A Cognitive Processing Model for Assessing and Treating Domestic Violence and Stalking by Law Enforcement Officers

John Nicoletti
Sally Spencer-Thomas

Abstract: Therapists often use a generic solution to treat a multifaceted problem in cases of domestic violence and stalking by law enforcement officers. This paper presents a cognitive model of social information processing for the purpose of helping clinicians decipher the intrapersonal level of this problem. This paper also reviews the decoding, decision-making, and enactment phases of cognitive processing, taking into account risk factors affecting all areas of cognitive processing. The authors cover the police officer’s unique vulnerabilities in these areas and suggest therapeutic interventions.

KEY WORDS: police domestic violence, treatment, cognitive processing model

Address corresponding concerns about this article to John Nicoletti, Ph.D., Nicoletti-Flater Associates, 3900 S. Wadsworth Blvd., Suite 480, Lakewood, CO 80235.
A COGNITIVE PROCESSING MODEL FOR ASSESSING AND TREATING DOMESTIC VIOLENCE

The use of a generic solution for a multifaceted problem remains a major problem in the identification and treatment of domestic violence and stalking by law enforcement officers. Most domestic violence cases receive treatment by referring the offender or potential offender to generic counseling, anger-management classes, or domestic violence groups without taking into account the underlying cognitive processes of the problem. This review examines the cognitive factors putting officers at risk for domestic violence as well as the cognitive processes that become dysfunctional during domestic violence episodes. The authors present a social information-processing model to facilitate assessment and treatment of offenders.

Clearly, domestic violence remains a complex, multilayered social issue. Both the macro- and micro-universe play a role in developing and maintaining the cycles of violence (Steinfeld, 1989). Just as no single-level explanation of battering seems viable, no single-level intervention appears adequate to address the multiple interacting variables involved in domestic violence. The cultural (e.g., social norms encouraging violence), institutional (e.g., police officers policing their own), and interpersonal (e.g., communication patterns between spouses) factors influencing domestic violence have received ample coverage (Eisikovits and Edleson, 1989; Lott, 1995; Steinfeld, 1989). No need to cover these further exists. Rather, the intrapersonal or intrapsychic processing of the offender constitutes the scope of this paper.

In addition, this review focuses primarily on husband-against-wife violence. Although data indicate both husbands and wives engage in violence, researchers consistently find husband-to-wife violence to have more detrimental effects than wife-to-husband violence. Some attribute this to the fact that the average man weighs 29 pounds more and stands five inches taller than the average woman, giving the same act (e.g., hitting, slapping, threatening) a different impact. While some of the concepts presented here do apply to nonmarried couples and same-sex couples, the majority of the research creating the basis for this paper involved traditional married couples.

SCOPE OF THE PROBLEM AND CONSIDERATIONS FOR LAW ENFORCEMENT

Husband-against-wife violence undoubtedly constitutes a serious and widespread problem. In the past two decades extensive efforts have gone into researching the extent and impact of this issue. Each year one out of every eight men will behave with physical aggression toward his wife (Straus and Gelles, 1986). Domestic violence constitutes the leading cause of injuries to women 15 to 44 years old (Novello, Rosenberg, Saltzman, and Shosky, 1992). Approximately 30 percent of murders of women occur at the hands of their current or former partners (Martins, Holzapfel, and Baker, 1992).

Considerably less knowledge about the nature of domestic violence in the police officer’s family exists. In one recent study (cited in Lott, 1995) approximately 40 percent of officers questioned reported at least one episode of physical aggression with their partner during the previous year.
These results may actually underestimate the problem, given the tendency for people to underreport socially undesirable behaviors. Furthermore, police officers of all ranks appeared equally susceptible to marital violence. The survey also found officers who worked longer hours and did not take leave more likely to engage in marital violence.

