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Supervision and Training Needs
Of Practitioners Working in Batterer
Intervention Programs

Submitted by Heather D. Conley
May 14, 2012

MSW Clinical Research Paper

The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present their findings. This project is neither a Master's thesis nor a dissertation.

School of Social Work
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Abstract

Batterer intervention programs (BIPs) seek to address violence in families by working with perpetrators in developing skills to remain nonviolent. The purpose of this study was to explore the supervision and training needs of practitioners who work in batterer intervention programs (BIPs). This study utilized qualitative data collected from hour-long, audio-recorded interviews with three BIP practitioners (one male and two female). Interviews were conducted in a large, Midwestern metro area over a period of three weeks, were transcribed verbatim, and coded for themes by the researcher. Major findings included: Participants were overall satisfied with quality of supervision, which was in contrast with previous research. Participants felt more supervised (even over-supervised) than participants in previous research. Finally, specific training and education in batterer intervention, even the field of domestic violence in general appears to be lacking. Social work implications were also discussed. This study is a beginning effort to more closely examine the supervision and training needs of BIP practitioners. Quality training and supervision supports BIP practitioners in their effort to help reduce violence and abuse in families in the community.

Keywords: batterer intervention, abuse, domestic violence, supervision, training

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Introduction

Domestic violence - also known as intimate partner violence or family violence - is a pervasive problem that devastates families, children, and particularly women: Nearly one in four women in the United States reports experiencing violence by a current or former spouse or boyfriend at some point in her life (Futures Without Violence, 2009). The U.S. Department of Justice (2009) has defined intimate partner violence as “includ[ing] victimization committed by spouses or ex-spouses, boyfriends or girlfriends, and ex-boyfriends or ex-girlfriends.” Acts of violence include physical and sexual assault, as well as homicide. Some recent statistics illustrate the scope and severity of the problem:

- In 2008, women and girls age 12 and over experienced about 552,000 acts of nonfatal violence at the hand of an intimate partner (Bureau of Justice Statistics, 2009).
- Intimate partners committed 14% of all homicides in 2007. This included 1,640 females and 700 males, and this ratio of female to male victims has remained fairly stable since 1993 (Bureau of Justice Statistics, 2009).
- 64% of all women murdered in 2007 were murdered by an intimate partner or family member (Bureau of Justice Statistics, 2009).
- In 2008, 20% of rapes or sexual assaults committed against females were by an intimate partner (Bureau of Justice Statistics, 2009).
- In one day in 2008, 16,458 children were found to be living in a domestic violence shelter or other related housing facility (Futures Without Violence, 2009).

- Domestic violence places women at risk for other health consequences. They are at higher risk for stroke, heart disease, asthma, and alcohol abuse (Futures Without Violence, 2009).

One intervention strategy available to help protect families from violence is batterer intervention programming, which works with offenders and seeks to hold them accountable for their actions, while teaching them skills in nonviolent conflict resolution. Often, mandatory attendance of a batterer intervention program (BIP) is a condition of an offender's probation after he has been convicted of domestic assault. For example, the Domestic Abuse Act of Minnesota details the requirements of using batterer intervention programs as a condition of probation:

Subdivision 1. Court-ordered domestic abuse counseling program or educational program. If the court stays imposition or execution of a sentence for a domestic abuse offense and places the offender on probation, the court shall order that, as a condition of the stayed sentence, the offender participate in and successfully complete a domestic abuse counseling program or educational program.

(Minnesota Office of the Revisor of Statutes, 2011b)

In order to deliver effective services in BIPs, practitioners need to be well supervised, educated, and trained. It is critical that these practitioners be supported (Iliffe & Steed, 2000; Morran, 2008). Supervision has been noted as key to job satisfaction (Iliffe & Steed, 2000; Gibbs, 2009; Strand & Dore, 2009) and professional development (Camargo & Millar, 2010; Davis, 2002). However, Morran (2008) found that many practitioners are undersupervised and dissatisfied with their work. This can lead to high

turnover, leaving new and inexperienced practitioners without the insight and support of more seasoned practitioners.

Historically speaking, laws to protect women from domestic violence are relatively new. For example, orders for protection were not available for victims of domestic violence until 1976, when Pennsylvania became the first state to provide them. (United States Department of Justice Office on Violence Against Women, 2009). In 1978, the Consultation on Battered Women forum was held in Washington D.C. The efforts of hundreds of activists in this forum resulted in over 700 pages of testimony called “Battered Women: Issues of Public Policy” (United States Department of Justice Office on Violence Against Women, 2009). In the state of Minnesota, the legislature passed the Domestic Abuse Act in 1979 (Minnesota Office of the Revisor of Statutes, 2011a). In 1980, The Duluth Model emerged in Duluth, MN as a strategy for working with perpetrators of domestic violence that utilized laws, law enforcement, and the criminal justice system to hold perpetrators accountable. (Domestic Abuse Intervention Programs: Home of the Duluth Model, 2011a). Community response models such as this have led to mandatory arrests during domestic assaults as well as sentencing standards.

Using court-ordered BIPs as an intervention strategy has implications for the survivor of abuse by holding the perpetrator legally accountable and trying to teach him/her skills in being non-violent. It also benefits the community by helping to create safer families. BIPs can be considered a preventative measure to address family violence, and prevention strategies are recommended by both the Center for Disease Control (2011) and the World Health Organization (2010) as key to reducing violence in

families. Furthermore, with about 1,500 batterer intervention programs in the United States (Adams, 2009), it appears that many American communities have adopted this strategy.

The effectiveness of BIPs is supported by research. For example, the State of Illinois conducted research that found the following:

Completing a batterer intervention program reduced the odds of being re-arrested for domestic violence by 63 percent, according to a February 2005 study of 31 Cook County community and court-housed programs for convicted male batterers (Illinois Criminal Justice Information Authority, 2006, p.1).

Furthermore, the World Health Organization (2010) noted that “[r]esearch from the United States suggests that the majority of men (53-85%) who complete treatment programmes remain physically nonviolent for up to two years” (p. 106).

One way positive client outcomes can be achieved is through effective supervision. This occurs through a process Shulman (2010) calls “parallel process,” which describes the “parallels between supervision and other helping relationships” (p. 12). Supervisors can model skills to a worker by practicing those skills in their interaction with the worker. Simply put, effective supervisors lead by example. Shulman offers an example of how parallel process is applied:

[W]hen supervisors attempt to help staff members develop a greater capacity for empathy with difficult clients, they ought to simultaneously demonstrate their empathy for the staff members. (p. 14)

This example is especially relevant to supervising BIP practitioners. Having empathy for difficult clients can be challenging. Given that many clients are mandated to attend BIPs

as a condition of their probation and not of their will, it is reasonable to assume that some would be difficult to work with. The practitioner in this setting may greatly benefit from continued modeling of empathy in order to approach his or her clients with appropriate empathy. Furthermore, increased empathy on the supervisor's part may lead to feelings of validation and trust on the part of the worker when he or she is disclosing difficult situations or feelings that may result from working with abusive men.

Training and education is also critical to provide quality services to clients. However research by Iliffe and Steed (2000), and Morran (2008) found that training for perpetrator work averaged a total amount of around three to four days. Furthermore, few social work schools offering specific coursework on domestic violence (National Research Council, 2002; Danis, 2004).

Focusing specifically on schools' of social work curricula is appropriate because this research intends to provide implications for social work practice. Social workers are likely to be the "first point of contact" or the "gatekeepers" for the clients utilizing domestic abuse and mental health services. (NASW, 2002, p. 3, p.5), so they must be well-trained, educated, and supervised in order to be prepared for the challenges.

There is a lack of research on the supervision and training needs of BIP practitioners. The following study is an effort to explore what their needs are in order to improve BIPs and better serve their clients. This research attempts to answer the question, "What are the supervision and training needs of practitioners who work in batterer intervention programs?" The researcher sought to answer this question by conducting an exploratory, qualitative study that included responses from three BIP practitioners.

Literature Review

Training and supervision are key in preparing and supporting practitioners who work with abusive men. Well-trained and educated practitioners who receive supportive and empathetic supervision may be better equipped to engage with this difficult clientele. Effectively engaging with this clientele – encouraging them to develop insight into their behaviors and helping them identify non-violent strategies to communicate and resolve conflicts – is a “frontline” effort in preventative measures to eliminate violence in families. In order to learn more about the training and supervision needs of practitioners in BIPs, a review of existing literature on these topics was conducted. The review revealed themes in the structure of batterer intervention programs and the nature of its clientele; professional training; education (especially in social work undergraduate and graduate programs); professional development; and supervision and job satisfaction.

Batterer Intervention Program Structure

Batterer intervention programs are typically offered in a group setting (Daly & Pelowski, 2000; Buttell & Mohr Carney, 2008; Adams, 2009), though the duration of programs vary from 12 to 52 sessions (Adams, 2009). The group format is conducive to the educational component offered by many programs, and has other benefits such as challenging the concept that domestic violence is a private matter and promoting “social accountability of battering men by requiring them to disclose their abusive behavior to others” (Adams, 2009, p. 7).

The state of Minnesota’s Domestic Abuse Act provides an example of how state law can stipulate requirements for the structure of BIPs (providing a comprehensive list of other state law is beyond the scope of this study, and the use of the Minnesota law as

an example was seen as appropriate because it is the state in which the research was conducted). The requirements of the Minnesota law are consistent with existing literature:

(b) Programs shall require offenders and abusing parties to attend a minimum of 24 sessions or 36 hours of programming, unless a probation agent has recommended fewer sessions. The documentation provided to the probation department or the court must specify the length of the program that offenders are required to complete.

(i) The counseling program or educational program must provide services in a group setting, unless the offender or abusing party would be inappropriate in a group setting. (Minnesota Office of the Revisor of Statutes, 2011b)

Other components of BIP structure include its facilitators and the clientele. The following includes descriptions of the facilitator's role in BIPs, the nature of the clientele, and involuntary participation and attrition of clients

Facilitator role. Given that services are provided in a group format, BIP practitioners often assume the professional role of group facilitator. Common material they present to their groups include overcoming denial and minimization of abusive behavior, taking responsibility for their behavior, refraining from abuse, and learning alternatives to abuse (Adams, 2009). However, programs vary widely in how this material is presented (Adams, 2009). As facilitators, there are a number of skills and competencies practitioners are recommended to master, which include being informed about the history and philosophies that guide work with perpetrators of abuse (such as philosophies about systems, oppression, and gender equality), assessment and

interviewing skills, knowledge of group dynamics, and an understanding of the impacts of domestic violence on children (Minnesota Center Against Violence And Abuse, 1997).

Nature of Clientele. Morran (2008) noted that working with men who have perpetrated abuse can be demanding and difficult. One possible reason for this is because there is no one “typical” abuser. Practitioners in batterer intervention programs may encounter several different (and sometimes conflicting) characteristics that men who abuse might exhibit. Knowing some of these various characteristics may help prepare practitioners for their interactions with this clientele and may help inform their interventions. Dutton (2007) provides themes among personality traits and childhood experiences that may contribute to the tendency to perpetrate abuse, and this may help BIP practitioners conceptualize characteristics of their clientele. He developed categories of abusive men, which include characteristics relating to personality disorders, attachment styles, propensity for criminal behavior, mood, substance use, and more.

