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## A Comparison of Adjudicated Spousal Abusers and Controls using the MJvI.PI-2 and MCML-UI

Sandra L. Lundblad

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A Comparison of Adjudicated Spousal Abusers and Controls  
using the MMPI-2 and MCMI-III

by

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Graduate School of Clinical Psychology  
George Fox University  
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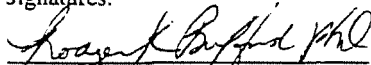
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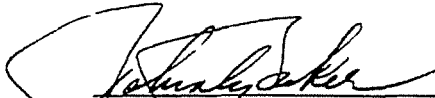
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Abstract

Approximately 21,000 women per week are assaulted by their domestic partners in the United States (Stamp & Sabourin, 1995). Beasley and Stoltenberg (1992) advised that "work with abusive men could benefit from careful attention to the role of anger and personality disorders in this population" (p.316). Research generally indicates that male spousal abusers have been characterized in various ways and have been treated with varying levels of success. In order to design effective prevention and treatment plans, it is important to comprehend the nature of spousal abuse, and what research has to say about intimate abusers and their personality characteristics. This study compared 68 men (abusers n=39, non-abusers n=29) from Northern British Columbia, Canada, using two self-report personality measures: the Minnesota Multiphasic Personality Inventory Second Edition (MMPI-2) and the Millon Clinical Multiaxial Inventory Third Edition (MCMI-III). An archival database was used, which was developed by

Bogyo (1998) and which matched abuser and non-abuser subjects by age (plus or minus 24 months) and ethnic background. The present study found significant differences between abusers and non-abusers, as well as two clusters of abusers in the archival database as suggested in the literature. The dominant cluster could be characterized as resembling the cluster of abusers described in the literature as internally conflicted, disturbed, schizoid/borderline, asocial/avoidant/aggressive/negativistic, dysphoric/borderline, emotionally volatile, and impulsive/undercontrolled (Dutton, 1998). In this sample the MCMI-III was more effective than the MMPI-2 both for discriminating abusers from non-abusers and for characterizing their personality attributes. MCMI-III scales measuring willingness to self-disclose, Posttraumatic Stress Disorder, passive-aggressive features, drug and alcohol abuse, sadistic tendencies, self-critical statements, and unusual thinking patterns predicted abuse in this sample. It may be useful to administer a personality measure such as the MCMI-III in a community mental health or other clinical setting to match potential and/or actual spousal abusers to appropriate treatment.

## Table of Contents

Abstract .....	iii
List of Figures .....	viii
List of Tables .....	ix
Chapter: 1 Introduction .....	1
Abuser Characteristics .....	2
Developmental Factors .....	2
Early experiences .....	2
Gender roles .....	3
Interpersonal Factors .....	3
Social style .....	3
Domestic instability .....	3
Individual Factors .....	4
Mood disorders .....	4
Impulse control disorders .....	5
Substance abuse .....	5
Personality disorders .....	6
Operationalizing the Abusive Personality .....	12
Summary of Literature Review .....	14
Research Question and Hypotheses .....	16
Chapter 2: Method .....	18

Participants.....	18
Instruments.....	18
MMPI-2.....	18
MCMI-III.....	19
Research Design and Data Analyses .....	20
Chapter 3: Results.....	21
Descriptive Statistics.....	21
Q Factor Analysis .....	21
Discriminant Analysis of Abuser Clusters.....	28
Discriminant Statistics for Abuser and Non-abuser Groups.....	39
Demographics .....	39
MMPI-2.....	43
MCMI-III.....	51
Borderline Personality .....	52
Chapter: 4 Discussion .....	57
Research Questions and Hypotheses .....	57
Hypothesis 1: A Q factor analysis will detect abuser clusters .....	57
Hypothesis 2: Abusers can be discriminated from non-abusers on scales or subscales of the MMPI-2 using a discriminant analysis .....	60
Hypothesis 3: Abusers can be discriminated from non-abusers on scales or subscales of the MCMI-III using a discriminant analysis.....	61
Research Limitations and Implications.....	62
Recommendations for Future Research.....	63

Summary.....	64
References.....	65
Appendix A. Developmental, Interpersonal, and Individual Issues .....	69
Appendix B. Personality Clusters.....	75
Appendix C. Vita .....	79



List of Figures

Figure 1. MCMI-III Subscales by Group.....	24
Figure 2. Scree plot of eigenvalues of abuser factors plotted against their component sequence.....	26

## List of Tables

Table 1. Developmental, Interpersonal, and Individual Issues .....	8
Table 2. Personality Clusters Discussed in the Literature .....	11
Table 3. Batterer Classification by Study .....	13
Table 4. Features Perpetuating Abuse by Area of Influence .....	i5
Table 5. Two-tailed T Test and Means for MCMI-III Subscales .....	22
Table 6. Factor Analysis of Abuser Subjects .....	25
Table 7. Factored Components of Abuser Subjects .....	27
Table 8. Discriminant Analysis of Two Abuser Factors .....	28
Table 9. Discriminant Analyses of Abuser Subjects by Tolerance .....	37
Table 10. Selective Reduction in Numbers of Discriminant Variables of Abusers .....	38
Table 11. Mean MCMI-III Base Rate Scores and Standard Deviations for Two Factored Abuser Types (Top Six Scales) .....	39
Table 12. Demographic Discriminant Statistics .....	40
Table 13. Demographic Variables by Discriminant Analysis Function .....	41
Table 14. MMPI-2 Discriminant Statistics .....	44
Table 15. MMPI-2 Variables by Discriminant Analysis Function .....	45
Table 16. Selective Reduction in Numbers of Discriminant MMPI-2 Variables .....	49
Table 17. Mean MMPI-2 T Scores for Discriminant Variables: 33 Scales and Subscales .....	49
Table 18. MCMI-III Discriminant Statistics .....	52
Table 19. MCMI-III Variables by Discriminant Analysis Function .....	53
Table 20. MMPI-2 Borderline Personality Variables .....	55

Table 21. Discriminant Variables for Abuser Clusters..... 58

Table 22. Comparison of the Disorders reported in the Literature to their Rank in this Study.. 62

## Chapter 1

### Introduction

Approximately 21,000 women per week are assaulted by their male partners in the United States (Stamp & Sabourin, 1995). Straus and Gelles (1986) reported the rate of severe husband-to-wife violence in 1985 as 30 per 1000 couples in the United States, or 1,620,000 beaten females. Thirty-six percent of women in one study required medical attention or hospitalization, with 45% (14) reporting "prolonged beating, kicking, [and or] choking" (Rounsaville, 1978, p.14).

It appears that among available treatment programs for male batterers, some interventions have proven more effective than others, indicating either differences in batterer typology, in treatment design, or both. For example, Cadsky and Crawford (1988) found that some men responded differently to treatment, and some were more motivated to change than others. Research has generally shown that intimate partner<sup>1</sup> abuse<sup>2</sup> usually results from a dynamic between the batterer and the battered victim, either or both of whom may have psychological or other contributing issues. Studying personality may be significant in understanding and treating

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<sup>1</sup> The terms partner, intimate partner, spouse, and wife are used interchangeably, with preference to the term(s) used in the referent research.

<sup>2</sup> The terms abuse, batter, and assault are used interchangeably, as are abuser, batterer, and assailant/assaulter.

domestic abuse (Greene, Coles, & Johnson, 1994, p.912). Understanding why abuse occurs within close relationships is important for anticipating dangerous situations, designing preventive solutions, and for planning treatment. Ultimately this strategy could protect a significant number of women and families, and interrupt the generational cycle of abuse.

### Abuser Characteristics

It has been suggested that most abuse happens at home, and that it includes every race, class, ethnic group, and lifestyle, including same-gender relationships. Most abuse is reportedly adult male against adult female. Batterers' developmental, interpersonal, and individual characteristics contribute to the abuse dynamic, including early experiences, gender roles, social style, domestic instability, mood disorders, impulse control disorders, substance abuse, and personality psychopathology. Each of these factors will be examined.