The “code of silence” among police officers perpetuates the problem of domestic violence. Research with civilians indicates arrest of the batterer reduces the likelihood of repeat violence; however, officers do not seem as diligent in arresting their peers. Officers often withhold information about domestic violence because they fear reprisal from other officers, possibly placing their lives in danger (Lott, 1995).

THE SOCIAL INFORMATION PROCESSING MODEL

McFall (1982) originally developed the following social information-processing model, and it has since been applied to numerous social skill situations including domestic violence (Holzworth-Munroe, 1992). The general model involves three phases: decoding, decision-making, and enactment.

The first task of decoding involves the reception, perception and interpretation of incoming stimuli. The five senses have roles in this data collection, and inattention or distraction can affect the reception of incoming information. Cognitive filters such as unrealistic expectations, faulty attributions, and irrational beliefs can also distort the stimuli.

The second task of decision-making occurs when the individual generates and chooses an appropriate response for a given situation. This task involves several steps. First, the individual must initiate a response search during which they generate possible solutions. The second step consists of the response test during which the individual matches each possibility to the task demands by evaluating the goodness of fit. The third step involves a response selection, and the individual chooses the best alternative. The fourth step involves the repertoire search during which the individual searches the behavioral repertoire to see whether he or she possesses the specific skill needed. Finally, the individual engages in a utility evaluation and weighs the costs and benefits of implementing chosen response. The individual keeps cycling through these stages until finding an acceptable response.

The last task of the social information-processing model involves enactment. This task encompasses both the execution of the chosen response and self-monitoring. The individual taking action must monitor the influence of the action to determine the degree of the correspondence between the intention and the impact of the behavior.

McFall (1982) describes two assumptions of this model. First, in routine situations, these tasks occur in an “automatic fashion” without much conscious cognitive processing. Second “transitory” factors such as alcohol, anger, and sexual arousal may influence this process. Interestingly, men often cite such factors in their explanation for using violence.
COGNITIVE BEHAVIORAL AND PHYSIOLOGICAL FACTORS PLACING OFFICERS AT RISK FOR DOMESTIC VIOLENCE

When the above model of information processing breaks down, the individual’s chances of behaving in socially appropriate ways becomes compromised. The following cognitive, behavioral and physiological factors influence all of the stages of the model, and thus, put the officer at risk for domestic violence.

Cognitive Factors

Many domestic violence offenders have developed a skewed view of physical aggression after having witnessed or experienced violence as children. In one study (Caesar, 1988), researchers found 62 percent of batterers experienced exposure to some type of family violence compared to 28 percent of nonviolent men. Witnessing parental violence makes a stronger prediction than parent-child violence for future domestic violence (Holtzworth-Munroe, Bates, Smutzler and Sandin, 1997). Researchers have theorized witnessing and experiencing family violence at a young age leads to future family violence because these experiences model violence as the norm and fail to teach children more constructive ways to resolve conflict. Furthermore, family violence may disrupt the attachment process, and these children may have difficulty developing secure attachments in future relationships. An insecure attachment in an adult relationship may present as extreme jealousy and fear of abandonment, two of the major triggers for abuse.

Family violence does not exist as the only form of violence influencing children to develop future patterns of violent behavior. According to Cadsky and Crawford (1988), deviant peer experiences also predict adult domestic violence. At a young age many future batterers become involved in a subculture of violence. This not only encourages violent behavior, but also normalizes a wide variety of other deviant behaviors, including substance abuse, truancy, and running away from home.

Together, these experiences shape the cognitive scripts for later conflict resolution. The child develops into an adult perceiving physical aggression as a normal and justified way of solving problems. They have witnessed both in others and in themselves the powerful influence violence or threats of violence can have in changing another’s behavior in the short term. Few severe batterers have developed other solution-focused techniques for resolving conflict. Having such a rigid and dysfunctional script for conflict influences decoding (e.g., selectively attending to information that reinforces the model), decision-making (e.g., limited response repertoire), and enactment (e.g., minimal self-monitoring after the initial short-term reinforcement).