Brief descriptions follow:

Overcontrolled Violent Men: Dutton (2007) claims that these men typically try to please therapists and are cooperative (p. 11). Characteristics include (among others):

- Flat affect or constantly cheerful persona
 - Attempts to ingratiate therapist
 - Tries to *avoid* conflict
 - Overlap of violence and alcohol use
- (p. 11)

Antisocial Violent Men: Features include “lack of capacity to empathize, a tendency to use violence for control and instrumental gain, and frequently a history of antisocial actions and crime” (Dutton, 2007, p. 12).

Impulsive Violent Men: Dutton identifies a category of men who are impulsively violent. Some of these men are violent only toward their intimate partners. He describes the men who are only violent toward their intimate partners as having the following characteristics.

- High levels of jealousy
- High levels of depression, dysphoria, anxiety-based rage
- Ambivalence to wife/partner
- Attachment: fearful/angry (p. 13)

Other impulsively violent men are violent both inside and outside their intimate relationship. Characteristics of this type include:

- History of antisocial behavior (car theft, burglary, violence)
- High acceptance of violence
- Usually victimized by extreme physical abuse as a child
- Low empathy
- Associations with criminal marginal subculture
- Attachment: dismissing (p. 14).

Involuntary clients and attrition. Another factor that may contribute to the difficulties in working in BIPs is that the clientele is often involuntary, and therefore may be resistant to services. BIPs are often a mandated component of a community response model to hold offenders accountable, and as such, clients may not always be receptive to the program's efforts upon entry. BIP practitioners must have skills in working with resistant clients in order to be effective. Furthermore, they must be prepared to confront and disarm what Buttell and Mohr Carney (2008) identify as a "common set of defenses . . . that foster aggressive behavior" (p. 180), which include minimization, denial, and blame.

In addition, BIPs often experience high attrition rates (Daly & Pelowski, 2000; Buttell & Mohr Carney, 2008; Adams, 2009). BIP practitioners must contend with the

fact that their clients have a high risk of terminating services before completion (despite possible legal consequences), which may have an emotional impact on BIP practitioners given the potential consequences to the offender's victim (i.e. another assault) if he does not gain skills and treatment necessary to remain nonviolent.

Training

Specific training. Research indicates that specific training for work with perpetrators of abuse is not extensive. Morran (2008) found that most of his sample of 30 British and Irish practitioners had undergone three to four days of specific training for working with this population. This is similar to what Iliffe and Steed (2000) found in their sample of Australian counselors: They averaged 3.5 days of training in domestic violence work, though it was not specified as to how many hours constituted a "day" in these studies (There is evidence that practitioners who work with abuse survivors receive even less training. Danis (2004) surveyed 146 social workers who work with survivors of domestic violence and found that 26% of respondents received three hours or less continuing education on working with battered women, and 30% received no specific training at all).

This gap in training is concerning in light of Iliffe and Steed's (2000) finding that "the process of engaging abusive men in counseling was one of the most challenging aspects of their [domestic violence] work" (p. 403). However, views on the value of training appear to differ. Some participants in Morran's study noted that training only gives an "overview" (p. 141) of working with perpetrators. There was concern that these trainings were more focused on "the technical aspects of programme [sic] delivery than on 'establishing meaningful workable relationships with clients'" (Morran, 2008, p. 141).

Yet other participants found specific training useful. Half of Morran's sample came from psychotherapy backgrounds "which provided considerable experience of working with personal and relationship problems, but left substantial gaps in knowledge of the dynamics of working with domestic violence and men who were violent" (p. 141). Morran cited a quote from a participant who said that training offered specific skills and "deepened . . . capacity to look for and read patterns of behaviour [sic] in the men" (p. 141).

Education. Educational programs (such as Bachelor's and Master's level schools of social work) are key resources for training students for work with domestic violence. However, Black, Weisz, and Bennett (2010) found that graduating students had little understanding of domestic violence issues. The researchers administered to graduating students a case vignette depicting a couple in a violent relationship. The students were asked to provide responses as to how they would intervene in the situation. Only 17% of their participants' responses were coded as identifying "specific domestic violence interventions (arrest, restraining order, legal advice or advocacy, domestic violence counseling or batterers' interventions, shelter, or safety planning)" (p. 179).

National Research Council (2002) noted that out of 258 bachelors of social work programs accredited by the Council on Social Work Education that had online information about their programs, 8% had coursework on intimate partner or family violence. Masters of social (MSW) work programs had more coursework on intimate partner or family violence, but it was still a minority of programs: 29% of the 74 MSW programs with online information had coursework in this topic. Research by Danis (2004) also found a lack of domestic violence coursework. 56% of the 146 respondents

in the study reported having little to no coursework in domestic violence that addressed “identification, assessment, and intervention” (p. 155).

Educating future practitioners in domestic violence need not only include information on various intervention strategies or theories. Goldblatt, Buchbinder, Eisikovits, and Arizon-Mesinger (2009), and Ringstad (2005) advocate for training and educating practitioners to prepare them for the personal challenges of the work.

Goldblatt et al. (2009) suggested that:

[t]raining should emphasize preparation for the emotional burdens arising from this kind of work and the potential for such burdens to penetrate the private lives of the workers, changing them in several core personal and interpersonal respects . . . Workers should [also] be taught to deal with the development of a self-reflective attitude toward themselves and their intimate relationships . . . (p.380)

Ringstad (2005) recommended that social work education programs also address issues of personal safety in working with domestic violence:

Given the occurrence of social worker-client assault across practice fields, social work education programs become a focus for addressing the issue and curricular efforts directed toward the understanding and prevention of violence are important. Sensitivity, self-awareness, and preparation of social workers for encounters with potentially dangerous situations should be a standard part of social work education both in schools of social work and in university and agency-based continuing education programs. (p. 312)

Professional development. Training can be continued through supervision and through a work environment that supports professional development (Collins-Camargo,

2010; Davis, 2008; and Gibbs, 2009). Collins-Camargo & Millar (2010) discussed using a clinical approach to supervise child protection workers. Their research focused on “frontline supervision” (p. 165), and the authors sought to help transform organizational culture to one that supports learning and professional development of frontline workers (p. 165). They developed an experimental program that consisted of a consultation group for supervisors-in-training to help them learn how to provide effective training and encourage professional development of their staffs. First, supervision provided by the supervisors-in-training was on a regular schedule. Second, supervisors were encouraged to use active listening and be creative in providing support to supervisees. Third, they were encouraged to be open to feedback and focus on professional development that went beyond simply focusing on tasks. This model can be used to approach some of the challenges in supervision detailed in the next section, particularly the availability of supervision (Gibbs, 2008), and the worker’s sense of feeling supported and “heard” (Gibbs, 2008; Morran, 2008; Strand & Dore, 2009; Lambert, Altheimer & Hogan, 2010).

Supervision

As noted, supervision can be closely linked with training, and along with training and education, supervision has been noted as an important element of preparing practitioners for work in batterer intervention programs. In order to understand processes of supervision, it can be helpful to identify particular conceptual models of supervision. Models developed by Shulman (2010) and Kaiser (1997) are particularly relevant to this study. Both models go beyond the supervision of daily tasks (such as monitoring caseloads, ensuring proper documentation, time management, etc.), and explore in depth

the elements of the relationship between supervisor and supervisee. Furthermore, these models consider client outcomes.

Shulman's model. Shulman's (2010) interactional supervision model assumes that supervision is an "interaction process" (p. 12), and is based on the premise that a supervisor can influence the practitioner's practice outcomes through the nature of their supervisory interactions. He refers to this as a "parallel process" (p. 14). The parallel process between worker and supervisor is demonstrated when a supervisor models a helping relationship to the worker through his or her interactions with that worker, and the worker carries out a similar helping relationship with his or her clients. His model also assumes that supervisees can also play an active role in the supervision process, and can influence both the behavior of the supervisor and the outcome of the supervisory process through their responses to the supervisor.

In this model, supervisors assume many roles, including teacher (providing ongoing training, consultations and skill development), counselor (listening and providing emotional support), and mediator (helping the supervisee integrate with various other systems, including client, agency, and staff systems). Key to Shulman's model is the development of trust, rapport, and caring between supervisor and supervisee. Shulman shuns the idea that the supervisor must choose between a "professional" (p. 33) approach - which downplays the relational elements of the processes, or a "personal" (p. 33) approach - which downplays the professional elements of the process. He calls this a "false dichotomy" (p. 33), and argues for the importance of integrating the two approaches.

Kaiser's model. Kaiser's (1997) model considers, among other concepts, "the development of shared meaning, and the development of trust between supervisor and supervisee" (p. v). Like Shulman's model, this model stresses the development of trust between the supervisor and supervisee and the quality of the supervisory relationship. Furthermore, Kaiser's model not only acknowledges the effect supervision has on client outcomes, it asserts that the delivery of competent services to clients is the goal of supervision.

In order to facilitate effective supervision, Kaiser offers the concept of shared meaning, which she refers to as "the grease that allows smooth running of the supervisory relationship" (p. 88). She defines shared meaning as "both mutual understanding, and ideally, mutual agreement between supervisor and supervisee" (p. 88). The supervisor is responsible for the clear communication of feedback and expectations to the supervisee, and must be aware of both verbal and nonverbal communication. Furthermore, the supervisor must be receptive to the supervisee's expectations and needs.

Supervisors and supervisees develop shared meaning in two primary contexts, according to Kaiser. First, the two must ideally come to some mutual understanding and/or agreement in developing the supervisory contract, which entails deciding together how supervision will be structured, what its goals will be (e.g., what the supervisee hopes to gain from supervision and what the supervisor hopes to impart during supervision).

Second, shared meaning between the two parties is needed in identifying treatment approaches. Kaiser defines this as coming to "a basic agreement regarding what is helpful to clients" (p. 127). When a disagreement arises, it can be seen as a learning opportunity for the supervisee in developing his or her practice. However, the

supervisee will likely not be open to learning from the supervisor if there is not enough trust in the relationship, and the supervisee does not “value their supervisor’s approach” (p. 127). In evaluating a disagreement in approaches, Kaiser stresses the importance of the critically evaluating whether the conflict is based on a simple difference of philosophy between the two parties, or if “there is a cause for concern about the quality of the supervisee’s practice” (p. 127).