### Developmental Factors

Early experiences. Rounsaville (1978) interviewed 31 battered wives, who reported the following results about their spouses: 74% (23) were exposed to separation by various means from or death of a parent, 39% (12) of male abusers were beaten as children, 26% (8) had appeared in court for delinquent behavior, and 26% (8) had experienced serious school difficulty. Forty percent of participants in a study by Hamberger and Hastings (1986) reported growing up in a family where abuse occurred. Many abusers report witnessing physical violence and verbal aggressiveness in their family of origin and viewed paternal relationships more negatively than nonabusive men did (Beasley & Stoltenberg, 1992). Demographically, there was "more unemployment, less income, less education, fewer intact marriages and families, and more violent families of origin" in the abuser sample than in the non-abuser sample (p.314). Studies

of adult abusers have reported their childhood histories of experiencing and/or witnessing physical abuse, usually of their mothers (Hamberger & Hastings, 1988a; Murphy, Meyer, & O'Leary, 1993). Hanson, Cadsky, Harris, and Lalonde (1997) found high rates of violence among abusers experienced during their childhood as both abuse victims and perpetrators.

Gender roles. Gender role socialization occurs as boys are socialized to be aggressive, competitive, to play to win, and to be superior to girls, whereas girls are socialized to be meek, submissive, and dependent (Mickish, 1991). "Sex roles lay the foundation for dominance and submission" (p.54). Social rituals reinforce these roles, as do adults and the media. According to Finn (1986), "a traditional sex role orientation is the strongest predictor of attitudes supporting marital violence" (p.241). These studies also found that men were more reluctant than women to relinquish a superior position.

#### Interpersonal Factors

Social style. Abusers' styles of interpersonal relationship reflect a deficit in social skills, wherein they do not choose corrective or preventive responses to problematic situations (Holtzworth-Munroe & Anglin, 1991). Abusers tend to have an external attributional style, "excusing their behavior, justifying their behavior, minimizing their behavior, and denying their behavior" (Stamp & Sabourin, 1995, p.293). They tend to generally minimize their violence against women and project blame onto their wives. Abuse is part of a pattern of threatening, manipulative and coercive behaviors, and behavior in public is often different from behavior in private (Adams, 1990). Abusers' attitudes are tolerant of spousal assault (Hanson, Cadsky, Harris, & Lalonde, 1997).

Domestic instability. Rounsaville's (1978) interviews of 31 battered wives found that 71% reported their partner had threatened to kill them if they left, and 97% feared on at least one

occasion that they would be killed. Most of the women (68%) had been abused in public, and almost none (3%) received assistance from strangers on those occasions. Many of these women reported “highly pleasant periods of reconciliation” between abuse incidents (p.17). Saunders (1992) suggested that abuse might become an instrument to coerce and control, since earlier abuse episodes lacked negative consequences and produced desired outcomes.

Relationships of abusers are often marked by obsessive jealousy (Adams, 1990), near-delusional jealousy (Rounsaville, 1978), and interpersonal dependency (Murphy, Meyer, & O’Leary, 1994). Hanson, Cadsky, Harris, and Lalonde (1997) reported marital maladjustment among abusers. Batterers were divorced an average of two or more times, had patterns of infidelity, and had a history of fighting as adults (Dinwiddie, 1992). Like Saunders (1992), Cadsky and Crawford (1988) found significant differences between wife only assaulters and those who also assaulted others. Measures of stress and marital adjustment have been found more predictive of spouse abuse than attitudinal and personality measures (Neidig, Friedman, & Collins, 1986). Rounsaville (1978) reported a “volatile combination” that pairs a jealous, possessive, paranoid man with a counterdependent, indomitable, passive-aggressive woman (p.22).

### Individual Factors

Bland and Orn (1986) found that 56% of spouse abusers and 69% of child abusers had a lifetime psychiatric diagnosis. Symptoms have included those found in disorders of mood, impulse control, substance abuse, and personality.

Mood disorders. Many studies have found that abusers suffer depression and/ or dysphoria (Bersani, Chen, Pendleton, & Denton, 1992; Dinwiddie, 1992; Greene, Coles, & Johnson, 1994; Hamberger & Hastings, 1986; Hastings & Hamberger, 1988; Murphy, Meyer &

O'Leary, 1993). Hanson, Cadsky, Harris and Lalonde (1997) reported subjective distress among abusive men. However, controlling for negative affectivity, batterers differed from contrast groups only on scales of antisocial and aggressive characteristics in a study by Murphy, Meyer, and O'Leary (1993). In a later study, Murphy, Meyer, and O'Leary (1994) reported that batterers had low self-esteem and perceived personal inadequacy. Adams (1990) wrote that men who batter lacked the internal motivation to seek counseling or change their behavior.

Impulse control disorders. Beasley and Stoltenberg (1992) administered the Millon Clinical Multiaxial Inventory (MCMI-II) and the State-Trait Anger Scale to 84 batterers, and found significant differences between abusive and non-abusive men in both state and trait anger, and antisocial and aggressive personality. Hanson, Cadsky, Harris, and Lalonde (1997) reported a range of impulsive behaviors, including impulsive violence, substance abuse, and motor vehicle accidents. Davidovich (1990) identified overcontrolled and undercontrolled anger. Over- and undercontrol is also a theme in Coan, Gottman, Babcock and Jacobson (1997), who describe Type-1 and Type-2 men, whose heart rates fall (so-called vagal reactors) or rise, respectively, during marital conflict. Rounsaville's (1978) subjects reported impulsivity and violence in various circumstances, a likelihood to abuse alcohol or drugs, and a likelihood to be jealous. Such findings begin to suggest the presence of distinct clusters among abusers.

Substance abuse. Rates of alcohol abuse, substance abuse, and substance dependence were reported to be high in samples of physically abusive men in a number of studies, including Beasley and Stoltenberg (1992), Cadsky and Crawford (1988), Dinwiddie (1992), Hamberger and Hastings (1986), Hastings and Hamberger (1988), Murphy, Meyer and O'Leary (1993), and Rounsaville (1978). Witnessing or experiencing abuse was found to be more characteristic of abusers with alcohol problems than those without (Hamberger & Hastings, 1988a). Hamberger



and Hastings (1990) compared treatment recidivists and non-recidivists, finding that recidivists were more likely to abuse drugs or alcohol. Dinwiddie (1992) found that screening for alcoholism “yielded a sensitivity in identifying batterers of 86.9%, though a specificity of only 35.4%, and a positive predictive value of 20.5% (for Antisocial Personality Disorder, the corresponding figures were 23.4%, 69.0%, and 22.0%)” (p.415).

Personality disorders. Beasley and Stoltenberg (1992) found that abusive men have greater elevations on several subscales of the MCMI-II. They concluded that “the presence of personality disorders suggests that in the long run brief interventions will prove ineffective for this population” (p.316). Murphy, Meyer, and O’Leary (1993) reported high levels of psychopathology and significant differences from non-batterers in 14 of 22 MCMI-II clinical scales. Of the 13 personality disorder scales, the following were significantly different: Avoidant, Narcissistic, Antisocial, Aggressive (Sadistic), Passive-Aggressive, Self-Defeating, Borderline, and Paranoid. Hamberger and Hastings (1988a) also reported findings including higher rates of personality disorder among abusive men. Greene, Coles, and Johnson (1994) performed a cluster analysis that included both anger (using the State-Trait Anger Expression Inventory, STAXI), and psychopathology (using the Millon Clinical Multiaxial Inventory—Second Edition, MCMI-II, and the Minnesota Multiphasic Personality Inventory—Second Edition, MMPI-2). They reported three significant clusters: Histrionic Personality (lowest anger expression), Depressed Personality, and Disturbed Personality (highest anger expression).