Behavioral Factors

Alcohol abuse. Alcohol abuse remains one of the best predictors of husband physical aggression (Holtzworth-Munroe et al., 1997). Arias and O’Leary (1988) found 50 percent of spousal aggressive incidents involve alcohol use, and about 20 percent of individuals in abusive relationships exhibit alcoholism.
Several reasons exist for the clear link between alcohol and marital violence. First, on a physiological level, alcohol causes disinhibition, which may influence the batterer to disregard consequences and act on impulse. Second, alcohol can serve as a catalyst, excuse or justification for violence. It becomes a way for the batterer to externalize the responsibility for his actions. In fact, some spouses report making a conscious decision to drink in order to build the courage to vent some long-suppressed anger (Bedrosian, 1982). Finally, alcohol abuse may prove a source of marital conflict. The batterer’s drunkenness may provide the trigger issue that never resolves because the batterer refuses to change the offending behavior. From a social information-processing point of view: 1) alcohol’s effects on the senses distort the incoming stimuli in need of decoding; 2) cognitive functioning slows and concretizes in response to alcohol, thereby limiting the ability to generate alternative solutions to violence; 3) alcohol interferes with one’s ability to carry out a response plan by increasing the tendency to act impulsively.

Training and work experience. The training police officers receive on the job sometimes puts them at risk for marital problems when officers use the skills at home (Lott, 1995). For example, officers learn to control their emotions, to overcome adversity, and to match aggression when challenged. These skills help them keep the upper hand in street situations; however, the same skills lead to escalating arguments when applied at home. The competitive and controlling nature of many police officers leads them to want to win arguments rather than to resolve problems.

Officers learn to suspect others. Their lack of trust often leads them to interrogate and investigate others more intensely. These behaviors often leave the spouse feeling stifled and infantalized, and usually create significant resentment. Finally, the officer’s training in surveillance exacerbates the problem and may put the officer at risk for engaging in stalking behavior. Officers may go to great lengths to gather evidence confirming their suspicions about their spouse. Checking the odometer on their spouse’s car, rummaging through handbags and trashcans, and activating the redial button on the phone for information on which to build their case of their spouse’s infidelity become standard operating procedures.

The police officer’s perceptions of the world often become distorted and cynical as they see the worst of human behavior on a daily basis. This perception filter influences the decoding of incoming stimuli at home because officers often expect the worst. Their training and work experience influence their decision-making and enactment tasks because highly effective tactics in the work situation repeatedly receive reinforcement on the street; thus, the officer’s search for alternative solutions may become restricted by a limited behavioral repertoire.

Physiological and Emotional Factors

Anger and physiologic reactivity. Maritally violent men experience a higher degree of anger than do nonviolent men in general (Barbour, Eckhardt, Davison and Kassinove, 1998) and in response to marital conflicts. Within marital conflicts, violent husbands become angrier as a result of both general conflicts and subject-specific conflicts (e.g., topics of jealousy and rejection) than nonviolent husbands.
Margolin, John, Gleberman, Miller and Reynolds (1985) found couples who reported physical aggression showed more physiological reactivity while discussing a topic of disagreement than happy couples or unhappy, nonaggressive couples. More specifically, individuals who experienced physical aggression reported greater global body restlessness and increased heartbeats during their discussions. Barbour et al. (1998) and Eckhardt, Barbour and Davison (1998) indicate maritally violent men do not seem to actively engage in strategies aimed at controlling and decreasing angry feelings. Anger and physiologic reactivity impact social information processing by distorting incoming information (e.g., holding irrational beliefs about how others should behave), by overloading the cognitive system so it does not process information thoroughly, and by increasing the need to act impulsively to reduce the aversive state of feeling wound up.