Quality and availability of supervision and worker satisfaction. Gibbs (2008) and Morran (2008) identified dissatisfaction with supervision among their participants both in the availability of the supervisors and the extent to which supervisors support them professionally and emotionally. Gibbs (2008) surveyed 22 child protection workers in Australia, though her research is relevant to studying batterer intervention program practitioners because both child protection and batterer intervention work often caters to involuntary and/or mandated clientele. Furthermore, child protection work often deals with issues of family violence. Since these parallels can be drawn, it is possible to conceptualize that there may be overlaps in supervision issues among the workers of each work setting. Gibbs found that many of the beginning child protection workers she studied described “having to cope with little supervision, which, when they did get it, was primarily about tasks and getting the job done” (p. 291). She also found that workers in her sample often learned by mistake in a “sink or swim” (p.292) style of training, which she argued, “reflects an organizational culture lacking in compassion and sensitivity to the needs of the individual . . .” (p. 292). She recommended that supervisors be available to workers to discuss challenges and emotional difficulties (p. 293) and not just approach their workers with a task orientation.

Morran (2008) also found dissatisfaction with supervision in his research of a 30-person sample of BIP practitioners (which included probation officers, psychotherapists, social workers, and “women’s support” [p. 140] workers). He noted that three of the sixteen probation officers who were included in his study indicated that when “management seemed uninterested, unsympathetic to perpetrator work . . . consequences for workers were disabling, damaging to their esteem and on their ability to work confidently and effectively” (p. 143). The author argued that probation officers who work with violent perpetrators need much more support than they currently received, “in undertaking this difficult and demanding work” (p. 150).

Supervision has been reported to be a key factor in job satisfaction – and not just in work with batterers. Strand and Dore (2009) found in a study of the experiences of 927 workers in child protection agency (arguably a high-stress field) that “internal working conditions” (p. 394) was a significant contributor to job difficulty. Among the conditions cited was “infrequent supervision” (p. 394). Gibbs (2009) noted in her analysis of child protection workers’ experiences that “[t]he process of individual supervision has a part to play in providing workers at every level with opportunities to sit back and reflect on their work and the impact it is having on them” (p. 297). Thus, giving workers space and guidance to reflect and process their experiences can help provide better working conditions.

Lambert, Altheimer, and Hogan (2010) found that among corrections officers (who, like BIP practitioners, work with violent offenders), supervision benefited workers by helping the worker feel more “valued and respected” (p. 1230), helping reduce the job demands on the worker, and helping provide the worker with necessary resources to

effectively do their work (p.1230). Finally, Bahner and Berkel (2007) noted that a one-size-fits-all approach to supervision would not likely be effective, and that individual traits of employees should be considered in helping them process their experiences and help reduce vulnerability to burnout. They suggest that both supervisors and practitioners consider personality styles in identifying productive coping strategies for job-related stress. In this context, the supervisor may need to step into Shulman's "counselor" role to listen and provide emotional support as well utilizing Kaiser's concept of finding "shared meaning" to develop intervention strategies the worker can implement to cope with the stresses of working in BIPs.

Gaps in Literature

Available literature indicated a lack of research in the training and supervision needs of batterer intervention program practitioners. Research did include some studies that have examined training and education experiences specific to domestic violence work among practitioners who work with men who batter, but the researcher was unable to locate few such studies. Because of this, more research on current experiences of these practitioners was warranted. Furthermore, research regarding supervision of BIP practitioners was scarce – and two of the key studies the researcher was able to locate were conducted overseas. Current research conducted in the United States would be useful in presenting a more complete picture of the current state of supervision among BIP practitioners.

Summary

The preceding review of literature covered the structure of BIPs, the nature of program clientele, professional training, education, and supervision and job satisfaction.

Gaps in research about training and supervision specific to BIP practitioners were identified. The following research attempted to fill these gaps and contribute to the existing body of knowledge of this topic.

Conceptual Framework

The following research was grounded in the ecological perspective because this perspective emphasizes the concept systems. *Systems theory* was of particular relevance to this research because it acknowledges the interplay between systems with each other and/or within a larger context. These systems can be categorized by size as follows:

- *Microsystems*: This is the smallest size of systems described by the ecological perspective, and involves “face-to-face direct contact among system participants” (Ashford, LeCroy & Lortie, 2006, p. 116). This generally means individuals or couples.
- *Mesosystems*: This level involves the connections between multiple microsystems that create “the network of personal settings in which we spend our social lives” (Ashford, LeCroy & Lortie, 2006, p. 116). This may include peer groups, classrooms, or offices.
- *Macrosystems*: This level includes large institutions and “larger subcultural and cultural contexts . . . [which] have the most pervasive level of influence on social activities. (Ashford, LeCroy & Lortie, 2006, p. 116).

There are no exact numbers that define the size of each system. For example, Danis (2003) adapts these definitions to provide a systemic context of batterer intervention work within a coordinated community response approach. While the size of each level of systems is somewhat different than those described by Ashford, et al. (2006), the system levels still vary from smaller to larger, and include the interactions between them. In Danis’ adaptation, the entire community’s response to domestic

violence is considered a macrosystemic intervention, law enforcement and court interventions are considered mesosystems, and BIPs are considered both meso- and microsystemic interventions.

For the purposes of learning more about the supervision of practitioners in batterer intervention programs, this perspective was refined to define a worker and a supervisor both as *microsystems* interacting with each other (as was the worker and the client). These interactions took place within a *mesosystem*, which for the purposes of this research was considered the agency. The agency, in turn, operated within and interacted with the community, a *macrosystem*. However, this research focused mostly on *microsystems* (i.e. the worker and the supervisor) within the *mesosystem* (i.e. the organizational culture of the agency or program).

The ecological perspective also provided other relevant concepts to this research. One such concept was *adaptation*, which refers to “the individual’s relation to the external world and the ability to change or adapt to that world” (Ashford, LeCroy & Lortie, 2006, p.82). A supervisor’s guidance and attention could influence a practitioner’s ability to adapt to the culture of working with men who abuse – particularly new practitioners. Skillful supervision (along with a practitioner’s willingness to respond to such supervision) could facilitate adaptation, whereas insufficient or poor supervision may have no impact on a practitioner’s ability to adapt, or worse, actually impede it.

Adaptation was related to another concept within the ecological perspective: *Goodness of fit*. Ashford et al. (2006), discussed goodness-of-fit in terms of child development, but the concept could be applied to a worker in an organizational or program culture:

[T]he environment shapes the balance of personality development. One way the environment can affect personality development is through goodness of fit.

Goodness of fit refers to how well the demands of the environment match the child's behavioral style. (p. 232)

For this research, this definition was adapted to mean that a *work* environment shaped *professional* development through goodness of fit, which referred to how the *work* environments' demands matched the *practitioner's* style. A worker could bring his or her own set of skills and styles into working with men who abuse, but the working environment and the work itself could inform further professional development. A supervisor's role would be to mediate the process that created a goodness of fit by helping the worker develop and utilize skill sets that would help the worker cope with the continuing emotional and professional demands of working with men who abuse.

A final relevant concept found in the ecological perspective was that of *transaction*. This referred to the ongoing interaction between a person and their environment. Germain (1991) described *transaction* in terms of a "relationship [that is] characterized by continuous reciprocal exchanges, or transactions, in which people and environments influence, shape, and sometimes change each other" (p. 16). In this case, the relationship was between the worker and the work environment in which he or she was employed. These interactions could include direct practice interventions with abusive men, as well as with co-workers and administration.

The ecological framework was used for this research in the development of survey questions and to inform the discussion of the results. Its focus on systems and interactions was appropriate for exploring supervision and training needs of practitioners

who work with men who abuse because their needs could be addressed through the interaction between two microsystems (practitioner and supervisor). A limitation to using this framework was that it does not focus on individual traits of the worker that might affect his or her ability to succeed in this work. However, this would have been a much larger discussion and was beyond the scope of this study. Therefore, the ecological perspective was an appropriate way to organize the concepts contained within this particular research question.

Methods

The following research was qualitative and exploratory in nature. It sought to identify training and supervision needs of batterer intervention program practitioners, with an in-depth focus on subjective meanings and experiences of the participants in the study. A qualitative approach was used to collect most of the data for this research because it was a better-suited approach to identifying themes and meanings than was a quantitative method. Berg (2009) noted that “[q]ualitative research . . . refers, to the meanings, concepts, definitions, characteristics, metaphors, symbols, and descriptions of things. In contrast, quantitative research refers to counts and measures of things” (p.3). While minimal quantitative data was collected (such as age, gender, and educational level), in order to obtain data rich in meaning rather than counts and measures, a largely qualitative approach was seen as more appropriate.

This research was considered exploratory because little research currently exists on the supervision and training needs specifically of practitioners in batterer intervention programs, so there were few findings upon which to build. Through the exploration of BIP practitioner experiences, the researcher sought to build a base of information that future researchers could use to ground their studies.

Sample

This research used data from a non-probability, convenience sample. Snowball sampling was employed, in which the researcher obtained names and contact information of participants from her research committee members. The researcher asked the participants to distribute a flyer for her research (see Appendix A) to other practitioners they thought might be interested in participating. This was done until a final sample size

of three was obtained. The participants were current or former BIP practitioners who work or have worked with men who have perpetrated abuse, and who were currently in supervisee roles in BIPs or had been in the past. They had educational backgrounds in psychology and social work, and were educated at the master's level or beyond. They were required to have worked in a BIP for at least one year.

Protection of Human Subjects

Protection of human subjects was insured through the following researcher efforts: The researcher distributed copies of the interview questions to the participants so that they could review the questions before agreeing to participate. They were informed that the interviews would be audio-taped and transcribed, and that all tapes, field notes, and transcriptions would be kept in a lock-box in the home of the researcher, and would be destroyed after the completion of this study. Participants were informed that the researcher will be the only one hearing or transcribing the interviews. The participants were also assured that their employers would not be made aware of their participation in this research. The interviews were conducted in the participants' places of employment, as per each of their requests. Participants were asked to review and sign an informed consent form (see Appendix C).

Instrument

As noted, participants were interviewed using questions provided in advance. This survey of questions included 11 items regarding the participants' supervision and training experiences in batterer intervention programs. Questions regarding the participants' opinions on how to improve these areas were included as well. The researcher also collected demographic data by asking participants to identify their age,

gender, ethnicity, education background and level, any licenses held, years in practice, and years of working in BIPs. The researcher's committee members reviewed all questions to ensure each question's face validity. See Appendix D for survey.

Data Collection

Data was collected using the following steps:

1. Committee members provided the researcher with contact information for practitioners who work in batterer intervention programs.
2. The researcher emailed and/or called potential participants letting them know how the researcher got their name, and provided to them information about the study. Included in emails were a flyer describing the study (see appendix A), an Introduction Protocol to introduce the study (see appendix B), a consent form (see appendix C), and the interview questions (see appendix D).
3. The researcher answered any questions and scheduled an interview.
4. The interview was 60 minutes long and was audio-taped. The researcher reviewed the consent form with the participant before beginning the interview.
5. Participants were provided a \$5 gift certificate to a local coffee shop.
6. Once the participant completed the interview, they were given flyers explaining the study and were asked to distribute them to other practitioners whom they thought might be interested in participating.

Data Analysis

Concepts from the ecological perspective and systems theory guided the development of survey questions and data analysis. All interviews were transcribed in their entirety, and open coding using an inductive process was used to code the data.