In summary, much research exists characterizing the intimate batterer. Generally, three overlapping and integrated domains repeatedly emerge, including early developmental experiences, interpersonal instability, and individual pathology and/or character disorder (see Table 1). (Refer to Appendix A for a complete list of studies.) Three or four abuser clusters

emerge in the literature that combine features across the domains. The range of individual psychopathological issues may be grouped into Axis I and Axis II disorders as described in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (American Psychiatric Association, 1994, DSM-IV). Further, the personality (Axis II) disorders may be grouped into clusters: Cluster A—Odd and Eccentric, Cluster B—Dramatic and Emotional, and Cluster C—Anxious and Fearful (see Table 2). Some studies declare the absence of pathology (Hanson, Cadsky, Harris & Lalonde, 1997; Hamberger, Lohr, Bonge & Tolin, 1996), although these discrepancies are not well understood. (Refer to Appendix B for a complete list of studies.)

The present study focuses on Axis II disorders as predictors of abuser or non-abuser status. In describing psychopathy, Hare (1996) seemingly describes the abuser personality when he writes,

Psychopaths can be described as intraspecies predators who use charm, manipulation, intimidation, and violence to control others and to satisfy their own selfish needs.

Lacking in conscience and in feelings for others, they cold-bloodedly take what they want and do as they please, violating social norms and expectations without the slightest sense of guilt or regret. (p.26)

“The cost to men is the opposite of what they believe their violence will bring them [in terms of] increased isolation, ...increased anxiety, loss of self esteem, and loss of a feeling of power and control” (Mickish, 1991, p.44).

Table 1

Developmental, Interpersonal, and Individual Issues

Abuser issue	Number of studies
Developmental issues	
Abused during childhood	5
Gender role socialization	2
Lack of social skills, delinquent behavior, perpetrating abuse	3
Negative view of paternal role	1
Witnessing abuse	
(verbal aggressiveness, physical violence, abuse of mother)	6
Interpersonal issues	
Abuse or fight with others	3
Conforming	2
Dependency	1
Dominant	1
Jealous, possessive	3
Pathological conflict	1
Social	1
(Asocial, introverted)	2

*(table continues)*

Table 1 (continued)

Abuser issue	Number of studies
Individual issues	
Axis I disorders	
Affective difficulty, emotional dyscontrol bipolar. manic, cycloid (including psychosis)	4
Alcohol or drug use or dependence	7
Anxious, nervous	2
Cognitive difficulty, thought disorder	3
Depressive, dysphoric, depressed personality, major depression, psychotic depression	6
Impulsive, deficient impulse control	3
History of psychiatric contact or hospitalization	1
Axis II Disorders	
Aggressive, anger expression, threatening behavior, violent, sadistic	7
Anger, hostility	3
Controlling	3
Disturbed personality	1
Gregarious	2
Helpless	2
History of arrest, imprisonment, other contact	3

(table continues)

Table 1 (continued)

Abuser Issue	Number of Studies
<i>Axis II Disorders (continued)</i>	
Hysteria	1
Indifferent, lack empathy	2
Internally conflicted	1
Narcissistic-aggressive-antisocial	1
Negativism	2
Passive-aggressive	3
Passive-aggressive-dependent	1
Passive-dependent/compulsive	1
Pleasant inter-abuse demeanor	1
Self-defeating	1
Submissive	1
<i>Axis I - II Disorders</i>	
Paranoid tendencies	1
Somatic complaints	1

Table 2

Personality Clusters Discussed in the Literature

DSM-IV Cluster	Number of Studies
Cluster A—Odd and Eccentric	
Paranoid	1
Schizoid	3
Schizotypal	2
Cluster B—Dramatic and Emotional	
Antisocial	10
Borderline	6
Histrionicity	2
(Not Histrionic)	1
Narcissistic	5
Cluster C—Anxious and Fearful	
Avoidant	5
Dependent	1
(Not Dependent)	1
Obsessive-Compulsive	1

Note. Studies may be represented more than once.

### Operationalizing the Abusive Personality

Much research has sought to describe the batterer in definitive enough terms to be helpful. Bersani, Chen, Pendleton, and Denton (1992) studied 75 male batterers who were court-referred to treatment, finding two factors: Internal/or Emotional Balance (internally conflicted), and Social Interaction (extroverted). In contrast to Bogyo's (1998) finding for social isolation, Bersani et al. suggested that batterers are highly social, but lack the internal wherewithal to conduct themselves positively. Hamberger and Hastings (1986) studied 99 men who abused their partners, in an effort to replicate their 1985 study. Using the MCMI and two other measures, the researchers determined that only 12 men (12%) showed "no discernable psychopathology" (p.323). They reported rather than a single abuser profile, three major personality categories were confirmed: schizoid/borderline personality disorder (with this category having the greatest reported dysphoria among their factors), antisocial/narcissistic personality disorder, and passive dependent/compulsive personality disorder. Beasley and Stoltenberg (1992) further supported the view that there was more than one abuser personality profile. Focusing on abusers' personality attributes, research by Greene, Coles, and Johnson (1994) supported the presence of three basic types, or personality clusters, as well as under- and overcontrolled anger. Holtzworth-Munroe and Anglin (1991) and Saunders (1992) have shown a similar pattern. Dutton (1998) and Tweed and Dutton (1998) described Instrumental and Impulsive types, while Hastings and Hamberger (1988) report comparative similarities (see Table 3 for a comparison of all the above mentioned studies).

Profile A would appear to be the more demonstrative, histrionic, dangerous cluster. Profile C appears to describe the more socially introverted, affectively depressed cluster. Profile B is perhaps the most unpredictable of the three, and would appear to include outrageous

Table 3

Batterer Classification by Study

Study	Profile A	Profile B	Profile C
Bersani, Chen, Pendleton, & Denton (1992)	Extroverted	Internally Conflicted	
Greene, Coles, & Johnson (1994) <sup>a</sup>	Histrionic (lowest anger expression)	Disturbed (highest anger expression)	Depressed
Hamberger & Hastings (1986)	Antisocial/ narcissistic	Schizoid/ borderline, "Jekyll & Hyde", greatest dysphoria	Dependent/ compulsive
Hastings & Hamberger (1988) <sup>b</sup>	Gregarious/ narcissistic/ aggressive	Asocial/ avoidant/ aggressive/ negativistic	Dependent
Holtzworth-Munroe & Anglin (1991)	Generally violent/ antisocial	Dysphoric/ borderline	Passive-dependent (family only)
Saunders (1992)	Type 2 (generally violent)	Type 3 (emotionally volatile)	Type 1 (emotionally suppressed), (family only)
Tweed & Dutton (1998)	Instrumental/ undercontrolled (low arousal)	Impulsive/ undercontrolled	Impulsive/ overcontrolled

Note. Adapted with permission from The Abusive Personality by Dutton (1998).

<sup>a</sup> Greene et al's "most likely" comparison (p.910). <sup>b</sup> MCMI scales.



behavior and dissociative features. Dutton (1998) characterizes the impulsive/undercontrolled batterers in Profile B as having cyclical phases, high levels of jealousy, being violent predominantly or exclusively in the intimate relationship, having high levels of depression, dysphoria, and/or anxiety-based rage, feeling ambivalence toward the partner, and having a fearful/angry attachment. This profile is the one most identified with abuse within intimate relationships, according to Dutton, and has borderline personality (and other) character traits.

If the inclusion of character disorder is accurate, this would have important implications for treatment planning, and might affect the potential for treatment success. If proven, it would inform and direct treatment toward those approaches found most effective with Borderline Personality Disorder (BPD). However, there are disparate views of BPD, including among authors of the DSM-IV diagnostic criteria. This leads to some difficulty in identifying which MMPI-2 scales to scrutinize for this disorder (D. Nichols, personal communication, March 16, 2000). While the MCMI-III includes a Borderline scale, the MMPI-2 may best detect BPD using the following scales suggested by Nichols: Clinical scales 4 (Psychopathic Deviate) and 8 (Schizophrenia), and Subscales Pd4a (Familial Discord), Pd5 (Self-Alienation), and Sc1 (Social Alienation).