**Stress.** Officers experience two types of stress in their line of work: traumatic stress and long-term stress. Traumatic stress involves a perceived or real life-threatening situation. When someone experiences this level of stress, his/her body tends to go into shock, and the biological systems become significantly disrupted. Similar to the effect of anger and the related physiological reactivity, traumatic stress causes the cognitive processing system to break down. When people enter a fight or flight mode, they become unable to rationally sort through incoming information and generate alternative responses. They tend to react rather than respond.

Officers also experience significant long-term stress on the job putting them at risk for overloading the cognitive system. Work overload, role ambiguity, lack of recognition, work schedule conflicts and more all add to the long-term stress the officer endures. On a physiological level the circadian rhythm desynchronization from shift work can form one of the most disruptive factors of all (Nicoletti and Spooner, 1994). The REM sleep deprivation caused by trying to sleep at odd hours can lead to chronic fatigue syndrome. Depression and mood swings often correlate with the serotonin deregulation sleep disorders often cause.

**DECODING, DECISION-MAKING, AND ENACTMENT: A BREAKDOWN IN COGNITIVE PROCESSING**

In addition to the above-mentioned risk factors affecting all levels of processing, additional problems can occur during the execution of each of the tasks involved in social information processing.

**Decoding**

Problems with decoding occur with cognitive distortions, biases, and selective processing.

**Disrupted cognitive representation of relationships.** In addition to creating dysfunctional models of conflict resolution, childhood exposure to violence can also influence how an individual attaches to significant others in his/her adulthood (Bowlby, 1988). With an insecure cognitive representation of a spouse, the batterer becomes excessively anxious in the spouse’s absence. The batterer may become preoccupied with and overly dependent on the partner and extremely sensitive to any threat of the loss of the relationship, causing extreme fear of rejection or abandonment. For instance,
when presented with situations involving wife abandonment, rejection from their wives or jealousy, maritally violent men report more anger and generate less competent responses to the problem than do nonviolent men (Holtzworth-Munroe and Angin, 1991). This disrupted attachment influences social information processing by creating a biasing filter (e.g., the constant fear of rejection and abandonment) through which all information becomes distorted.

**Faulty attributions.** Due to a strong cognitive bias and a skewed system of appraisals and expectancies, batterers tend to filter incoming information and make faulty attributions about the causality of their spouse’s behavior. Research by

Epps and Kendall (1995) indicates that aggressive people tend to perceive the other’s behavior as controllable (e.g., “She stayed out late on purpose”) and to perceive an intent to anger behind the behavior (e.g., “She did that just to bug me”).

Men who batter more often interpret incoming information as personally relevant. For example, they consider a significantly higher number of hypothetical marital conflict situations damaging to self-esteem than do nonviolent men (Holtzworth-Munroe, 1992). Other research supports this notion of aggressive individuals often feeling attacked. Epps and Kendall (1995) found that chronically angry people devote more time to self-relevant (aggressive) cues than to benign cues within an ambiguous situation. Furthermore, aggressive individuals will more likely read an ambiguous situation as hostile than will nonaggressive people. By responding disproportionately to a minimum of hostile environmental cues, even in the presence of a preponderance of nonhostile cues, violent individuals tend to reinforce old aggressive scripts. Interestingly, nonhostile people seem to ignore obvious hostile cues in social situations. Normal people deal with hostility through distortion of social information, albeit healthy distortion (Epps and Kendall, 1995).

**Cognitive distortions.** Other types of cognitive distortions impacting the perception of incoming information include overgeneralization and catastrophic thinking. The batterer whose spouse does not want to have sex with him, which he views as meaning she has sex with someone else, provides an example of distortion at this phase. Another example consists of the stalker who overanalyzes one small response from the victim to hold a multitude of meanings (e.g., “She picked up the phone. She must be tired of playing ‘hard-to-get’”).

Rigid, all-or-nothing thinking also breaks down effective decoding. For example, if the batterer thinks to himself, “If my wife lets me down, she doesn’t love me,” then all incoming information will become distorted through that filter. One small behavior possibly interpreted as wavering loyalty may signal the end of the relationship.

