue to recognize their own Fixer/Depressor activity and to use skills learned in previous sessions.

Session 5

In Session 5, participants are reminded of how the Identity System interferes with their natural functioning, resilience, coping skills, and well-being by replacing their innate clarity and wisdom with a self-limited, incomplete thought-picture of themselves. They are taught that they need not be defined by their negative thoughts or confined by their positive thoughts. To facilitate their learning of this concept, participants complete a Who Am I Map. They are instructed to draw a circle about 5 inches in diameter on a blank sheet of paper. They are asked to think about their most important personal qualities and to write these qualities down in the inside of the circle around the edges. Next, they are instructed to write the opposite of each quality outside the circle, connecting it with a line to the corresponding quality inside the circle. At this time, participants are asked to focus just on the qualities inside the circle and to write their thoughts down next to each quality inside the circle. They are then asked to tune in to their bodily sensations or tension and to list that tension anywhere inside the circle. Next, participants are asked to focus on only the qualities outside the circle and to note how their reactions differ from those qualities inside the circle. They are asked to write their thoughts next to each quality outside the circle. They are then asked to tune in to their bodily sensations or tension associated with the qualities outside the circle and to list any sensation they may be feeling anywhere outside the circle, usually on a corner of the paper.

Once the map is complete, participants are asked to ponder on their map while the facilitator says something similar to the following:

> The Identity System takes a valued quality such as compassion, turns it into a Fixer, and then pushes you to fulfill its demands. As you attempt to meet the Fixer's demands, it keeps raising the bar. When you ultimately fail, the Depressor reinforces, via the same unpleasant body sensations you felt when you experienced the qualities outside your circle. This is the false notion that you are a failure and are damaged.

The Identity System works by creating Requirements of how you and the world should be at each moment. Requirements are its fuel. Without them, the Identity System is resting. Requirements are not necessary for your safety, health, or welfare, but solely to keep your Identity System going. Words inside the circle on the Who Am I Map may be phrases or descriptions, such as compassionate, caring, good father, spiritual, or seeking excellence. These may be free-functioning aspirations or they may be Identity System Requirements. To find out which they are, simply note your reaction to the opposite quality written outside the circle. The stronger the aversion, the more likely the desired quality is a Requirement. The quality outside the circle triggers your Identity System, thereby causing you to feel devastated. If the word or phrase in the circle is a naturally functioning aspiration or expectation, its opposite would not cause a meltdown, but merely disappointment.

Conventional techniques would encourage you to fill the Who Am I Map with positives and then reinforce them with affirmations. Two things happen with that approach. First, the more you positively affirm what's inside the circle, the more energy you give to its opposite. You can never escape the fact that the mind works dualistically. Secondly, you become only as good as your last thought, and whenever a negative thought comes up, you are damaged. There is nothing intrinsically wrong with positive thoughts. They will naturally flow when you rest your Identity System. You can never capture the essence of who you are with thoughts. What's inside the circle is who you think you are, and it is always a false, damaged picture of who you really are. These Requirements actually alienate you from your True Self. The positive concepts inside the circle always confine you in a box. Whenever you have a thought outside the circle, it triggers a body-mind-spirit meltdown. Bridging rests the Identity System and allows the circle to naturally expand to embrace the truth—you are not defined by your negative thoughts or confined by your positive thoughts. Expansiveness characterizes the True Self, while contraction characterizes the Damaged Self. The Identity System not only contracts your awareness, but also diminishes the functioning of the cells and organs of the body. The degree of improvement in your quality of life depends upon your ability to recognize Requirements in your daily life. They are the only thing that can trigger your Identity System. People can kick your tires, but only your Identity System can let the air out. Each time you have been upset in the past week has been due to a Requirement you were not aware of.

Participants are next asked to identify their Identity System Requirements underlying those qualities or thoughts outside the circle of the Who Am I Map and to record them next to the corresponding thoughts. They are asked to identify their Identity System Requirements for those qualities or thoughts inside the circle. Participants are taught that the positive thoughts inside the circle can trigger their Depressor when they do not

seem to be living up to those ideals or Requirements that have become integrated into their Identity Systems. At this point, they are invited to ponder on their Who Am I Map while doing the Bridging Awareness exercises. As they begin to feel more expansive, they are encouraged to also allow their circle on the Who Am I Map to expand and to include both the items inside and outside the circle. The facilitator explains that their diminished initial reaction to the items outside the circle indicates that their Identity System Requirements are loosening up. This allows them to become less rigid, more flexible, and capable of seeing that it is the Requirements triggering their reactions and not any person or situation outside of themselves.