### Summary of Literature Review

Many studies have documented the developmental, interpersonal, and individual factors found in studies of abusive men. Research on male spousal abusers has generally found such characteristics as: a history of a generational cycle of abuse, maladaptive gender role socialization and other social deficits, dysphoria, denial and avoidance of feelings other than anger, jealousy, a charming and manipulative personality, an over-emotive style, impulsivity,

substance abuse, and personality disorder. Rounsaville (1978) provided a summary of these characteristics (see Table 4).

Table 4

Features Perpetuating Abuse by Area of Influence

Area of influence	Feature
Psychological sphere	<ul style="list-style-type: none"> <li>a) Pathological conflicts, paranoid "morbid jealousy," controlling behavior</li> <li>b) Deficient impulse control</li> <li>c) Alcohol or drug abuse</li> <li>d) Depressive syndrome</li> </ul>
Sociological sphere	<ul style="list-style-type: none"> <li>a) Pressured entry into marriage</li> <li>b) Distorted views of marital roles learned in childhood</li> <li>c) Severe social stress</li> <li>d) Status inconsistency</li> </ul>
Society at large	Problem not recognized as serious, inadequate aid to victims

Note. Adapted from "Theories in Marital Violence: Evidence from a Study of Battered Women," by B. J. Rounsaville, 1978, Victimology: An International Journal, 3, p.28.

As found in the research, these men are reported to have mood disorders, impulse control disorders, substance abuse problems, and personality disorders, all of which in concert join to create a volatile situation in the marriage relationship. Mood disorders generally have accepted treatment protocols, and there are many alcohol abuse and anger treatment programs, but

enduring patterns of inflexibility, such as personality disorders, challenge existing resources. Public agencies and other intervention programs attempt to provide for the developmental and social needs of families, but treatment for domestic batterers, within the frame of personality disorder treatment, remains elusive. Perhaps understanding abusive men in these terms, and replicating previous findings, would be helpful.

### Research Question and Hypotheses

The Bogyo (1998) study provided detailed descriptive statistics, using two-tailed t-tests for independent samples with significance set at  $p \leq .05$ . Demographic and MMPI-2 data were presented in that study, but not the MCMI-III data, which is presented here. Regarding demographics, the Bogyo study reported that ethnicity was predominantly Caucasian and First Nations (Native American) divided approximately evenly and together accounting for 87.2% of batterers and 89.6% of controls. Significant differences between the groups were found in the number of children in the family of origin, birth order, total years of education, whether employed and for how long in the current year, and income. Controls generally were advantaged over batterers in all of these areas. The study also found significant differences between the groups for most of the MMPI-2 scales and subscales.

The present study compares two groups of men (abusers  $n=39$ , non-abusers  $n=29$ ) from Northern British Columbia, Canada, using the MMPI-2 and the MCMI-III self-report personality instruments. The archival database, developed by Bogyo (1998), includes subjects matched by age and ethnic background. The research questions are as follows:

1. Are any of the abuser profiles in Table 3 represented in this sample? If clusters emerge, their profiles will be discussed.

2. Can abusers be discriminated from non-abusers on any scales or subscales of the MMPI-2 and or the MCMI-III? If so, with what degree of accuracy?

The hypotheses for this study are as follows:

3. A Q factor analysis will detect abuser clusters.
4. Abusers can be discriminated from non-abusers on scales or subscales of the MMPI-2 using a discriminant analysis.
5. Abusers can be discriminated from non-abusers on scales or subscales of the MCMI-III using a discriminant analysis.

## Chapter 2

### Method

#### Participants

This study used archival data created by Bogyo (1998), with 68 subjects from Prince Rupert and Terrace townships, British Columbia, Canada. Two groups comprise the data, with Caucasian, Native American, East Indian, and other ethnic groups represented. Group 1 includes 39 adjudicated males with a criminal history of domestic abuse, selected from a Department of the Attorney General database. Group 2 includes 29 males without a criminal history of domestic abuse, solicited by newspaper and radio advertisements. The groups are matched for age (plus or minus 24 months), and ethnic background. Further information about the archival database is available in the Bogyo study.

#### Instruments

Bogyo (1998) gathered information using the Minnesota Multiphasic Personality Inventory Second Edition (MMPI-2), the Millon Multiaxial Clinical Inventory Third Edition (MCMI-III), and a Demographic Information Survey.

#### MMPI-2

Graham (1993) describes the MMPI-2 as a self-report 567-question personality measure developed at the University of Minnesota in 1943, and revised in 1989. Scores are congruent

between the MMPI-2 and the earlier MMPI, and clinical scales and code types are similarly congruent. It is a criterion-based test; that is, scores are the result of comparing scores of people with known mental disorders to those without. The series of True or False questions results in 3 validity scales, 10 clinical scales, and various groups of empirically-derived subscales. Scale scores of  $t \geq 65$  are considered high scores. It is widely used, adequately reliable, psychometrically valid, and has a significant body of research. Butcher (1995) holds that the MMPI-2 “content scales have been shown to have strong internal psychometric properties, along with external validity” (p.211). However, further research is needed in use with special populations, and the test is not based upon a theoretical framework.

### MCMI-III

The MCMI-III is a self-report, 175-question, personality measure developed by Theodore Millon in 1977, and revised in 1987 and 1994. A task force, under Millon’s leadership, authored items and developed the instrument over seven years. The series of True or False questions results in 11 Clinical Personality Patterns, 3 Severe Personality Pathology scales, 7 Clinical Syndromes, 3 Severe Syndromes, and 4 Modifying Indices. An actuarial base rate (BR) score is reported rather than a  $t$  score, since the normative population was not normally distributed (Millon, 1997, p.289). The median score is 60, with BR scores  $\geq 74$  indicating clinical significance. Like the MMPI-2, it is widely used, reliable, psychometrically valid, and has a significant body of research. Unlike the MMPI-2, it is based upon a theoretical framework, in this case Millon’s theory of personality (Strack, 1999).

### Research Design and Data Analyses

This study uses a pre-experimental design, static group comparison, with ex post facto analysis. This design compares two groups, where one has experienced X, and one has not (Campbell and Stanley, 1963).

For Hypothesis 1, a Q factor analysis of the abuser group is used to determine whether profiles suggested in the literature emerge in this sample of abusers. A Q factor analysis is simply a discriminant analysis with subjects in columns rather than rows. The analysis sequences subjects by the weight of their contribution to the discriminant analysis. It addresses the question of whether subjects fall into meaningful clusters or groups. If more than one type of abuser emerges, results will be discussed.

For Hypotheses 2 and 3, a discriminant analysis is used to determine which scales (if any) discriminate abusers from non-abusers. Findings are reported and discussed.

## Chapter 3

### Results

#### Descriptive Statistics

For continuity with the Bogoy (1998) study, the present study examined the MCMI-III data, using a two-tailed t-test for independent samples with significance set at  $p \leq .05$ . Table 5 presents the descriptive statistics. As with the MMPI-2, there are significant differences between group means for most MCMI-III base rate (BR) subscales. Figure 1 shows Batterer and Control group profiles for BR subscales.