Bias

The researcher exhibited bias in choosing the ecological framework to frame this research. It implies emphasis on the importance of systems to understand the support and supervision needs of practitioners who work with men who abuse. Furthermore, the researcher has worked as a facilitator for groups in an educational series for perpetrators of assaultive behaviors (“anger management” groups). As a result, the research expected that there would be areas where training and supervision needed to be improved in order to address the emotional and professional needs of the participants in their work in batterer intervention programs. The researcher addressed this bias by having a committee review the survey questions and assess for bias. The researcher also remained in communication with the committee chair for continual assessment of bias.

Findings

Sample

The sample studied for this research consisted of three individuals. A total of eight individuals were offered the opportunity to participate in the study. The sample included two females and one male. All three participants identified as Caucasian, and their ages ranged from 26 to 41 years old. One participant had a bachelor's degree in social work, one in psychology, and one in global studies. Two participants had master's degrees in social work and one had a master's degree in counseling psychology. One participant was pursuing a doctorate degree in counseling psychology. Two participants held professional licenses, one an LICSW and the other an LGSW. The other participant was pursuing licensure in psychology.

Two of the participants had 10 years of experience working in batterer intervention programs, and one had two years of experience. Total years in helping-profession practice is similar: One had 12 years, one had 11 years, and one had two years of total practice experience. All three have been in supervisee roles in BIPs, and all three participants are currently in some type of supervisory roles. Hours of supervision among participants vary, and will be discussed in greater detail below, but ranged from approximately four to ten hours a month.

Themes

This research sought to answer the question, "what are the training and supervision needs of practitioners who work in batterer intervention programs?" The

questions used in the participant interviews were designed to elicit themes relating to this overarching research question, and the data coded from the interviews reflected these themes. Given the small sample, two participants mentioning the same idea was considered a theme. Quotes were selected to best represent each theme, and will be italicized. Because only two similar responses were considered a theme, quotes were given at length in order to adequately convey the detail and meaning of the theme. Descriptions of these themes follow.

Training and education. Training for batterer intervention was assessed by asking participants what kind of on-the-job training they received and what kinds of continuing education, seminars, or in-service trainings they attended. Types and amounts of training varied somewhat in form and amount, and of the three participants, two made statements reflecting how sufficient they felt their overall training experiences were: One said he/she felt adequately trained (and notably, over-supervised), and one said he/she felt under-trained (and notably, adequately supervised).

On-the-job training. All three participants began their practice with batterers as interns (two in graduate programs and one as an undergraduate), and they indicated these internships as being the primary form of on-the-job training they received (observation of other staff was also noted by all three participants). Two of the three were hired by the agencies where they interned, and were currently employed at those agencies during the time of the interviews. The other participant remained as a volunteer for several years where he/she interned, but had ended his/her volunteer work at the BIP approximately one year prior to the interview. The latter participant describes his/her experience:

I started out doing an internship. Interning in the program which – and I did that my junior year of college – over a 9 month period . . . I would consider most – the majority of that to be – on the job training. And then there were some stuff that I did independently. But pretty much everything I did was – even of the stuff I did independently, there was generally someone there who was supervising your work to the program, who was overseeing and observing what I did and helping and assisting out. So if you want to call that on-the-job training, I would – I would say, the majority of my internship. (Interview 2, p.6, lines 118-125)

Though all three participants described their on-the-job training through internships, one participant discussed in addition the on-the-job training process for practitioners who did not begin as interns in the program where he/she worked:

So the agency in general, if we have an employee who is not coming as a result of being an intern here . . . go to all of the [psycho] education sessions [that the clients attend] and do eight weeks of co-facilitation with a – a facilitator if they've not done batterer's intervention work previously. So they co-facilitate with someone . . . for eight weeks before they're given their own group . . . The trainee needs to have attended all of those [psycho-educational] sessions and gotten the same content that the men in their group got. They don't need to attend all . . . before they start their own group, but they need to be most of the way through attending [psycho] education [groups]. (Interview 1, p. 8, lines 169-178).

Continuing education units. Participants were asked to discuss what kinds of continuing education units (CEUs), seminars, or in-service trainings they have attended that related to batterer intervention work. Types of trainings identified included in-person conferences, telephone conferences, and webinars. Participants were generally not certain of precise amounts of time spent in these trainings, but were able to estimate hours per year or month. One participant estimated that he/she spent one to 1.5 hours “maybe every couple of months” (Interview 1, Line 117). The other two participants gauged their training hours on a yearly basis – from one to two hours up to one day - but again, was uncertain as to a specific number:

It’s hard to remember . . . I would say on...at least an annual basis, I’ll go to a training about batterer interventions . . . I wish I could be more specific . . . It would be day-long at best . . . usually a few hours . . . (Interview 3, pp. 6-7, lines 122-144)

Participants indicated that these trainings were not necessarily specific to batterer intervention work. They described some trainings as being related to batterer interventions, but specifically addressed a different issue, such as trauma. For example, one participant described the content of the in-service trainings offered at the BIP in which he/she worked:

[W]e’ll get some in-services, but they’re usually not specifically about working with a batterer intervention population. So, we might get an in-service about dissociation or trauma, and you know, that many of the – of our clients in batterer intervention programs have been exposed to trauma and have – if

not PTSD, at least some posttraumatic stress responses that they – because many of them have observed violence . . . at an early age, and so being able to know what – what might be happening clinically with a client has – it's not just about batterer intervention, but it is – it is targeted – or we're able to take and then target it at that a bit more – a bit more . . . The – the in-services are usually much more broad about domestic abuse rather than specifically targeted at batterer intervention or batterers specifically. (Interview 3, p. 7, lines 146-157).

Another participant discussed the nature of the CEU (continuing education units) trainings he/she sought out independently:

I get CEUs for a variety of things – most of the time it's not specifically for batterer's intervention. Most of the time it's for trauma and working with, you know . . . combat vets – or [people who have] trauma, and you know, so, it's related, but it's not necessarily specific to batterer intervention itself . . . Trauma, violence, the court system, managing custody interactions, that sort of a thing. So it's all related to domestic violence generally, but it's not specific to working with men who batter. (Interview 1, p. 5, lines 103-111)

Academic coursework. One of the three participants recalled taking a course specifically in domestic violence (although he/she could not recall for certain if that was the main focus of the class). Aside from this class, both this and another participant indicated taking courses that were not specifically about domestic or family violence issues, but may have included a section on violence in families. The participant said:

I took [an] immigrant and refugee class, that was - that was part of the class – this family violence. My children and adolescent course, there was pieces on family violence. (Interview 1, p. 11, lines 229-231).

Two participants discussed additionally incorporating learning about family violence into their coursework by tailoring their projects and assignments to this end. One of them said:

You know, it's something that I'm really passionate about, so basically every class that I had, the projects that I did were related to - domestic violence. (Interview 1, p. 11, lines 231-232).

The other one of these two participants gave an example of how he/she used a class project to address family violence specifically related to perpetrators of abuse.

[W]hen I was in graduate school especially . . . I liked to incorporate what interest me – what I was doing in my work into my graduate work. So for instance for [a] risk assessment class, we had to develop a risk assessment tool, and I ended up developing a tool to assess risk in domestic abuse perpetrators. (Interview 2, p. 10, lines 208-211).

The third participant had little experience with content related to family violence in his/her coursework and expressed frustration in his/her criticism of this:

It [the amount of coursework relating to family violence] was – it was really – really distressingly low . . . I took a lot of family systems courses . . . and even in those courses, they didn't talk a lot about – about abuse . . . I would – I would be

the person who would bring – who would bring the subject up because I was doing my internship at [a batterer intervention program]: “Why aren’t we talking about this more?” And it wasn’t until my doctoral level relationship course that – that the text that we were using . . . talk[ed] about domestic abuse . . . that’s not the main focus, but we were able to speak of it, and speak of the damage . . . It was very lamentable . . . [T]he university . . . where I got my doctorate does a lot of things very well, but it does a really poor job with not talking about domestic abuse . . . the school that I came from had just [nothing]. It’s upsetting. (Interview 3, pp. 11-12, lines 239-262)

Suggestions for improving training and education for batterer intervention

work. Questions number four and nine on the survey elicited responses indicating areas for improving training and education in batterer intervention work. These questions were: “What (if any) sort of undergraduate or graduate level coursework did you have in domestic/family violence? (question four); and “How might your training and education better address professional and emotional needs working in the field of domestic/family violence?” (question nine). Two of the participants indicated a need for more specific training and educational opportunities. As noted, one participant indicated having a “distressingly low” amount of coursework related to this field and referred to the need to even simply talk more about the topic of family violence in the classroom (in response to question four). Another participant who tailored his/her learning experiences toward training in batterer intervention work spoke more favorably of his/her experiences. However, he/she acknowledged that it might be different from other BIP practitioners who did not become interested in doing domestic violence work while in school, and

therefore did not seek out such learning opportunities. In part of his/her response to question nine, he/she said:

I don't know if that is because of the passion that I have for domestic violence work and so I was really seeking [opportunities to learn] ...I don't know if that would be different if it were someone who ended up doing this work, but wasn't as connected to it. (Interview 1, p. 26, lines 563-566)

The third participant expressed in his/her response to question nine a desire for more content on current research and research-based interventions with batterers in his/her training and educational experiences:

[I]n my school, training, but also in my work experience . . . the area that I think that's been most lacking is getting training specific to research and what's – what's most effective in the field. I don't feel like I have a good grasp of that . . . In the field of domestic violence and working with perpetrators, I felt much more, sort-of, like I was "winging it." You know, we had this curriculum, we had – we used things like the power and control wheel. You know, so things that were around, and were determined to be effective, but how we used them and how we integrated them, and length of time, and what types of services, and educational versus therapy, [but] I would have liked more information and more training on research-based information . . . even what the research show . . . what the research is . . . I think the classes that I took were more about . . . relational, familial dynamics, and how to intervene on a therapeutic level, and connect it to theories, but not necessarily connected to research as much as I would have liked

. . . *[it was] much more theory-based than research-based.* (Interview 2, pp. 21-22, lines 466-503).

Supervision. Interview questions regarding supervision were geared to learn about the quantity and quality of the supervision participants received (question five), how agenda and contract-setting for supervisory meetings were accomplished (question one), and the nature of the supervisory relationship (questions six and seven). In addition, two other questions (numbers eight and ten) were asked regarding how supervision might be improved. Questions about supervision elicited responses that included experiences with both clinical supervision and agency supervision. Sometimes responses used these two types interchangeably (the challenges of this will be addressed in the discussion section).

Quantity of supervision. Quantity of supervision considered both clinical supervision hours as well as agency supervision hours. Agency supervision included meetings with agency superiors for individual supervision and/or team consultation meetings that included both superiors and coworkers. Clinical supervision entailed meeting directly with a clinical professional (either in social work or psychology) for the purposes of obtaining or maintaining licensure. Two participants estimated receiving four hours of supervision per month, and the other estimated six hours per month. Two of the participants were currently receiving clinical supervision, and the other had completed his/her clinical supervision requirement for his/her profession's licensure. One of these participants was receiving eight hours of clinical supervision a month, and the other met weekly but did specify the length of these meetings. The participant who

had completed clinical supervision estimated receiving it about three to four hours a month.