Selective attention, another cognitive process, may skew perception. Specifically, data confirming dysfunctional ideas receive attention while data disconfirming such ideas do not.
Decision-Making

Holtzworth-Munroe and Anglin (1991) found maritally violent men unable to generate competent responses to conflict. An example of a breakdown in this area occurs when a couple engages in a heated argument and the woman attempts to stop the man from leaving. He wants to get out of the situation so he grabs her by the arms and pushes her aside. If the batterer had slowed down enough to generate other nonviolent alternatives to dealing with this situation, the violent outcome may not have occurred.

Positive attitude toward violence. Holtzworth-Munroe et al. (1995) found violent husbands more likely to think they should have control over their wives, and more likely to endorse the use of physical aggression with their spouses than nonviolent men. In a study of 72 married police officers, Stith (1990) found the men’s approval of marital violence provided the best predictor for the use of marital violence.

Another survey of police officers (cited in Lester, 1996) investigated attitudes toward police use of force and found “corruption of authority” the most common deviant behavior, followed by sleeping on duty and the use of excessive force. Although the use of excessive force reportedly occurred as often as sleeping on duty, respondents perceived it as less deviant than sleeping on duty, drinking on duty, perjury, and sex on duty. Furthermore, the likelihood of a fellow officer reporting these deviant acts matched the perceived deviance of the behavior. In a separate survey (cited in Lester, 1996), 23 percent of the police officers surveyed reportedly believed it necessary to use excessive force to show an officer’s authority; 53 percent believed rough talk essential in making some people listen. While on-the-job attitudes do not necessarily directly translate into attitudes in the home, one may assume the existence of a generalized belief system. This positive attitude toward violence influences the social information-processing model because the men feel content in their choice to use violence and do not look any further to generate alternative solutions.

Tunnel thinking and concrete thinking. Whether influenced by alcohol, physiological reactivity or past experiences, tunnel thinking and concrete thinking can significantly impact the decision-making phase of social information processing. The batterer gets locked into a ruminative pattern of thoughts and becomes unable to think of any other alternatives.

Negative predictions about alternative solutions further prevent husbands from examining behavioral changes. For example, the batterer may find himself thinking, “There’s no point in trying anything new, nothing will change.” The batterer defeats the possibility of any alternative solutions before he even generates the possibilities.

Enactment

When dealing with problems of enactment in domestic violence situations, the batterer usually experiences one of three things: a skill deficit, impulsivity, or antisocial attitudes.
**Skill deficit.** Social-skill deficits become particularly evident in certain types of marital situations involving potential wife rejection or abandonment (Holtzworth-Munroe, Bates, Smutzler and Sandin, 1997). In these situations maritally violent men cannot generate constructive means of assertive communication, problem solving, or conflict resolution while they may do so for other types of marital conflict. Holtzworth-Munroe (1992) found maritally violent men to lack spouse-specific assertiveness. They do not have difficulty expressing their beliefs and feelings and asking for what they want with other people in their lives, but they do find it difficult with their spouses. Problem-solving ability negatively correlates with the use of violence and exists as a variable helping to discriminate the aggressive from the nonaggressive men (Riggs, O'Leary and Breslin, 1990). During conflict, violent husbands often engage in “negative reciprocity” or a “tit-for-tat” style of communication that increases in overt hostility, defensiveness, patronizing, and disparaging behaviors.

**Impulsivity.** For many maritally violent men, the short-term payoff (reinforcement) of the violent behavior becomes stronger than long-term consequences (punishment). Impulsive individuals appear overly sensitive to rewards and unable to delay gratification. Furthermore, they appear deficient in their ability to inhibit responses despite potential punishment (Holtzworth-Munroe and Stuart, 1994). In violent situations the short-term payoff consists of having the other person submit to the violence or threat of violence and change their behavior to meet the demands of the batterer.