#### Q Factor Analysis

The literature generally suggests that batterers can be divided into two to four groups. In order to determine whether the abusers in this sample would factor into groups, first abusers were selected to create a separate database. Then a Q factor analysis was performed, which required transposing the data such that rows (subjects) and columns (variables) were reversed. After transposition, a standard factor analysis on the subjects was performed using a Principal Component Analysis extraction method and Varimax rotation with Kaiser normalization. Total variance for the first five component factors (see Table 6) shows that two principal components were extracted based on eigenvalues greater than 1 (SPSS, 1999, p.329). Initial and extraction



Table 5

Two-tailed T Test and Means for MCMI-III Subscales

MCMI-III BR Subscale	<u>Batterers<sup>a</sup></u>		<u>Controls<sup>b</sup></u>		<u>t</u>	<u>df</u>
	Mean	<u>SD</u>	Mean	<u>SD</u>		
Disclosure	66.51	21.10	44.48	16.90	4.62***	66
Desirability	64.54	24.55	67.93	17.24	-0.64	66
Debasement	53.72	25.09	33.72	23.89	3.32***	66
Schizoid	51.03	25.26	50.41	30.93	0.09	66
Avoidant	51.97	31.13	41.76	28.19	1.39	66
Depressive	60.95	28.35	39.24	33.85	2.87**	66
Dependent	56.74	27.67	41.62	21.82	2.43*	66
Histrionic	47.28	21.28	54.10	16.90	-1.42	66
Narcissistic	56.49	21.27	66.38	14.04	-2.18*	66
Antisocial	68.15	16.37	39.83	23.02	5.93***	66
Aggressive (Sadistic)	53.67	20.52	35.52	23.50	3.39***	66
Compulsive	46.79	17.63	59.10	13.65	-3.13**	66
Passive-Aggressive	65.28	28.01	39.76	28.64	3.68***	66
Self-Defeating	45.44	27.07	33.21	31.45	1.72	66
Schizotypal	46.46	27.16	29.41	27.70	2.54	66
Borderline	55.54	27.72	28.17	26.30	4.12***	66

<sup>a</sup>n = 39. <sup>b</sup>n = 29.*(table continues)*

\*p &lt; .05, \*\*p ≤ .01, \*\*\*p ≤ .001, two-tailed t-tests for independent samples.

Table 5 (continued)

MCMI-III BR Subscale	<u>Batterers<sup>a</sup></u>		<u>Controls<sup>b</sup></u>		<u>t</u>	<u>df</u>
	Mean	<u>SD</u>	Mean	<u>SD</u>		
Paranoid	55.21	27.18	35.24	28.01	2.96**	66
Anxiety	63.56	33.70	40.72	36.77	2.66**	66
Somatoform	31.97	30.13	30.69	28.77	0.18	66
Bipolar: Manic	55.05	22.01	39.38	23.89	2.80**	66
Dysthymia	47.49	31.50	28.00	28.71	2.62*	66
Alcohol Dependence	75.82	20.20	40.24	29.84	5.86***	66
Drug Dependence	64.44	18.31	43.83	27.86	3.68***	66
Posttraumatic Stress	52.87	24.22	27.14	26.68	4.15***	66
Thought Disorder	46.41	26.36	25.24	26.91	3.25**	66
Major Depression	38.03	30.93	28.83	28.42	1.26	66
Delusional Disorder	40.03	30.51	26.38	25.37	1.96	66

<sup>a</sup> $n = 39$ . <sup>b</sup> $n = 29$ .

\* $p < .05$ , \*\* $p \leq .01$ , \*\*\* $p \leq .001$ , two-tailed t-tests for independent samples.

statistics show that Component 1 ( $n = 23$ ) accounted for 81.637%, or most of, the total variance (eigenvalue 31.838), and Component 2 ( $n = 14$ ) for 6.533% (eigenvalue 2.548). Together ( $n = 37$ ) they accounted for 88.170% of the total variance. A scree plot further demonstrates this

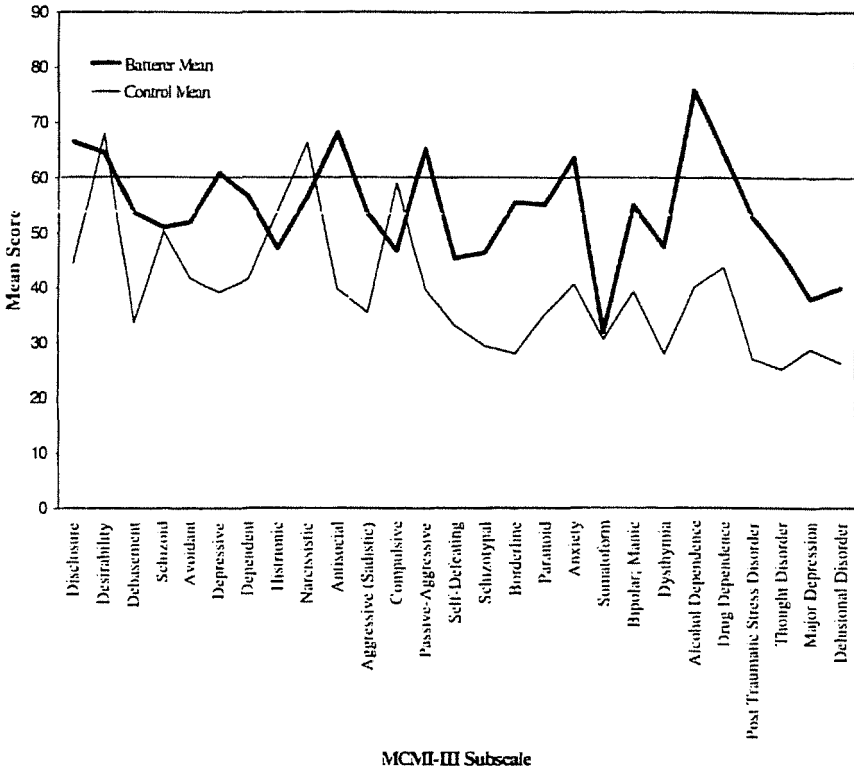


Figure 1. MCMI-III Subscales by Group

finding (see Figure 2). After rotation, Component 1 accounted for 50.379 percent (eigenvalue 19.648) and Component 2 for 37.791 percent (eigenvalue 14.738).

The Rotated Component Matrix (Table 7) shows the coefficients for each subject, identified as VARnnn as a result of the table transposition for the Q analysis. The first factored

component is identifiable at a detectable break in component values (SPSS, 1999), and includes those subjects beginning with VAR029 (value .902) and ending at VAR009 (value .732). A smaller second factored component is identifiable as including those subjects beginning with VAR030 (value .918) and ending at VAR037 (value .711). Two outliers, or a tiny third factored component, can be seen composed of VAR022 and VAR019.

Table 6

Factor Analysis of Abuser Subjects

Component	Total	% of Variance	Cumulative %
Initial Eigenvalues			
1	31.838	81.637	81.637
2	2.548	6.533	88.170
3	.934	2.395	90.565
4	.485	1.243	91.809
5	.348	.892	92.701
Extraction Sums of Squared Loadings			
1	31.838	81.637	81.637
2	2.548	6.533	88.170
Rotation Sums of Squared Loadings			
1	19.648	50.379	50.379
2	14.738	37.791	88.170

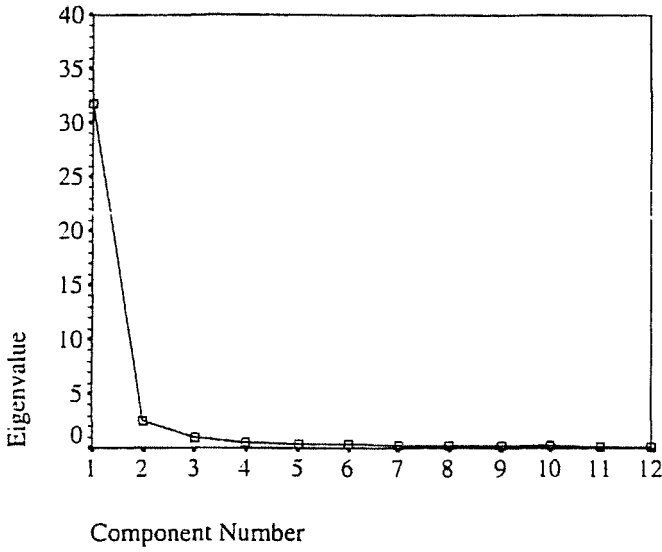


Figure 2. Scree plot of eigenvalues of abuser factors plotted against their component sequence.