Participants varied in their level of satisfaction with the quantity of supervision. No one expressed feeling under-supervised. One felt he/she was adequately supervised – that it was neither too much nor too little. The other two indicated that they had been over-supervised. One of the over-supervised participants pointed out that too much supervision was a demand not only on time, but on emotional health as well:

The quantity is too much . . . [S]upervision requires a really high level of self-evaluation and introspection, and – and when you have a high caseload and have fewer staff and not enough resources, you're already kind of – and the work that we're doing is trauma-based . . . so there's a high burn-out rate . . . and so when you – you kind of match that high burn-out rate with the self-reflection that's required in supervision, it ends up feeling like, just too much. It feels like too much vulnerability. (Interview 1, p. 12, lines 252-264)

Quality of supervision. All three participants indicated that they thought the quality of their supervision was high. One way quality supervision was defined was in terms of availability of the supervisor:

The quality of it was always very, very good. I always felt, and even is the case with my current position, you know, if I ever need something from my supervisors, they'll – for the most part – always stop what they're doing and make time for me, and offer me what I need. (Interview 2, p. 11, lines 231-234)

Another participant described the high quality of his/her supervision in terms of insight gained and support received:

The quality is – has been fantastic. It's been really good to be able to feel supported and cared for. It's an opportunity to be nurtured by your organization. It has been...it's provided me a lot of insight, it's provided me a lot of confidence.
(Interview 1, p.13, lines 281-283)

Participants identified factors that may reduce the quality of the supervision they receive. Among them was a lack of structure in supervision. Two of the three participants indicated that informal supervision was a part of their supervisory experience. It was these two participants that indicated a need for more structure. Although non-structured, informal supervision allowed for more supervision opportunities, it seemed that a reliance on it may put the burden on the supervisee to ask for help, which could be daunting – especially for a new practitioner. One of the participants said:

Initially, when I was doing, for instance, my internship, I would have liked more structured supervision, and it was more on the fly, kind of, you know. And my supervisor was really always available, you know, if I ever said I needed anything, she would always make time. But at that point in my career . . . I didn't always feel comfortable asking for help, so it would have been nice to have a more structured supervision time, which I didn't have. (Interview 2, pp. 10-11, lines 226-231).

The other participant discussed structure within the session – specifically, identifying a need to structure-in time to check in with practitioners regarding the emotional impact of BIP work on a regular basis (what a third participant referred to as “structuring-in caring” in his/her supervision, i.e. building in time in the supervisory session to care for the emotional needs of the supervisee) instead of waiting until the stress of the practitioner reaches a boiling point.

[Supervision supports emotional needs] very well if I were to be at a – be at sort of break point . . . if I were to say, you know, “I’m really feeling a lot of stress. I feel like – that . . . the next person that says, ‘yeah, what about when she hit me?’ I’m just going to snap at them.” . . . very attentive when things are – when things might be at an – at a more epic place. And – and I think probably less effective at watching or monitoring what the build-up might be, and unfortunately, it – in this work, because we concentrate so much on the clients, we neglect the impact that it might have . . . [There is a need to do] more check in about how you’re doing and not just – it’s not just a rhetorical inquiry. It was, “what is the impact of work having on” – or, you know, “what impact is the work having on you right now?” . . . The assumption was, you’re fine unless you tell me otherwise . . . (Interview 3, p. 21, lines 464-477).

Two participants commented on how the quality of their supervision either increased or decreased as they grew professionally. One participant said the quality went up as he/she became more experienced because 1) he/she became better at asking for help, and 2) his/her relationship with the supervisor seemed more collegial:

Because that supervisor, really, I think would put it on the supervisees to decide what they needed and let her know. And, so as I became better at my job, I think I became better at knowing what I needed and better at asking for it, so that helped improve the quantity . . . But it felt more like a collegial [sic] – if that’s the right word - relationship. Where we would kind of run ideas by each other. And it was – so it felt more like consulting between two colleagues, and certainly there were things I needed from her for approval or you know, consulting. But she would also run things by me and ask me questions, and it was...that was really helpful. (Interview 2, pp. 12-13, lines 274-290)

The other participant said that the quality of his/her supervision decreased with experience because as he/she gained more experience, there was less he/she could learn from supervision. This participant believed it reflected a lack of innovation in the field that he/she was not learning anything new:

I found increasingly – as I – as I got more experienced – not that I was this amazing therapist – but as I got more experience I knew . . . the range of interventions that might work and it was distressing to – to have exhausted the – to have exhausted all of the possibilities. Or to not be told anything that I didn’t know. And so that was – I would wish for more. But the – the frequency of it was just fine, the quality of it began to be less . . . It would just be something in the field where there needs to be – there needs to be more innovation perhaps because there are some – people use one of three or four models . . . (Interview 3, pp. 14, 15; lines 300-305, 330-331)

The supervisory relationship. Questions five, six, seven, eight, and ten yielded responses that reflected participants' views on the supervisory relationship. The relationship between the supervisor and the supervisee was seen as being key to good experiences with supervision. Participants noted several qualities they valued in supervisors, including: using collaborative approaches to problem-solving and consultation; helping supervisees find their own answers to professional challenges; being supportive; validating and normalizing the supervisees' experience; and addressing vicarious trauma and burnout.

Using collaborative approaches. Two participants mentioned collaboration between them and their supervisors as being desirable in the relationship. Both discussed a process of mutual problem-solving through a collaborative relationship. One of the participants spoke specifically of collaboration as a means by which he/she could get his/her professional needs met:

When [my supervisors] provide a supervision relationship that is open and collaborative, it provides me the opportunity to let them know when my needs are not being met, and for us to problem-solve together how to get those needs to be met . . . I feel like I can bring anything that I want to bring, and change the process in any way that I want to change the process. (Interview 1, p. 23, lines 517-523)

Helping to find own answers. Two participants indicated that they valued the opportunity to find their own answers to the professional challenges they presented in supervision, mainly through listening and guidance:

I think the best way my supervisors helped with that is by listening. And...helping me figure out my own answers. You know, at times they would, you know – give me some – offer some ideas or some resources. But I think the most helpful was just kind of offering me the support and the guidance I needed to figure out for myself. I mean, I would ask them questions and they would put the questions back on me. You know, “have you ever experienced a situation like this?” “If you were in the client’s seat, what would you want from the person?” So you know, looking at it from different perspectives, challenging me to do that...But really putting the questions back on me, “well what do you think? What have you tried? What do you think will be helpful?” (Interview 2, p. 14, lines 307-320).

Vicarious trauma and burnout. All three participants discussed trauma and burnout, and the discussion emerged in different contexts. Questions five, six, seven, and nine prompted such discussions. Contexts included were addressing burnout that may occur when a practitioner feels he or she has exhausted all intervention options and feels stuck, and checking in after a supervisee has experienced a traumatic interaction with a client (specifically, one participant discussed his/her supervisor’s continual monitoring of his/her emotional status after a client disclosed to him/her thoughts of violently assaulting the participant). Another context involved facilitating positive interactions among staff and as one participant framed it, figuring out “how to best provide the supportive structure for self-care” (Interview 1, p. 26, lines 577-578). This participant added:

[W]e’re putting in place now a regular retreat . . . There are other things that are done, like – like picnics and holiday parties and stuff like that that help us not just only identify with our professional role at the organization, but allow us to

bring in some of our personal self into our relationships with coworkers. And I think that that is something that helps with those emotional needs because when you're kind of stuck in this very clear – clear role, clear position . . . [and your] interactional behaviors . . . are based on that alone, then you kind of lose yourself. And, if you can't talk about and bringing self into your relationships with coworkers, then you kind of – that I think that that dramatically increases burnout and vicarious trauma because you're not a whole person when you're here. And, and so ways to allow, create space for, encourage that sharing of self between – between other staff who have similar experiences with the work. I mean it's tough work. (Interview 1, pp. 26-27, lines 578-592)

Finally, one participant discussed his/her feelings of burnout related to the number of hours of clinical supervision he/she received, which he/she felt to be excessive:

And so, I didn't feel that way when I was getting 6 hours of supervision a month. I feel that way now that I'm getting 10. And so, so there's – there's that piece. It's also part of how I engage in supervision. I think that if I were – if I engage in supervision in a way that was really protected, that if I just came in and just talked about clients and it was less reflective of my own role and my own culture and all of those – those pieces of self that you bring into the therapeutic relationship, I think I probably wouldn't be so burnt out on supervision, but I think it's ethical for me to do that, and so I continue to do that. So I know that – that that – some of that is decision-making that I – I am having, but nonetheless, 10 hours of supervision a month is really – it feels excessive . . . I mean it's 10 hours of questioning. And so that's – it's just – when you feel – feeling really

confident it can feel really good because it can be really supportive, and when you're burnt out it can be too much . . . (Interview 1, pp. 12-13, lines 266-275; p. 14, lines 312- 315)

Validating. Another way of addressing vicarious trauma and burnout is through validation of the participants' experiences. Two participants identified the ability to process difficult interactions or job-related stressors as being important to their supervisory relationships. A key part of the processing included the supervisor's ability to validate those experiences. One participant said:

I do a really good job of self-care, but also [a supervisor] validating that sometimes self-care just doesn't cut it . . . I'm doing all those [self-care] things good, and sometimes you're just gonna have a really bad day. You're just gonna have a really tough client, a really difficult story, and it's gonna hit you like a bus, and you have to, you know, find a way to just be okay with that as part of the work . . . And [the supervisor] validating that it isn't an error in my competence or my strength as a professional to just get hit by the bus every once in a while.

(Interview 1, p. 19, lines 422-431)

Agenda and contracting. Questions one, eight, and ten led to discussions about agenda setting and contracting for supervisory meetings. Contracting for supervision and setting agendas can be a key way to develop shared meaning amongst the supervisor and supervisee. Yet participants did not identify any explicit contract-drafting for their supervision meeting. One participant said that he/she and the supervisor would discuss what would be talked about and would prioritize topics at the beginning of each meeting,

but did not indicate whether or not there was an overarching plan that guided the process. The other two participants discussed how they were empowered to set the agenda of their meetings, and talked about what they “brought to the table” in their supervision. However, one participant indicated that he/she would have liked more direction in his/her supervision in the earlier stages of his/her career. Participants also noted that a challenge in supervision is when the purpose or priorities are unclear and feeling like the supervisor is not engaged. Also, one participant noted that even though he/she appreciated a collaborative process to agenda setting, he/she would like to have his/her supervisor lead the meetings more often than the supervisor did:

I feel like I can bring anything that I want to bring, and change the process in any way that I want to change the process . . . [but] I need to be led more often. I try to remember to lead myself, but I end up being really aware of the crisis big stuff. You know, like [I] have a high caseload, and so there's plenty of stuff to talk about, and I don't have always enough time to get into cultural competency and the aspects of that that I would want to . . . I would like more opportunities to be able to – to conceptualize cases under a very restricted theory structure, and also a structure that is really focused on those diagnostic criteria in terms of providing good treatment outcomes . . . [T]hose are two areas that I wish maybe [my supervisor] would pull me back to, or we could incorporate a way of – of remembering – into those. (Interview 1, pp. 23-24, lines 522-536)

Emotions and countertransference. All three participants talked about the emotional weight of working in BIPs and how supervisors can help them cope with it, and they also discussed how these emotions could manifest through countertransference.