Participants are then given a hand mirror and asked to look at themselves while jotting down on a blank piece of paper what comes into their mind. Thoughts, such as, "I have bags under my eyes," "I'm getting old," or "I haven't accomplished enough," point out additional or hidden Requirements, such as, "I shouldn't have bags under my eyes," "I shouldn't be getting old," or "I should accomplish more." They are taught that how they feel about themselves often serves as a trigger to how they might treat others. Thus uncovering these Requirements or triggers and bringing them into their awareness becomes key to stripping triggers of their power to cause the kinds of reactions that lead to abusive behaviors.

By the end of the fifth session, an offender has developed strong Mind-Body Bridging practices, especially if he has kept up with the daily homework. Initially he learns that unawareness of his Identity System has impaired every aspect of his life. He understands that he was a slave to his Identity System and that it was disrupting his life. By resting his Identity System he comes to experience the benefits of Bridging on a cellular level. He has learned that the Bridging Awareness Practices are one arm of Mind-Body Bridging and befriending the Identity System is the other arm. With respect to this second arm, he has learned how to do the following:

1. Befriend the Depressor: the ability to have negative self-talk without falling into a downward spiral into the damaged self (dysfunctional mind-body state).
2. Befriend the Fixer: the ability to recognize Fixer activity by adverse body sensations and the imbedded Depressor. With that awareness, he naturally develops new ways of dealing with life situations with a ready and relaxed mind-body state (free functioning).
3. Befriend Storylines: the ability to recognize that the stories that he repeatedly tells himself are hurtful. With newfound awareness, his Storylines become less and less intrusive as he is able to return to what he is doing with vitality, alertness, and attentiveness.

4. Recognize Requirements: the ability to understand that whenever he becomes upset it is because of a Requirement that he has not been aware of. He clearly understands that it is not the other person's behavior that causes him distress, but it is his hidden Requirements that trigger his Identity System. Once triggered, Storylines and Depressor/Fixer activity lead to the Explosive State.
5. Recognize and defuse Requirements as they occur: the ability to face situations, which previously triggered his Identity System, with clear thinking, unobstructed vision, and appropriate actions.

Session 6

In Session 6, participants further develop awareness of their Identity System Requirements. They also become more aware of the Requirements that trigger their abusive behaviors, need to control others, and other dysfunctional relationship behaviors. Case vignettes (printed and media) are used to help participants identify the workings of the Identity System and their relationship with the cycle of violence (i.e., tension-building stage, violent episode, honeymoon stage). The following is an example of a case vignette used in our program:

> A man comes home feeling tired and stressed. He is unable to regulate his internal emotions and physiological reactions due to Identity System Requirements being triggered (e.g., "I shouldn't be so tired," "I shouldn't be so stressed," "The house shouldn't look so messy," "My wife should know what I want," "Things should be the way that I want or need them," etc.). The Depressor becomes activated, giving him the message that he is not whole in some way and that he is damaged or even devastated. He begins to collapse internally, dysregulating emotionally and physiologically, thereby limiting access to any coping resources available to him. Unable to regulate both the internal emotional or physiological states that he's experiencing, his Fixer kicks in, attempting to regulate these feelings by trying to "fix" the out-of-control state he is experiencing by regulating others through barking commands, orders, insults, etc. When these initial strategies don't work, the Depressor makes matters worse through further dysregulation of both the internal emotional and physiological states, resulting in the man sinking even further into this out-of-control state, that is, the Explosive State.
>
> The man then feels threatened by his own dysregulation. But rather than internalizing these feelings, he begins to externalize, focusing on what he perceives to be the cause of his threat. He is now in the realm of his most primitive coping responses—Fight, Flight, or Freeze. His Fixer ups the ante by resorting to desperate measures to regain equilibrium, regulation, control, or mastery over the threat by sometimes

resorting to the decision to fight using direct or passive attempts to control others. This may include the use of verbal or physical force or violence. In extreme cases, he may want to destroy what he perceives as the threat.