Table 8

Factored Components of Abuser Subjects

Subject	<u>Component</u>		Subject	<u>Component</u>		Subject	<u>Component</u>	
	1	2		1	2		1	2
VAR029	.902	.365	VAR031	.816	.417	VAR013	.303	.911
VAR008	.898	.351	VAR027	.785	.518	VAR004	.407	.841
VAR002	.898	.351	VAR034	.780	.529	VAR007	.447	.818
VAR024	.888	.387	VAR014	.769	.551	VAR023	.396	.816
VAR035	.878	.399	VAR011	.766	.556	VAR038	.388	.805
VAR010	.873	.366	VAR026	.750	.584	VAR021	.482	.805
VAR012	.869	.389	VAR003	.746	.517	VAR006	.482	.794
VAR039	.869	.401	VAR028	.741	.547	VAR033	.507	.790
VAR018	.864	.441	VAR036	.737	.608	VAR005	.536	.737
VAR001	.847	.355	VAR009	.732	.576	VAR025	.518	.733
VAR015	.841	.397	VAR022	.698	.634	VAR017	.598	.727
VAR032	.837	.480	VAR019	.681	.640	VAR016	.567	.721
VAR020	.824	.485	VAR030	.176	.918	VAR037	.567	.711

Note. Each VARnnn represents one subject.

Discriminant Analysis of Abuser Clusters

In an attempt to characterize the two major components (factors) by identifying the discriminating variables, the table was transposed such that subjects were again in rows, and variables in columns. Then, identifiers were assigned to the factored components (subjects) according to their assignment in the rotated component matrix. Finally, an exploratory discriminant analysis was performed on the two major components to identify which variables would discriminate the two subject groups. This analysis included 138 variables for 39 subjects. The result was that many variables, including all of the MMPI-2 and MCMI-III subscales, failed the default tolerance limit of .001 (Table 8). That is, correlation among all variables was strong and their entry into the stepwise classification function could have caused unstable calculations (SPSS, 1999, p. 274).

Table 8

Discriminant Analysis of Two Abuser Factors

Variable	Function
Inhibition of Aggression <sup>a</sup>	.533
Dysthymia <sup>a</sup>	.431
College Maladjustment <sup>a</sup>	.403
Self-Defeating Personality <sup>a</sup>	-.394

*(table continues)*

Note. Variables ordered by absolute size of correlation within function.

<sup>a</sup>This variable failed default tolerance limit of .001 and was not used in the analysis.

Table 9 (continued)

Variable	Function
Lack of Ego Mastery-Defense <sup>a</sup>	.393
Hypomania Obvious <sup>a</sup>	.388
Brooding <sup>a</sup>	.364
Familial Discord <sup>a</sup>	.363
Dependent Personality <sup>a</sup>	.342
Compulsive Personality <sup>a</sup>	-.325
Poignancy <sup>a</sup>	.325
Hysteria <sup>a</sup>	.321
Psychasthenia <sup>a</sup>	.310
Lack of Ego Mastery-Confidence <sup>a</sup>	.303
Dominance <sup>a</sup>	-.294
Desirability <sup>a</sup>	-.294
Bipolar: Manic <sup>a</sup>	.292
Lack of Ego Mastery-Cognition <sup>a</sup>	.286
Depression Subtle <sup>a</sup>	-.282
Schizophrenia <sup>a</sup>	.279
Antisocial Personality <sup>a</sup>	.277

*(table continues)*

Note. Variables ordered by absolute size of correlation within function.

<sup>a</sup>This variable failed default tolerance limit of .001 and was not used in the analysis.



Table 9 (continued)

Variable	Function
Posttraumatic Stress Disorder (PK) <sup>a</sup>	.275
Somatiform <sup>a</sup>	.274
Hysteria Subtle <sup>a</sup>	.267
Psychomotor Acceleration <sup>a</sup>	.263
Emotional Alienation <sup>a</sup>	.263
Drug Dependence <sup>a</sup>	.257
Posttraumatic Stress Disorder (PS) <sup>a</sup>	.254
Aggressive (Sadistic) Personality <sup>a</sup>	.246
Hypomania <sup>a</sup>	.246
Debasement <sup>a</sup>	.245
Hypochondriasis <sup>a</sup>	.244
Months employed in last 12 months <sup>a</sup>	.226
Psychopath Deviate Obvious <sup>a</sup>	.216
Mental Dullness <sup>a</sup>	.216
Paranoid Subtle <sup>a</sup>	.215
Hysteria Obvious <sup>a</sup>	.214
Disclosure <sup>a</sup>	.212

*(table continues)*

Note. Variables ordered by absolute size of correlation within function.

<sup>a</sup>This variable failed default tolerance limit of .001 and was not used in the analysis.

Table 9 (continued)

Variable	Function
Avoidant Personality <sup>a</sup>	-.212
Major Depression <sup>a</sup>	.205
Gender Role-Feminine <sup>a</sup>	-.190
Lassitude-Malaise <sup>a</sup>	.190
Paranoia <sup>a</sup>	.185
Psychopath Deviate <sup>a</sup>	.178
Borderline <sup>a</sup>	.174
Depression Obvious <sup>a</sup>	.168
Lie <sup>a</sup>	-.163
Somatic Complaints <sup>a</sup>	.162
Subjective Depression <sup>a</sup>	.156
Passive-Aggressive Personality <sup>a</sup>	-.147
Naivete <sup>a</sup>	.146
Depressive Personality <sup>a</sup>	.140
Authority Problems <sup>a</sup>	.130
Need for Affection <sup>a</sup>	.126
Alcohol Dependence <sup>a</sup>	.121

*(table continues)*

Note. Variables ordered by absolute size of correlation within function.

<sup>a</sup>This variable failed default tolerance limit of .001 and was not used in the analysis.

Table 9 (continued)

Variable	Function
Paranoid <sup>a</sup>	-.113
MacAndrew Alcoholism <sup>a</sup>	.108
Schizotypal <sup>a</sup>	-.107
Bizarre Sensory Experiences <sup>a</sup>	.107
Narcissistic Personality <sup>a</sup>	-.101
Psychopath Deviate Subtle <sup>a</sup>	.097
Age as of date of testing	-.092
Shyness Self-Consciousness <sup>a</sup>	.085
Thought Disorder <sup>a</sup>	-.081
Adequate support network	.080
Gender Role-Masculine <sup>a</sup>	-.080
Repression <sup>a</sup>	-.080
Physical Malfunctioning <sup>a</sup>	-.079
Social Alienation <sup>a</sup>	.077
Social Imperturbability <sup>a</sup>	-.073
Paranoid Obvious <sup>a</sup>	.071
Self-Alienation <sup>a</sup>	.069

*(table continues)*

Note. Variables ordered by absolute size of correlation within function.

<sup>a</sup>This variable failed default tolerance limit of .001 and was not used in the analysis.

Table 9 (continued)

Variable	Function
Number indicates x\$1000 <sup>a</sup>	.069
Anxiety <sup>a</sup>	.069
Masculinity / Femininity <sup>a</sup>	.068
Relative outside your household	-.067
F Scale <sup>a</sup>	.063
Imperturbability <sup>a</sup>	.061
Denial of Social Anxiety <sup>a</sup>	-.061
Amorality <sup>a</sup>	.061
Post Traumatic Stress Disorder <sup>a</sup>	.061
Number of children respondent had	-.061
Birth order <sup>a</sup>	.060
Number of siblings older than respondent	.060
Relative outside your household	-.060
Alienation- Self and Others <sup>a</sup>	.060
Hypomania Subtle <sup>a</sup>	-.058
Member of a church <sup>a</sup>	.057
Number of months in current relationship	-.056

*(table continues)*

Note. Variables ordered by absolute size of correlation within function.