Questions five, six, seven, and eight prompted discussions about countertransference, although the concept was not specifically alluded to in the wording of these questions. The participants indicated that good supervision can be a forum for expressing and working through difficult feelings:

And speaking of that [referencing a previous statement about self-exploration and personal reflection] . . . that is also is very helpful to get in supervision. You know, it's not so much about the – necessarily what strategy I'm going to use with a client, but where am I coming from? What are my emotions attached to that? And what is this about? Is this about – I'm trying to be most effective for the client, or I'm pissed off at the client and I'm trying to win, and processing that . . . It's easy to get angry, I mean especially when you work – when you work with family violence, you know, some people are really unlikable sometimes, and how do you work with them? (Interview 2, p. 23, lines 515-524)

Professional development. Two participants expressed his/her professional growth in terms of developing a professional identity. BIPs can be multi-disciplinary work places (which is reflected in this study, as it includes practitioners from both social work and psychology fields), and it may be challenging to maintain one's professional identity when surrounded by practitioners of another profession. One participant, who identified his/her self as a social worker, expressed that while working in multi-disciplinary teams could be enriching, having supervision from a member of his/her own profession helped to develop professional identity:

Sometimes you need somebody that's going to be seeing things from the same ecological and environmental perspective that you're seeing them from . . . because it validates your lens, and is – and your lens exists for a reason . . . Having a clinical supervisor that is a social worker helps kind of snap me back into my identity as a social worker, my role as a social worker, and help really be supportive and validate that as – as important and as valuable . . . That's been just really, really beneficial for my work here and for my professional growth.

(Interview 1, p. 18, lines 393-397, 405-409)

Discussion

Sample

The sample used for this study included three respondents – out of eight who were offered the opportunity to participate – and is too small to assess how representative it is of the general population of BIP practitioners. However, the information gleaned from this sample may serve as a base upon which to develop larger studies that include more participants. Furthermore, the collective experience and education of the sample provided data rich in insight regarding batterer intervention work: All three participants had graduate degrees, and two out of three of the participants had 10 or more years of experience in the field. Furthermore, all three participants have been both supervisees and supervisors in batterer intervention program.

Themes

Training. The level of specific training to batterer intervention work was less than the samples described in previous research. At most, specific training was estimated to be one full day, whereas previous research indicated an average of 3.5 days (though these studies did not specify what constituted a “day” of training).

Opinions on how sufficiently trained participants felt varied among the two that commented on it: One felt adequately trained, the other felt under-trained. These contrasting opinions are similar to contrasting opinions in the literature of how *valuable* those participants felt their training was. In previous research, some participants felt their training was valuable to their practice, and others found it less valuable, with one person

quoted as saying that training only gave him or her an “overview” (Morran, 2008, p. 141) of working with perpetrators of domestic violence.

The contrast in opinions regarding the value of training received might be accounted for by a perceived lack of innovation in the field of batterer intervention programming, and of education in research-based interventions with batterers. One participant in this study discussed a lack of innovation in the field as a reason why he/she believed the quality of his/her supervision decreased as he/she became more experienced. The participant believed that there was less guidance a supervisor could impart as he/she learned more about existing interventions and how to use them. This could reasonably be applied to training as well. Could training become less valuable to more seasoned practitioners who have gained mastery in current interventions? In other words, are there too few techniques, interventions, or applications to learn? Further research into the development of new practices in working with batterers could be valuable in addressing these questions. Additionally, another participant discussed a lack of discourse on, or review of, research-based practices in his/her coursework experience with domestic violence. Further research into coursework on domestic violence and its content is needed to further assess this issue.

What is notable is that the participants in previous research commented on training *specific* to batterer intervention work. Only one of the two participants who commented on the sufficiency of their training in this study had specific training in batterer intervention work, and ironically, this was the participant who felt under-trained. This participant also had the most experience out of all in the sample. The other commenting participant, who had the least experience, had training he/she felt was

related to batterer intervention work (e.g. trauma), but none *specific* to batterer intervention. And conversely, this is the participant who stated that he/she felt adequately trained. This might reflect a sense of hitting a plateau in terms of training by the specifically-trained, seasoned practitioner, who has developed mastery in existing interventions and desires more to learn.

On-the-job training was considered adequate by all three participants. All were interns before they became BIP paid staff, and considered their internships to be on-the-job training. This might reflect a lack of specific training periods in their respective programs for paid staff in which learning, rather than output (in the form of interventions, paperwork, etc.), was the goal, thus framing internship experiences as something that mirrors more traditional training periods. More research would be needed to understand the on-the-job training experiences of practitioners who did not begin their careers as interns.

Education. Of the three participants, two said they had learning experiences in domestic violence at a master's level that were the result of self-initiated projects and through *sections* covering family violence in classes that were about a different topic. One of these participants identified having one master's level class specifically on domestic violence; the other had no specific classes on the topic. The third participant had one class pertaining to domestic violence at the doctorate level, but never had any until then. One participant held bachelor's degrees in social work, and did not identify taking any specific domestic violence classes in his/her undergraduate work.

The lack of specific coursework at an undergraduate level supports Danis' (2004) research, which found that 56% of the 146 respondents reported having little to no coursework in domestic violence that addressed "identification, assessment, and intervention" (p. 155). However, the term "little" was not qualified, and it becomes difficult to compare how the graduate and doctoral level coursework of the current research sample compares to Danis' research.

Though it was not specifically asked, the lack of bachelor's level education in domestic violence might have been the result of a lack of availability of specific courses on the topic. As noted in the Literature Review, the National Research Council (2002) reported that only 8% of bachelor's-level programs had specific courses. Further research might include questions about the availability of domestic violence coursework at the undergraduate level, and assess if there might be a desire for such coursework among students.

Quality and quantity of supervision. All participants described supervisors who were engaged, supportive, and/or caring. Supervision described in this study appeared to allow more space for reflective practice through helping participants seek their own answers. Furthermore, participants viewed their supervisors as available, and if there were any complaint about the quantity of supervision, it was that it was too much. Previous research found more dissatisfaction with supervision (Gibbs, 2008; Morran, 2008) in both its content (Gibbs, 2008; Morran, 2008) and its limited availability (Gibbs, 2008).

The supervisory relationship. Part of the supervisory relationship involves setting agendas for supervisory meetings. Agenda setting among participants appeared to be either mutual or the responsibility of the supervisee. Two participants talked about what they “brought to the table” in their supervisory meetings, and one specifically said that he/she felt it was his/her responsibility to ask for what he/she needed rather than the supervisor’s responsibility to assess it. This stands in contrast to another participant who said that there needs to be more “checking in” on the part of the supervisor to see how the supervisee is handling the work instead of waiting for the supervisee to approach the supervisor. This participant said that it might prevent supervisees from getting help only at the point of burnout if supervisors intervened at less of a crisis point, and the participant held the supervisor’s role accountable in assessing and meeting the supervisee’s needs. This echoes what Gibb (2009) found: “The process of individual supervision has a part to play in providing workers at every level with opportunities to sit back and reflect on their work and the impact it is having on them” (p. 297).

A supervisee’s needs might include professional concerns as well as personal. Shulman (2010) identifies the supervisor’s roles in addressing these needs, which include teacher, counselor, and mediator. Shulman’s model implies a certain level of accountability on the part of the supervisor to assume one of these roles as they apply to a supervisee’s needs. For example, in the case of addressing emotional burnout, a supervisor might need to become a counselor to the supervisee in helping him or her process the emotional weight of batterer intervention work. And, while it is important for the supervisee to communicate the needs that exist, it may not necessarily be entirely incumbent on the supervisee to identify and assert those needs. This is where Shulman’s

concept of parallel process (p. 14) becomes relevant. This concept essentially draws parallels between the supervisor-worker relationship to the worker-client relationship. In the same way a professional counselor would “check in” on the needs of a client – and not assume that if the client does not report stress then no stress exists, thus needs no follow-up – so should a supervisor assuming a counselor role for a worker. Furthermore, Kaiser (1997) asserts that the supervisor is responsible for being receptive to the needs of the supervisee, and for communicating feedback and expectations to the supervisee.

Collaboration was cited by participants in this study as a factor in a positive supervisory relationship. This supports Kaiser (1997) and Shulman (2010) models, which both emphasize the importance of trust in the supervisor/supervisee relationship, and that trust can be developed collaboratively through an ongoing process of interaction.

Contracting was not discussed at length by participants, which is probably a result of it not being specifically identified in the survey question about agenda setting. However, participants noted a need for more structure in supervisory meetings, which can be facilitated through the thoughtful development of a supervisory contract. Kaiser (1997) indicates that contracting is necessary to develop shared meaning between supervisor and supervisee in developing goals and priorities in both supervisory meetings, and in assessing what will be helpful to clients.

Finally, though the question was asked, participants did not generally identify significant ways in which the supervisor helped them address challenges with the community at large (although one participant stated that he/she was able to vent and receive validation after a legislative experience in batterer intervention work). Further

research might consider how supervision impacts macro-level interactions and interventions among supervisees.

Professional development. Two participants discussed supervisory meetings as a means by which they can develop professionally, particularly in finding a professional identity. Thus it would seem important to have these meetings regularly in order to track development. Two participants identified having regularly scheduled meetings, but one noted that his/her meetings were more “on-the-fly” and stated at one point he/she wished it had been more structured. Collins-Camargo & Millar (2010) also discussed how supervision could help create an environment that would foster professional development. Their training program for supervisors included training them to hold regularly scheduled supervisory meetings with supervisees, as well as teaching them to use active listening skills and encourage openness to feedback (incidentally, one participant mentioned a need to better train supervisors).

Researcher Reactions

The researcher has experience in doing batterer intervention work, and often found herself comparing her work experiences to the participants'. She could sometimes relate to participants' stories, and had to resist the temptation to turn the interview into a conversation by sharing her experiences and opinions, or by asking follow-up questions that were unrelated to the study's purpose. For example, like the three participants, the researcher began a career in BIP work through an internship. And, like the participants, her internship prepared her for her experience as paid staff. But the researcher remembered the differences between her internship experience and her paid-staff

experience and had to stop herself from asking participants tangential questions about their experiences as BIP interns, as such questions were beyond the scope of the study.

The fact that the participants were supervisors as well as supervisees was unexpected, and the researcher wanted to ask follow-up questions regarding how the participants might, as supervisors, address issues of the supervisory relationship and what they have noticed of their supervisees. Do they use a supervision model to facilitate the supervisory relationship? To what level do they hold themselves accountable in the supervisory relationship? But again, these questions were not relevant to the study's purpose.