An alternative explanation for impulsivity involves the idea of negative reinforcement. The urge to act on impulse becomes so strong and aversive the batterer feels he has to act immediately to relieve the tension. For example, with stalking behavior, the stalker can become obsessed with “have to know” ruminations about his partner or ex-partner’s whereabouts and activities. The anxiety caused by this obsessive state remains so strong the stalker cannot sleep or eat, and he finds he can only relieve these aversive states by following the other person.

**Antisocial attitudes.** The final problem affecting the enactment stage consists of an antisocial attitude. Here the batterer knows about potential consequences for his behavior, and he does not care. He feels justified in his behavior and feels no remorse. He does not believe consequences exist for him.

**Therapeutic Interventions**

“...Abusive behavior” as intractable as smoking, drinking, or weight control, all of which have been targets for considerable behavioral research but have been resistant to generalization and maintenance...” (Myers, 1995, p. 501). Similar to the evolution in the treatment of smoking, drinking and weight control, therapists must look beyond the generic solutions for domestic violence problems and examine underlying cognitive processes as described in this model.

Arias and O’Leary (1988) suggested goals and strategies for a cognitive approach. The primary goal involves the discontinuation of physical aggression while a secondary goal, if relevant, involves enhancing marital satisfaction. The strategies involved in this pursuit include having the batterer accept responsibility for aggression and accept he has some amount of control over the expres-
sion of his anger and aggression. The batterer must genuinely relabel aggression as illegitimate and replace aggression with more appropriate, less destructive means for resolving conflict.

Before diving into the process of changing the batterer’s behavior and cognitions, an important step in the process involves assessing his readiness for change. The Stages of Change Model offered by Prochaska and DiClemente (1984) may assist in gaining commitment. As attrition and recidivism exist as significant problems among batterers, premature, direct, intense confrontation may elicit strong defense reactions on the part of the batterer leading to a shut down, phony agreement, or termination of treatment (Murphy and Baxter, 1997). A resistance response to confrontation, although natural, should signal the therapist that he or she has pushed the client beyond his readiness for change.

Prochaska and DiClemente’s (1984) model involves five stages of change. First, during the pre-contemplation stage, the person does not perceive the destructive behavior as a problem. The intervention by the therapist at this point involves raising consciousness about the need for change. Second, during the contemplation stage, the person feels ambivalence about change and engages in the process of weighing the benefits and drawbacks of doing things differently. Enhancing the perceived benefits of change and creating cognitive dissonance about their actual behavior and their ideals and aspirations comprise the goal at this stage. Third, during the determination stage, the client has made a commitment to change and now prepares for that change. Fourth, during the action stage, the client engages in behavior change, and finally, in the maintenance stage, the client continues to practice new behaviors and to avoid old patterns by identifying and coping with potential relapse cues.

A second precursor to engaging in cognitive therapy targeting the tasks of social-information processing involves addressing the risk factors affecting all three cognitive processes. Alcohol abuse and dependence clearly interfere with any progress in therapy. Stress and anger management for both long-term and in-the-moment arousal reduction is also essential. The client should learn to recognize cues (physiological, cognitive, and situational) triggering anger and stress and to employ relaxation techniques, distraction, or assertive behaviors depending on the situation. Stress inoculation comprises another technique designed to help the individual develop control and safety plans to implement in high-tension situations. Finally, the batterer may need to change his social-support system from one encouraging or ignoring his violent behavior to one supportive of nonviolent means of conflict resolution. Group therapy can provide an effective means of breaking social isolation, facilitating the generation of alternative solutions to violence, and reinforcing prosocial behaviors.

**Cognitive Interventions**

Cognitive interventions occur when the clinician intends to change the ideation accompanying psychological distress symptoms (Bedrosian, 1982). Decoding, decision-making and enactment comprise cognitive interventions designed to change the thinking process at each of the three stages.