<sup>a</sup>This variable failed default tolerance limit of .001 and was not used in the analysis.

Table 9 (continued)

Variable	Function
Psychomotor Retardation <sup>a</sup>	-.054
K-Correction <sup>a</sup>	-.050
Importance of religion	-.049
Family of origin number of siblings	.048
Ethnicity	.046
Schizoid Personality <sup>a</sup>	-.046
Lawyer	.042
Number of months since last offense	.041
Minister or priest	-.039
Family member in your household	-.038
Charges	-.037
Number of community groups & attendance	.036
Ego Inflation <sup>a</sup>	-.033
Number of siblings younger than respondent <sup>d</sup>	-.033
Employed <sup>d</sup>	.032
Family member in your household	.031
Lawyer	.030

*(table continues)*

Note. Variables ordered by absolute size of correlation within function.

<sup>a</sup>This variable failed default tolerance limit of .001 and was not used in the analysis.

Table 9 (continued)

Variable	Function
Persecutory Ideas <sup>a</sup>	-.028
Number of friends in support network	.026
Depression <sup>a</sup>	.026
Highest grade completed	-.026
Social Introversion <sup>a</sup>	.024
Social Alienation <sup>a</sup>	.017
Marital Status	.016
Overcontrolled Hostility <sup>a</sup>	-.016
Family doctor	-.015
Family doctor	-.014
Number of times/month attend <sup>a</sup>	.013
Social Responsibility <sup>a</sup>	.012
Number of family members in support network	-.010
Priest	-.010
Social Avoidance <sup>a</sup>	.010
Member in a community group	-.009
Friend outside your household	.009

(table continues)

Note. Variables ordered by absolute size of correlation within function.

<sup>a</sup>This variable failed default tolerance limit of .001 and was not used in the analysis.

Table 9 (continued)

Variable	Function
Ego Strength <sup>a</sup>	-.006
Unnamed variable	-.005
Social worker	.005
Friend outside your household	.005
Social worker	.004
Delusional Disorder <sup>a</sup>	-.003
Histrionic Personality <sup>a</sup>	-.002
Number of years post secondary education	.001

Note. Variables ordered by absolute size of correlation within function.

This variable failed default tolerance limit of .001 and was not used in the analysis.

Repeated analyses were performed with tolerances of .0001, .001 (default), .01, and .05 in an attempt to locate the discriminating variables. This did not result in identifying variables other than demographics, and did result in a lower eigenvalue and lost significance at .01; however, canonical correlation remained high (Table 10). Considering only those variables remaining in the analysis, at tolerances other than .01, 96% of the between-group variability was accounted for by group differences at  $p < .05$  (based on Wilks' lambda of .038).

Table 10

Discriminant Analyses of Abuser Subjects by Tolerance

Tolerance	Eigenvalue	% of Variance	Cumulative %	Canonical Correlation
.0001	25.264	100.0	100.0	.981
.001	25.264	100.0	100.0	.981
.01	5.901	100.0	100.0	.925
.05	25.264	100.0	100.0	.981

Tolerance	Wilks' Lambda	Chi-square	df
.0001	.038	52.291*	32
.001	.038	52.291*	32
.01	.145	33.805	29
.05	.038	52.291*	32

\* $p < .05$ .

Since adjusting tolerance limits did not result in identifying the desired discriminant variables, further analysis was performed (using the default tolerance) using one-half of the 138 variables, retaining those 69 variables contributing most to the discriminant function. The resulting analysis, as those before, also excluded certain variables for failing tolerance limits. At this point, it was decided that each variable's contribution to the discriminant function seemed diluted by the sheer number of variables. It was desired to identify roughly five or six variables that might be of clinical use. Therefore, a process of halving (and halving again) the variable list



was continued until six variables were identified that could discriminate the two groups with accuracy. (The analysis continued until three variables were identified, but this was considered too few to be useful or accurate in a clinical setting.) Results in each subsequent analysis continued to have strong discriminative power, as shown in Table 12. The strongest discriminant variables remained the same (and in sequence) in the analyses of nine, six, and three variables, and are all MCMI-III scales. Considering means and standard deviations, the two factor ranges for six variables were well discriminated as seen in Table 13.

Table 12

Selective Reduction in Numbers of Discriminant Variables of Abusers

Number of		Canonical	Wilks'	% of Correctly	
Variables	Eigenvalue	Correlation	Lambda	Chi-square	Classified Cases
138	25.264	.981	.038	52.291*	94.6
69	83.110	.994	.012	70.914**	100.0
35	470.024	.999	.002	101.556**	97.3
18	17.720	.973	.053	76.169**	100.0
9	12.158	.961	.076	78.600**	100.0
6	11.343	.959	.081	80.419**	100.0
3	9.975	.953	.091	80.253**	100.0

\* $p < .05$ , \*\* $p \leq .001$ .

Table 13

Mean MCMI-III Base Rate Scores and Standard Deviations for Two Factored Abuser Types  
(Top Six Scales)

Variable	Factor 1		Factor 2	
	$n = 23$		$n = 14$	
	Mean	<u>SD</u>	Mean	<u>SD</u>
Thought Disorder	63.6957	8.4554	15.7857	18.2554
Schizotypal	65.1304	5.6913	17.8571	20.3540
Self-Defeating Personality	64.8696	11.2059	17.2857	17.3357
Passive-Aggressive Personality	82.0435	9.8787	36.0714	26.2076
Debasement	69.2609	14.5109	28.3571	19.0166
Borderline	71.5652	14.4059	28.4286	25.3672

Discriminant Statistics for Abuser and Non-abuser Groups

Demographics

Canonical variables are “factors that discriminate optimally among the group centroids relative to the dispersion within the groups” (SPSS, 1999, p.246). A canonical discriminant function was performed on demographic data for abusers and non-abusers, resulting in an eigenvalue of 8.613 and strong canonical correlation of .947 (see Table 14). Wilks' Lambda was .104, suggesting that approximately 90% of the variability between the two groups is accounted for by group differences at  $p < .001$ . After calculating the pooled within-groups correlations

between the discriminating variables and the standardized canonical discriminant function, the variables were ordered by the absolute size of correlation within function (see Table 15). Using the ranked weightings to predict group membership, 95.6% of cases were correctly classified.

Table 14

Demographic Discriminant Statistics

Eigenvalue	% of Variance	Cumulative %	Canonical Correlation
8.613	100.0	100.0	.947

Wilks' Lambda	Chi-square	df
.104	93.921*	39

\*  $p \leq .001$

Table 15

Demographic Variables by Discriminant Analysis Function

Variable	Function
Legal Charges	.355
Employed	-.170
Months employed in last 12 months	.169
Adequate support network	-.149
Family of origin number of siblings	-.146
Minister or priest	.140
Priest	.138
Number indicates x\$1000	.133
Number of family members in support network	.119
Member in a community group	-.109
Highest grade completed	.105
Unused variable	-.101
Friend outside your household	.096
Number of friends in support network	.092
Birth order	-.086
Number of years post secondary education	.081

*(table continues)*Note. Variables ordered by absolute size of correlation within function.

Table 15 (continued)

Variable	Function
Number of children respondent had	-.070
Number of siblings younger than respondent	-.065
Friend outside your household	.063
Social worker rank	-.058
Social worker	-.047
Number of siblings older than respondent	-.045
Relative outside your household	.042
Relative outside your household rank	.042
Age as of date of testing	.036
Number of community groups & attendance	.036
Member of a church	-.033
Family member in your household	-.032
Number of months since last offense	-.029
Religion importance	.028
Number of times/month attend	.028
Marital Status	.027
Lawyer rank	-.025

*(table continues)*

Note. Variables ordered by absolute size of correlation within function.