The researcher was surprised to learn that not only did the participants feel adequately supervised (which is counter to previous research), but that one even felt *over-supervised*. The researcher was particularly struck by the over-supervised participant's comment that it made him/her feel vulnerable. The researcher believes this reflects a need for there to be balance in the quantity of supervision: too little could lead to feelings of being under-supported and too much could be perceived as overwhelming or intrusive.

Study Limitations and Recommendations for Future Research

Sample size. A major limitation of this study was its small sample size. The researcher had endeavored to collect responses from eight to ten participants, but was unable to reach that goal. One reason for this may be the recruitment method the researcher selected. The researcher used snowball sampling, in which participants were approached by her research committee members with the idea that they would in turn extend the opportunity to their colleagues. While this approach was not unsuccessful (it

did produce three respondents), it limited the researcher from including other forms of recruitment that, used in addition to the committee members' efforts, may have produced more respondents. For example, the researcher could have also approached BIP agencies with a request to inform employees about the opportunity to participate in this study, or post an online survey that potential participants could complete, or approach possible participants directly. There is no guarantee that this would have increased the response rate, but it may have been worthy to consider, and may be something for future researchers interested in this topic to consider.

Along with a limited recruitment method, the research also encountered a limited time frame in which she could recruit and interview participants. This study was to be completed in nine months, from start to finish. The researcher had less than two months from the IRB approval date to recruit and interview participants until she had to code and analyze data in order to meet the completion deadline. It is possible that with more time for recruitment, a larger sample might have been drawn.

Furthermore, participants noted the stressful nature of the work. It is possible that given the stress involved with the work – including high caseloads and limited time of BIP practitioners – that potential participants may have not considered participation in this study a priority. In addition, the researcher could not afford a larger financial incentive for participation than a \$5.00 gift card to a coffee shop. It is possible that a larger financial incentive may be one way future researchers could address this limitation.

Finally, selection bias may have been a factor in the response rate. All three participants reported overall positive experiences with supervision. It is possible that this

may not reflect the general population of BIP workers (it stands in notable contrast to existing research). Those who volunteered to participate may have been more likely to have positive experiences as those with less positive experiences. Future researchers might address this by increasing sample size to allow for more variation in opinions, and increasing financial incentive to attract participants with a wider range of attitudes towards supervision.

The use of an online survey might address some of these limitations. For one, it would facilitate quicker access to more possible participants, thus casting a wider net for potential responses. It would increase anonymity, which might help to address the issue of a biased response rate (i.e., participants might feel more comfortable expressing negative experiences with supervision if they feel no one will know who they are – including the researcher). An online survey may also address issues of time constraints – both for the researcher and participants: The researcher could access a larger pool in a shorter amount of time, and participants would be able to answer questions at their convenience, taking less time to do so, without committing to an hour-long appointment.

Finally, an online survey might increase the geographical area from which the sample was drawn, which addresses another limitation of this study: All participants were from the same urban metro area. An online survey might have expanded the sample beyond the local professional networks of the committee members and their referrals to participants in rural areas or other regions, which could provide more professional perspectives to the research. However, it should be noted that an online survey, while potentially effective in eliciting more respondents, might not provide the same depth or richness of data as individual interviews do.

Other limitations. More could be learned about countertransference and transference in batterer intervention work, and a limitation of this study is that these concepts were not explicitly asked about. However, all three participants alluded to it at some point in their responses – specifically in response to questions five, six, seven, and eight – which indicates that it may be a strong theme that should be further developed in future research. Assessing for countertransference may be particularly important, due to the emotional demands of the work. All three participants noted their emotions connected to their work, and some of the emotions were connected to feelings of secondary trauma or burnout. This supports Morran’s (2008) assertion that BIP work is emotionally demanding. Furthermore, issues of countertransference may affect the interventions employed by practitioners, a concept which was identified by a participant who stated he/she would ask him/herself whether his/her interventions with a client were based on reactions of anger with the client or on really doing what is best for client.

Another limitation to this study was that it was not always clear as to whether a participant was discussing clinical supervision or agency supervision. The researcher did not specify this in her interview questions. Future research should specify what kind of supervision is being asked about, because participants in this study discussed the two interchangeably, which complicated the coding and discussion of results.

Furthermore, to learn more about the supervisory relationship in the context of the ecological perspective, future researchers may consider asking specifically about the supervisory relationship (e.g. “Please describe your relationship with your supervisor?” or “What happens when you and your supervisor disagree?”). This might elicit data more relevant to the ecological perspective, focusing on how the relationship with the

supervisor might facilitate adaptation, and identify more specific qualities that may or may not be valued in a supervisor.

Implications for Social Work Practice

It seems the participants of this study were able to define the amount of clinical supervision hours they received. However, they seemed to struggle more in identifying precise amounts of time spent in individual supervision at an agency level. Given the benefits of regular supervision as noted by this and previous studies, it may be worthwhile for the social work profession to consider the impact of agency-level supervision might have on practitioners. Standards should be set for ensuring the needs of practitioners are met on a day-to-day, employer-based level, and not just rely on a practitioner's clinical supervision (which eventually will conclude anyway). BIPs may consider tracking supervision hours of their practitioners and evaluate the impact as part of practice-based research. These efforts may help the profession identify goals for an appropriate amount of agency-level supervision and set professional standards the same way clinical supervision hours are set.

Furthermore, supervisors in BIPs should be mindful of the needs of their supervisees. Participants indicated the importance of structure in supervision and checking-in on a regular basis, as well as supervision's impact on professional development and addressing emotional needs. Therefore, supervisors should learn and use supervision models such as Shulman's (2010) or Kaiser's (1997) to be mindful of the supervision process. Using these models can assist BIP supervisors in identifying and

understanding their roles in the supervision process, developing clear supervision contracts, and clarifying expectations of supervision to both supervisor and supervisee.

Participants in this study indicated few hours of specific training for BIP work. While social work professionals are required to obtain CEUs (continuing education units), these CEUs do not have to be related to the field of practice in which the professional practices – which is not in and of itself problematic – given the lack of specific academic coursework devoted to domestic violence education, it may be necessary for BIP practitioners to seek out CEUs specifically geared toward the work. Also, participants had a difficult time tracking specific training hours for BIP work. BIP practitioners might consider setting goals in how many hours of continued training they would like to obtain and track their hours accordingly.

However, training opportunities need to exist and be accessible in the first place in order for BIP workers to meet their goals. Cost and time restraints may affect a BIP practitioner's ability to access the training they need or want. Agencies need to find creative ways to offer low-cost training and not place the burden entirely on the practitioner to access training. BIPs in a metro area or region may want to join forces to pool together resources in efforts to provide training opportunities for practitioners (such as hiring experts in the field to come to the area and present curriculum, developing conference and discussion panels to exchange ideas and intervention strategies, etc.).

Conclusion

The purpose of this research is to answer the question, “What are the supervision and training needs of practitioners who work in batterer intervention programs (BIPs)?”

BIPs are often court-mandated as a result of an individual's arrest and conviction of a violent crime, and are primarily offered in a group setting that uses a psycho-educational format to teach group members skills in remaining non-violent. Skilled practitioners are needed to provide services to this clientele. This research attempted to address a gap in research pertaining to this topic by identifying experiences in supervision and training among practitioners in BIPs. Furthermore, the findings were used to provide implications for social work practice on where improvements might be made in the field of BIPs to improve services to clients and ensure better client outcomes.

The strengths of this research included its use of a qualitative design, which yielded data rich in meaning. Furthermore, participants came from different professional orientations (psychology and social work) so that more than one professional perspective was considered. Participants involved also had experience in being supervisors as well as supervisees, allowing for both perspectives to be reflected in the data. That data in this research addressed some of the previous gaps in research, and can be used as a base upon which further research might be inspired.

Major findings included: Participants were overall satisfied with quality of supervision, which was in contrast with previous research. Participants felt more supervised (even over-supervised) than participants in previous research. Finally, specific training and education in batterer intervention, even the field of domestic violence in general appears to be lacking.

This study is a beginning effort to more closely examine the supervision and training needs of a set of professionals working with a very challenging population.

Quality training and supervision is important in helping practitioners in their effort to help reduce violence and abuse in families in the community.

References

- Adams, D. (2009, December). *Certified batterer Intervention Programs: History, philosophies, techniques, collaborations, innovations and challenges*. Paper presented at the Batterer Intervention: Doing the Work and Measuring the Progress Sponsored by the United States Department of Justice and the Family Violence Prevention Fund.
- Ashford, J.B., LeCroy, C.W., & Lortie, K.L. (2006). *Human Behavior in the Social Environment* (3rd Ed). Belmont, CA: Thomson Brooks/Cole.
- Bahner, A.D., & Berkel, L.A. (2007). Exploring burnout in batterer intervention programs. *Journal of Interpersonal Violence*, 22(8), 994-1008. doi: 10.1177/0886260507302995
- Berg, B.L. (2009). *Qualitative research methods* (7th ed.). Boston, MA: Allyn & Bacon
- Black, B.M., Weisz, A. N., & Bennett, L.W. (2010). Graduating social work students' perspectives on domestic violence. *Affilia: Journal of Women and Social Work*, 25(2), 173-184.
- Bureau of Justice Statistics. (2009). *Selected findings: Female victims of violence*. (NCJ 228356). Retrieved from <http://bjs.gov/content/pub/pdf/fvv.pdf>
- Buttell, F.P., & Mohr Carney, M. (2008). A large sample investigation of batterer intervention program attrition: Evaluating the impact of state program standards. *Research on Social Work Practice*, 18.
- Centers for Disease Control and Prevention. (2011). *Understanding intimate partner violence* Retrieved from http://cdc.gov/ViolencePrevention/pdf/IPV_factsheet-a.pdf
- Collins-Carmargo, C. & Millar, K. The potential for a more clinical approach to child

welfare supervision to promote practice and case outcomes: A qualitative study in four states. *The Clinical Supervisor*, 29(2), 164-187.

Daley, J.E., & Pelowski, S. (2000). Predictors of dropout among men who batter: A review of studies with implications for research and practice. *Violence and Victims*, 15(2), 137-160.

Danis, F.S. (2003). The criminalization of domestic violence: What social workers need to know. *Social Work*, 48(2), 237-246.

Davis, B. (2002). Group supervision as a learning laboratory for the purposeful use of self in child protection work. *Journal of Teaching in Social Work*, 22(1-2), 183-198.

Domestic Abuse Intervention Programs: Home of the Duluth Model. (2011a). *About Us*. Retrieved from: <http://www.theduluthmodel.org/about.html>

Domestic Abuse Intervention Programs: Home of the Duluth Model. (2011b). *What is the Duluth Model*. Retrieved from: <http://www.theduluthmodel.org/about/index.html>

Dutton, D.G. (2007). *The abusive personality: Violence and control in intimate relationships* (2nd Ed.). New York, NY: The Guilford Press.