Following the man's attempt to regulate via outburst, violence, etc., his Depressor then kicks in again, responding to Identity System Requirements, such as, "I shouldn't act this way—I could get in trouble," "I shouldn't beat up my wife and leave her looking so terrible," or "I wouldn't do something like that," etc., filling him with guilt and sometimes even remorse. Responding to this state of despair, his Fixer leads him to attempt to make up for how he acted, promising to never do it again and giving flowers or gifts, which results in a period of calm for the victim (the honeymoon period).

The honeymoon state continues for a time, as his outward verbally and physically assaultive behavior is kept in check by his Depressor-Fixer interaction and through feelings, such as guilt generated by the Identity System. This state continues until the man's Identity System Requirements are triggered again. He attempts to control his internal states of emotional and physiological dysregulation motivated by the Depressor-Fixer interaction, until once again his access to coping strategies becomes restricted and his emotional and physiological states reach overwhelming levels (the tension-building stage). This results once again in the Explosive State. The cycle continues, with Depressor and Fixer responding as before, until he once again becomes abusive in an attempt to regain control over his dysregulated internal emotional and physiological states, striking out at what he perceives as the threat to his sense of well-being.

During the presentation of the case vignette, participants are taught that what is referred to as the cycle of violence or abuse is simply the vicious Depressor-Fixer cycle fueled by one's Identity System Requirements. They are taught that if the Requirements are not defused, the overactive Identity System will never allow them to regulate their emotional and physiological states. They must rest this system in order to experience a connection with their Source of goodness, healing, and wisdom. When a person experiences his True Self, free from the constant ribbings of the Identity System, he is able to regulate both his internal emotional and physiological states, and he no longer perceives outside situations or persons as a threat or cause of his internal dysregulated state. Thus the Explosive State becomes disarmed as the Identity System rests and the person is able to regulate both emotionally and physiologically. He simply looks for the Requirements triggering this state and then rests them by bringing them into his awareness, thus stopping the cycle of violence and abuse.

Sessions 7 Through 10

During Sessions 7 through 10, participants further develop the ability to recognize and defuse requirements as they occur—an essential step in the process of preventing DV. We use the analogy of a land mine for Requirements that have not yet been defused. Until someone steps on it, the mine is undetected. However, once the behavior of another person triggers the Identity System's Requirements, the overactive Identity System immediately causes body-mind distress.

In defusing Requirements, Mind-Body Mapping is crucial. We use a simple Requirement Map where participants place a specific behavior of another person that is upsetting (e.g., "the shrill tone of her voice," "the way she asks me where I have been," "how she looks like she doesn't want to see me") on the very top of the paper. Participants write how they want the other person to act in the center of the paper and draw an oval around it. Below that, participants write all the thoughts that come to mind when the Requirement is violated. After 4 or 5 minutes they write the body sensation they experience above the oval. With this map, participants come to see and experience that it is their Identity System and not the other person's behavior that cause the unpleasant mind-body state characterized on the map. This results in a radical shift in how they view and react to the actions of others. They learn to do this through tapping into their innate wellspring of healing and wisdom and through the use of self-talk, such as, "Isn't it bad enough that he cuts in front of me? Why do I have to let my Identity System choke me?" Participants learn that they can recognize Requirements with Mind-Body Mapping, but can only defuse Requirements in real time in the heat of the moment. By initially defusing Requirements in less stressful situations, such as group role plays or in everyday situations at work, participants gain a sense of mastery, confidence, and well-being.

Additional maps are completed during these sessions to help participants recognize their Identity System Requirements or triggers. These include the (a) How I Got to Be the Way I Am Map, which further enables participants to identify their Storylines as well as hidden Requirements; (b) My Relationship Requirements for Others Map, which enables participants to become aware of the Requirements they have operating in a significant relationship in their life, usually that of their victim partner or spouse; and (c) My Relationship Requirements for Myself Map, which enables participants to become aware of Requirements they have for themselves in relation to a significant relationship that could trigger an Identity System reaction targeted toward others perceived to be disrupting those Requirements.

During these final sessions, often Session 7, participants learn about the fears and restrictions that they frequently place on themselves via their Identity Systems. Participants complete a Fear Map that helps them to recognize

Requirements that could trigger a fear-based reaction. Fear-based reactions heighten the sense of feeling threatened that can lead them to lash out at people perceived to be responsible for those situations. Participants also complete a Restrictions Map, which enables them to become aware of what they perceive to be holding them back from perceived success in their lives, and to become aware of the Identity System Requirements and Storylines that are actually responsible for halting their progression toward success. Participants are additionally taught how to do other maps (i.e., What's on My Mind Map; What is Upsetting Me Map) that they can use to identify their Requirements and Storylines.