**Decoding.** When attempting to modify the batterer’s ability to decode information, the goal of the intervention must include developing new ways of looking at the world. Self-monitoring, cog-
Cognitive restructuring, consciousness raising, and experiential learning can facilitate the accomplishment of this goal.

Self-monitoring can help the client become more aware of his own decoding distortions and deficiencies by slowing down the cognitive processes, enabling reflection upon situations rather than reaction to them. For example, the batterer can learn to separate intent from impact by self-monitoring his negative attributions about his partner’s behavior. The batterer can also self-monitor anger and arousal to help identify cues and chains of events leading to distorted decoding.

Cognitive restructuring involves helping clients bring to consciousness automatic thoughts distorting cognitive processing (unrealistic expectations, selective attention, black-and-white thinking, etc.), looking for evidence before accepting ideas as facts (reality testing), and developing rational responses. When working with a client who engages in catastrophic thinking, therapists can ask the client to move forward in time twenty years to estimate the impact of the provocation or rate the importance of the current situation relative to other life events.

The research presents mixed and contradictory conclusions about the nature of batterers’ views of women (Holtzworth-Munroe, 1997); however, for some batterers it appears beneficial to examine issues of male socialization. This consciousness-raising education should focus not only on sex-role stereotypes, but also on social norms encouraging violence.

Finally, experiential therapy may help batterers develop empathy for their victims and create cognitive dissonance regarding their own behavior. This intervention would prove most effective for former batterers in the maintenance stage of change who want to reinforce their new perceptions of the world with confirming evidence. For example, the therapist may have the former batterer help teach classes on overcoming domestic violence.

**Decision-making.** Interventions for the individual with faulty decision making abilities should target helping the batterer develop the ability to generate alternative solutions to conflict. Problem-solving skills would prove most applicable to this phase of information processing. The therapist can teach the client how to brainstorm alternatives to violence without evaluating potential solutions until all possible solutions have received consideration.

**Enactment.** For the enactment stage, the goals of therapy depend on the type of batterer. For the client with a skill deficit, the therapist helps develop skills and self-efficacy in engaging in alternative behaviors. For the impulsive client, the therapist helps develop impulse control. For the client with antisocial attitudes, the therapist helps the client become more affected by consequences and less reinforced by the immediate gratification of the rewards.

To deal with skill deficits and self-efficacy problems, the therapist can role-play the problematic behavior to increase the strength of the client’s belief in his capacity to carry out alternative behaviors. For example, with assertive communication, the therapist can role-play the most effective way to deal with a toxic conflict without escalation and negative reciprocity by using “I” statements,
staying on the topic, clarifying and paraphrasing the partner’s messages, and providing corrective feedback to the partner.

For the impulsive client, the therapist can help the client develop an acronym to slow down cognitive processing and help the client respond rather than react. For example, the acronym “STOP” can remind the client to stop, think, observe, and plan.

For the client with antisocial attitudes, the use of covert sensitization may help reverse contingencies. For example, the therapist can have the client visualize himself acting violently and experiencing negative consequences (e.g., arrest and losing job) and then visualize himself engaging in behaviors incompatible with violence (taking a time out, sitting back in the seat, telephone conversation, whispering) and experiencing positive consequences (Steinfeld, 1989).

CONCLUSION

Many behavioral problems resistant to change, such as smoking, alcohol abuse, and weight management, have benefited from a cognitive approach that removes the direct intense confrontation and takes into account the readiness for change and other underlying thought processes. By breaking down the step-by-step cognitive distortions and deficiencies occurring during information processing, the batterer can begin to find other ways of viewing the world, to generate alternative solutions to conflict, and to respond to and self-monitor his behavior. By using this model of cognitive processing, the clinician can begin to pinpoint where the cognitive process has broken down, and then individually tailor the interventions to where the client most needs guidance.
REFERENCES