Futures Without Violence. (2009). *The facts on domestic, dating and sexual violence*. Retrieved from http://www.futureswithoutviolence.org/userfiles/file/Children_and_Families/DomesticViolence.pdf

Gibbs, J. (2009). Changing the cultural story in child protection: learning from the

insider's experience. *Child & Family Social Work*, 14(3), 289-299.

doi:10.1111/j.1365-2206.2008.00595.x

Germain, C.B. (1991). *Human behavior in the social environment: An ecological view*.

New York, NY: Columbia University Press.

Goldblatt, H., Buchbinder, E., Eisikovits, Z., & Arizon-Mesinger, I. (2009). Between the professional and the private: The meaning of working with intimate partner violence in social workers' private lives. *Violence Against Women*, 15(3), 362-384.

doi: 10.1177/1077801208330436

Iliffe, G., & Steed, L.G. (2000). Exploring the counselor's experience of working with perpetrators and survivors of domestic violence. *Journal of Interpersonal Violence*, 15, 393-412.

Illinois Criminal Justice Information Authority. (2006). *Research at a glance: Domestic violence programs reduce recidivism odds by more than 60 percent*. Retrieved from www.icjia.state.il.us/public/pdf/AtAGlance/BIPRAAG.pdf

Kaiser, T.L. (1997). *Supervisory relationships: Exploring the human element*. Pacific Grove, CA: Brooks/Cole.

Lambert, E.G., Altheimer, I., & Hogan, N.L. (2010). Exploring the relationship between social support and job burnout among correctional staff. *Criminal Justice and Behavior*, 37(11), 1217-1236. doi: 10.1177/0093854810379552

Minnesota Center Against Violence And Abuse. (1997). *Facilitator characteristics*. Guidelines for Men Who Batter Program: Subcommittees of the Participating Members of the People Who Work With People Who Batter

Meeting. Retrieved from

<http://www.mincava.umn.edu/documents/pwwmwb2/pwwmwb2.html>

Minnesota Office of the Revisor of Statutes. (2011a). *2011 Minnesota Statutes: 518B.01*

Domestic Abuse Act. Retrieved from

<https://www.revisor.mn.gov/statutes/?id=518B.01>

Minnesota Office of the Revisor of Statutes. (2011b). *2011 Minnesota Statutes: 518B.02*

Domestic abuse counseling program or education program required. Retrieved

from <https://www.revisor.mn.gov/statutes/?id=518B.02>

Morran, D. (2008). Firing up and burning out: The personal and professional impact of working in domestic violence offender programmes. *Probation Journal*, 55(2),

139-152. doi: 10.1110.1177/0264550508090272

National Association of Social Workers (2002). Social work summit on violence against women. *Equity: NASW Practice Update*, 1(1), 1-7. Retrieved from

http://www.socialworkers.org/pressroom/events/domestic_violence/equity0101.pdf

National Research Council (U.S.). Cohn, F., Salmon, M. E., & Stobo, J. D. (2002).

Confronting chronic neglect: The education and training of health professionals on family violence. Washington, DC: National Academy Press

Shulman, L. (2010). *Interactional Supervision* (3rd Ed.). Washington, DC: NASW Press.

Strand, V., & Dore, M. (2009). Job satisfaction in a stable state child welfare workforce: implications for staff retention. *Children and Youth Services Review*, 31(3), 391-

397. Retrieved from Social Work Abstracts database.

United States Department of Justice Office on Violence Against Women. (2009).

Violence against women act: 15 years of working together to end violence. The history of the violence against women act. Retrieved from

www.ovw.usdoj.gov/docs/history-vawa.pdf

World Health Organization. (2010). Violence by intimate partners. In E.G. Krug, L.L.

Dahlberg, J.A. Mercy, A.B. Zwi & R. Lozan (Eds.), *World report on violence and health*. (pp. 89-121). Retrieved from

http://www.who.int/violence_injury_prevention/violence/global_campaign/en/cha_p4.pdf

Opportunity to Participate in Research

Individuals with at least one year of experience working in the field of batterer intervention programming with men are needed to participate in a research study investigating the supervision and training needs of batterer intervention program (BIP) practitioners.

*** This study is being conducted by Heather Conley, a clinical social work graduate student, under the supervision of Mike Chovanec, Ph. D., in the School of Social Work Program at University of St. Thomas & St. Catherine University.

*** The purpose of this study is to learn about the supervision and training experiences of batterer intervention program practitioners in an effort to discover what is working well and what needs improvement in BIP practitioners' supervision and training.

*** As a participant, you will be asked to meet with the researcher for a **single, one-hour audio-taped interview, and will be asked 11 open-ended questions** about your supervision and training experiences in batterer intervention programs, as well as some basic demographic data.

*** **All participants will receive a \$5.00 gift certificate** for an area coffee shop for their participation with this study.

*** Any information obtained in connection with this research study that could identify you will be kept confidential. In any written reports or publications, no one will be identified or identifiable. **Your employer (past or present) will not know your responses.** All tapes, data, and any other identifying information will be destroyed on or by May 19, 2012.

Interested parties are asked to call **Heather Conley, at (xxx) xxx-xxxx**, or email at xxxxxxxx to set up an **interview that would work with your schedule**. You may also contact my advisor, Mike Chovanec Ph.D. at (xxx) xxx-xxxx or email at xxxxxxxx

APPENDIX B
Introduction to Study: Protocol

Supervision and Training Needs Of Practitioners Working in Batterer Intervention
Programs:

Introduction

You have been asked to participate in a research study investigating the supervision and training needs of practitioners in batterer intervention programs (BIPs). This study is being conducted by Heather Conley, (graduate student) under the supervision of Mike Chovanec, Ph. D., in the School of Social Work Program at St. Catherine University & University of St. Thomas. You were selected as a possible participant in this research because of your work experience in the field of batterer intervention programming.

The purpose of this study is to learn about the supervision and training experiences of batterer intervention program practitioners in an effort to discover what is working well and what needs improvement in BIP practitioners' supervision and training.

As a participant, you will be asked to meet with the researcher for a single, one-hour audio-taped interview, and will be asked 11 open-ended questions about your supervision and training experiences in batterer intervention programs, as well as some basic demographic data. All participants will receive a \$5.00 gift certificate for an area coffee shop for their participation with this study.

APPENDIX C
Consent Form

Supervision and Training Needs Of Practitioners Working in Batterer Intervention Programs

RESEARCH INFORMATION AND CONSENT FORM

Introduction:

You are invited to participate in a research study investigating the supervision and training needs of practitioners working in batterer intervention programs. This study is being conducted by Heather Conley, (graduate student) under the supervision of Mike Chovanec, Ph. D., in the School of Social Work Program at St. Catherine University & University of St. Thomas. You were selected as a possible participant in this research because of your work experience as a social worker in the field of batterer intervention programming. Please read this form and ask questions before you decide whether to participate in the study.

Background Information:

The purpose of this study is to learn about a practitioner's experience with supervision and training specific to batterer intervention program work in efforts to learn what is working well in these areas and what needs improvement. Approximately eight to ten people are expected to participate in this research.

Procedures:

If you decide to participate, you will be asked to meet with the student interviewer to answer 11 questions regarding your experiences with supervision and training as a practitioner that has or is working in a batterer intervention program. The interview will be audio recorded, and the interviewer will take notes. You will be given the questions in advance. The interview will be held at a location mutually agreed upon by you and the interviewer, and the interview will be a single session, one hour long.

Risks and Benefits:

The risks of this study are minimal. You may feel uncomfortable discussing negative experiences with your supervision. To address this risk, you will be provided the questions before you decide to participate or not. Also, you can choose to answer or not answer any questions during the interview. If you participate, you will receive a \$5.00 gift certificate to a local coffee shop that will be presented at the beginning of the interview. If you decide not to participate at that time, you may keep the certificate.

Confidentiality:

Any information obtained in connection with this research study that could identify you will be kept confidential. In any written reports or publications, no one will be identified or identifiable. Your employer (past or present) will not know your responses. The

researcher will keep the research results in a password protected computer and a locked file cabinet in a desk in her home, and only the researcher and her advisor will have access to the records while the researcher works on this project. The researcher will finish analyzing the data by May 19, 2012. The researcher will then destroy all original reports and identifying information that can be linked back to you. All audiotapes will be destroyed on that day too.

Voluntary nature of the study:

Participation in this research study is voluntary. Your decision whether or not to participate will not affect your future relations with St. Catherine University, University of St. Thomas, or your employer (past or present) in any way. You may refuse to answer any question(s) you wish. If you decide to participate, you are free to stop at any time without affecting these relationships, and no further data will be collected. You may still keep your coffee shop gift card.

Contacts and questions:

If you have any questions, please feel free to contact the researcher, Heather Conley, at xxx-xxx-xxxx. You may ask questions now, or if you have any additional questions later, the researcher or the faculty advisor, (Mike Chovanec, Ph.D. at (xxx) xxx-xxxx), will be happy to answer them. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher or the faculty advisor, you may also contact xxxx xxxx, PhD, Chair of the St. Catherine University Institutional Review Board, at (xxx) xxx-xxxx.

You may keep a copy of this form for your records.

Statement of Consent:

You are making a decision whether or not to participate. Your signature indicates that you have read this information and your questions have been answered. Even after signing this form, please know that you may withdraw from the study at any time and no further data will be collected.

I consent to participate in the study, and I agree to be audio-taped.

Signature of Participant

Date

Signature of Researcher

Date

APPENDIX D
Survey

Supervision and Training Needs Of Practitioners Working in Batterer Intervention Programs

Please complete the following demographic information on this questionnaire. Then, identify key ideas for the numbered survey questions as they apply to your work in batterer intervention programs (if you are not currently employed in a batterer intervention program, please refer to your previous experience in one). Please bring this questionnaire to the interview. Thank you.

Demographics

What is your age? _____

What gender do you identify with (please circle one)? Male Female
Other _____

What is your ethnicity (please circle one)?

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

Hispanic/Latino

White

Other _____

What is your bachelor's degree in? _____

If applicable, what is your master's degree in? _____

Are you professionally licensed (please circle one)? Yes No

If yes, what license do you hold? _____

How long have you been in practice? _____ years _____ months

How many years have you worked in a batterer intervention program? _____

How many hours of supervision do you receive per month? _____

Survey Questions

1. Please tell me about the how the agenda is set for your supervision meetings?
2. What kind of Continuing Education Units, seminars, or in-service trainings have you received for working in batterer intervention programs?
3. How many hours of on-the-job training did you/do you receive?
4. What (if any) sort of undergraduate or graduate level coursework did you have in domestic/family violence?
5. Are you satisfied with the quality and quantity of supervision you receive? Please explain.
6. In what ways does your supervisor help you address challenges of your job (including your relationship with clients, coworkers, and the community at large)?
7. How does/did your supervisor support your emotional needs and ability to cope with job-related stress?
8. How might interactions with your supervisor better address your professional and emotional needs at your workplace?
9. How might your training and education better address professional and emotional needs working in the field of domestic/family violence?
10. What barriers do you see as roadblocks interfering with good supervision? How would you address this?
11. Is there anything else you would like to tell me about this topic?