Around Session 8, participants complete a Peace of Mind Map. Completing this map enables them to become aware of what they perceive will bring them peace of mind and to identify the Identity System Requirements that actually prevent them from achieving this state of mind.

During the second-to-last session, usually Session 9, participants learn how the Identity System perpetuates itself. They are reminded that no matter what they achieve, it will never be enough for the Identity System; the Identity System will always demand more than they can give. During this session, participants complete the My Five Most Important Qualities Map. Constructing this map helps them become aware of how the Identity System captures what they perceive as their most important personal qualities and actually limits them as individuals to whom they *think* they are. Participants are taught that when they think they are not embodying one of their desired qualities, the Identity System causes them to feel damaged or incomplete in some way, priming them for emotional and physiological dysregulation and the Explosive State. They are reminded that they are more than their perceived most important personal qualities. Furthermore, they are reminded that their goodness does not depend on their perception of the outcome of their activities, but that the thinking mind cannot fathom who they really are. One of the Identity System's greatest powers is its ability to capture any good thing (e.g., motherhood, apple pie, God) and use it for its own purpose, which is to perpetuate itself and keep an individual from experiencing himself in an unrestricted way. The participants are taught that their goodness is not dependent on upholding their Requirements, and when the Identity System is resting, their Free Functioning will manifest the appropriate action moment by moment.

The final session, typically Session 10, focuses on teaching participants that "the sky is the limit." They are helped to understand that Mind-Body Bridging puts them in control of their destiny. They reflect back on how their life has changed since beginning Mind-Body Bridging. They are reminded that with Bridging there is harmony and balance between body, mind, and spirit. They are also reminded that Bridging will sometimes require little effort and sometimes it will require more

effort. They are encouraged to continue their Bridging practices indefinitely. They are taught that just as they brush their teeth on a daily basis to remove tarter and prevent cavities, daily Mind-Body Bridging activities will help them keep their mind free of clutter, their bodies free of tension, and their True Selves in the driver's seat. They are reminded that when they begin to feel bodily tension or feel distressed, this is an opportunity to look for another hidden Requirement and to diffuse or disarm it. They are taught to use Mind-Body Bridging to help them make difficult decisions in life by completing a Decision Map. The purpose of the map is to help participants recognize how their Identity System impedes them from making a decision with their natural, free-functioning True Self. By further recognizing the Identity System Requirements involved in their decision-making process, they are enabled to make decisions free from the influence of the Identity System, thus resulting in better decisions.

Following each of the last five sessions, homework and worksheets are provided to encourage the ongoing use of Mind-Body Bridging skills to enable life-long emotional and physiological regulation. Participants are taught that by using these skills and tools, they will break the cycle of violence and abuse permanently. They are invited to rejoin the group (or individual work) at any time if they feel the need to do so.

PRELIMINARY PROGRAM OUTCOMES

Since the introduction of the Identity System and Mind-Body Bridging in 2002 (Block & Block, 2002), many clinicians using exclusively Mind-Body Bridging have reported encouraging, albeit anecdotal, results with clients who present with a variety of conditions, including perpetrators and victims of DV, as well as individuals suffering from posttraumatic stress disorder (PTSD), eating disorders, addictions, pain, cancer, depression, anxiety, and various other medical and mental health disorders. While these reports provide anecdotal support for Mind-Body Bridging, scientific studies of this treatment approach are needed. Indeed, several studies are in progress around the United States. The preliminary findings we report subsequently are associated with an ongoing outcome evaluation of a state-sponsored DV treatment program that has utilized the Mind-Body Bridging program outlined in this article since 2005. The ongoing study was approved by the State of Utah Department of Human Services Institutional Review Board as a minimal risk study, as only deidentified data is made available to the investigators who are not program employees.

The outcome variable, recidivism, was collapsed to create a dichotomous variable so that participants could fall into one of two outcome categories: (a) reoffended or (b) did not reoffend. This is the method most frequently

employed in studies of DV offender program outcomes. Further, recidivism was measured exclusively through police and court records. An effort was made to collect data from partners, but very few could be located at follow-up. We also chose not to use batterer self-reports because such reports tend to lack validity in view of batterers' propensities to minimize their abusive behaviors (Saunders, 1991). In order to compensate for these restrictive criteria of measuring recidivism, any and all police or court activity related to DV[5] occurring after clients commenced treatment was counted as a reoffense regardless of whether or not the incident resulted in a conviction. Because the present study included individuals who participated in treatment over a period of about 2 years, intervals between completion or dropout and follow-up varied from as little as 9 months to as long as 27 months. The average time elapsed between program completion or dropout and follow-up for the sample was 18 months.

Of the 88 participants who completed the initial intake session, 6 (7%; 3 males, 3 females) failed to complete the program. This number is very low compared to the attrition rates experienced by other batterer intervention programs, which average about 50% (Daly & Pelowski, 2000). According to police and court records, 6 (7%; 5 males, 1 female) of the 82 clients who completed the program reoffended during the follow-up period. This rate is among the lowest reported in the literature; most studies have reported official recidivism rates in the 20% to 40% range (Tollefson, 2001). Tollefson and Gross (2006) reported a 21% reoffense rate for a state-sponsored program that utilizes the more conventional psychoeducational approach operating in the same region of the state. Only Dutton (1987) has reported a lower recidivism rate (4%) for a program that utilized cognitive-behavioral therapy groups of eight that met three times per week for 16 weeks. By way of further comparison, two (33%; both females) of the six individuals who dropped out of the program after completing an average of four treatment sessions reoffended during the follow-up period. Although the number of dropouts is small, and comparing dropouts to those who complete programs is not always good practice, the discrepancy between these groups is also encouraging.

This preliminary study has a number of limitations associated with it. First, no comparison or control group was utilized. Consequently we make no claim that Mind-Body Bridging is superior to any other treatment or intervention approach. Second, although we are now using additional process and outcome measures (e.g., Quality of Life Scale, Bridging Scale), our one-dimensional approach to measuring outcomes limits our ability to link the use of Bridging practice to more immediate positive results, such as improved quality of life, and thus to recidivism rates.

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[5] Protection order violations were counted as a reoffense.

Furthermore, the population from which our sample was drawn may be unique in several respects: (a) rural context; (b) relatively high employment rate (several studies report a link between employment and program outcomes; see Daly & Pelowski, 2000; Tollefson & Gross, 2006; Tollefson, Gross, & Lundahl, in press); (c) religious affiliation (a large percentage of the population belonged to the Mormon faith); (d) relative racial/ethnic homogeneity (nearly three-fourths of the sample was Caucasian); and (e) gender composition (a relatively large percentage [34%] of the sample was female).

While we are able to report that outcomes did not vary significantly by gender, we are unable, due to the small number of dropouts and recidivists in our study, to determine the impact that the other factors may have had on outcomes through statistical analyses. Finally, our simple study design prevents us from knowing whether the program's lower attrition rate may be attributable to its shorter duration or the program's attendance policies rather than to, what we believe, is its superior ability to create client buy-in and decrease client resistance. We plan to address all of these limitations in our future evaluation efforts.

CONCLUSION

The preliminary outcomes reported in this article indicate that Mind-Body Bridging may hold promise as an effective approach for treating DV offenders. More rigorous studies are of course a necessary next step and are in progress. Our findings, which should be considered only as preliminary evidence, suggest that such studies are indeed warranted. If future studies show Mind-Body Bridging to be at least as effective as more conventional approaches, then programs might consider adopting this approach for a number of reasons. First, other conventional programs are lengthier, typically requiring between 16 and 52 weeks to complete. If comparable or superior results can be achieved in less time, then more clients could be served and, presumably, fewer victims might be revictimized. Moreover, programs requiring less time to complete, provided they are at least as effective as lengthier programs, are more cost effective, thereby reducing the burden on not only the clients and their families, but also on taxpayers who often subsidize DV offender programs.

Finally, we believe that improving DV offender treatment requires a willingness to think outside of the box, or as O'Leary (2001) suggested, with "an open-mind" (p. 160). The use of Mind-Body Bridging for treating DV offenders represents, for us, an attempt to do just that. We hope others will contribute to this effort through sharing their alternative approaches and outcomes.

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