Table 15 (continued)

Variable	Function
Family doctor rank	.016
Lawyer	-.015
Ethnicity	-.011
Number of months in current relationship	.011
Doctor	.004
Family member in your household rank	.003

Note. Variables ordered by absolute size of correlation within function.

### MMPI-2

A canonical discriminant function was performed on the abuser and non-abuser groups including all MMPI-2 variables, resulting in a strong eigenvalue of 21.233 and strong canonical correlation of .977 (see Table 16). Wilks' Lambda was .045, suggesting that approximately 95% of the variability between the two groups is accounted for by group differences at  $p < .001$ . However, the analysis resulted in six variables being excluded from the analysis for failing tolerance limits. After calculating the pooled within-groups correlations between the discriminating variables and the standardized canonical discriminant function, the variables were ordered by the absolute size of correlation within function (Table 17). Using the ranked weightings to predict group membership, 98.5% of cases were correctly classified.

Table 16

MMPI-2 Discriminant Statistics

Eigenvalue	% of Variance	Cumulative %	Canonical Correlation
21.233	100.0	100.0	.977

Wilks' Lambda	Chi-square	df
.045	110.105*	59

\*  $p \leq .001$ 

It was desired that no variables fail inclusion into the analysis, and to reduce the number of discriminant variables to a clinically useful number. Another discriminant function was performed selecting the highest one-half (33) of the 65 variables, by size of correlation within function. This analysis resulted in no excluded variables. Then, a process of seeking the lowest number of useful variables by halving (and halving again) the variable list was repeated down to a set of five variables (Table 18), with each finding significant at  $p < .001$ . Useful information was found by interpreting Wilks' Lambda, which represents the percent of variability not accounted for by group differences. Considering all 65 variables, approximately 95% of the variability was accounted for by group differences (Wilks' Lambda .045). With 33 variables (half the total), approximately 73% of the variability was accounted for (Wilks' Lambda .272). As the halving procedure continued, accountability reduced to as little as 40% (with five variables, Wilks' Lambda .590). However, whether using 65, 33, or 17 variables, 90% or more of the cases were correctly classified. Mean  $t$  scores for the 33 most discriminant variables are

shown in Table 19. However, abusers were not well discriminated from non-abusers upon inspection of means and standard deviations, due to significant range overlap.

Table 17

MMPI-2 Variables by Discriminant Analysis Function

Variable	Function
Gender Role-Feminine <sup>a</sup>	.164
Social Responsibility <sup>a</sup>	.160
Psychopath Deviate Obvious	-.137
Familial Discord	-.127
Psychopath Deviate	-.126
Posttraumatic Stress Disorder (PK) <sup>a</sup>	-.125
Bizarre Sensory Experiences	-.122
Paranoid Obvious	-.121
MacAndrew Alcoholism	-.119
F Scale	-.119
Amorality	-.119
Schizophrenia	-.112
Hypomania Obvious	-.109
Hypomania	-.105

*(table continues)*

Note. Variables ordered by absolute size of correlation within function.

<sup>a</sup> This variable failed default tolerance limit of .001 and was not used in the analysis.



Table 17 (continued)

Variable	Function
Persecutory Ideas	-.103
Dominance	.102
Self-Alienation	-.102
Social Alienation	-.100
Lack of Ego Mastery-Defense	-.098
Authority Problems	-.097
K Scale	.096
Social Alienation	-.092
Alienation- Self and Others	-.090
Hysteria Subtle	.088
Psychasthenia	-.088
Brooding	-.085
Inhibition of Aggression	.084
Paranoia	-.083
Posttraumatic Stress Disorder (PS) <sup>a</sup>	-.082
College Maladjustment	-.080
Gender Role-Masculine	.079

(table continues)

Note. Variables ordered by absolute size of correlation within function.

<sup>a</sup> This variable failed default tolerance limit of .001 and was not used in the analysis.

Table 17 (continued)

Variable	Function
Hysteria Obvious	-.074
Psychomotor Acceleration	-.069
Depression Obvious	-.068
Poignancy	-.068
Naivete	.067
Lack of Ego Mastery-Cognition	-.065
Somatic Complaints	-.065
Need for Affection	.064
Hypomania Subtle	-.064
Subjective Depression	-.062
Emotional Alienation	-.061
Lassitude-Malaise	-.060
Mental Dullness	-.058
Ego Inflation	-.052
Hypochondriasis	-.048
Denial of Social Anxiety	.047
Depression Subtle	.044

*(table continues)*

Note. Variables ordered by absolute size of correlation within function.

<sup>a</sup> This variable failed default tolerance limit of .001 and was not used in the analysis.

Table 17 (continued)

Variable	Function
Social Introversion	-.043
Social Imperturbability	.042
Paranoid Subtle <sup>a</sup>	.040
Overcontrolled Hostility	.039
Repression	.039
Depression	-.037
Lack of Ego Mastery-Confidence	-.037
Shyness Self-Consciousness	-.036
Physical Malfunctioning	-.025
Psychopath Deviate Subtle	-.022
Masculinity/Femininity	.017
Psychomotor Retardation	.014
Lie Scale	.013
Ego Strength <sup>a</sup>	.009
Hysteria	.006
Social Avoidance	.005
Imperturbability	.001

Note. Variables ordered by absolute size of correlation within function.

<sup>a</sup> This variable failed default tolerance limit of .001 and was not used in the analysis.

Table 18

Selective Reduction in Numbers of Discriminant MMPI-2 Variables

Number of Variables	Eigenvalue	Canonical Correlation	Wilks' Lambda	Chi-square	% of Correctly Classified Cases
65	21.233	.977	.045	110.105*	98.5
33	2.672	.853	.272	63.088*	92.6
17	1.398	.764	.417	49.413*	89.7
9	1.047	.715	.488	43.352*	85.3
5	.695	.640	.590	32.981*	79.4

\*  $p \leq .001$ 

Table 19

Mean MMPI-2 T Scores for Discriminant Variables: 33 Scales and Subscales

Variable	<u>Abusers</u>		<u>Non-Abusers</u>	
	Mean	<u>SD</u>	Mean	<u>SD</u>
Gender role-feminine	41.2051	9.8386	49.6786	9.0883
Social responsibility	38.0513	8.8792	49.4643	10.2252
Psychopath deviate obvious	68.2564	12.3240	52.6786	12.4456
Familial discord	62.1282	11.9410	49.3214	9.3017
Psychopath deviate	65.4359	11.4978	52.3929	10.9082

*(table continues)*

Table 19 (continued)

Variable	<u>Abusers</u>		<u>Non-Abusers</u>	
	Mean	<u>SD</u>	Mean	<u>SD</u>
Posttraumatic stress (PK)	64.1026	15.4831	53.6429	12.1935
Bizarre sensory experiences	64.4872	15.0890	49.8929	9.4019
Paranoid obvious	72.5641	18.4202	54.4286	12.8046
MacAndrew alcoholism	63.4872	11.7605	51.2143	10.2861
F Scale	69.0256	19.7157	50.9643	10.1853
Amorality	57.7949	11.1265	46.7143	8.6189
Schizophrenia	63.1795	13.8505	50.0714	11.0149
Hypomania obvious	60.1795	14.8144	47.4643	8.7368
Hypomania	60.7436	15.6638	47.6071	9.8294
Persecutory ideas	70.0513	21.4892	52.8571	11.9682
Dominance	36.0000	7.7629	43.7500	8.8845
Self-alienation	64.3333	11.5720	52.1786	14.7850
Social alienation	63.0513	14.1644	50.7500	12.1522
Lack of ego mastery-defense	62.2564	15.1392	50.2500	10.3445
Authority problems	61.0769	7.8384	53.3214	9.7944
K-correction	43.8205	9.1791	51.5357	7.9465
Social alienation	61.7179	13.8468	51.0000	10.8560
Alienation-self and others	59.0000	12.0000	50.3214	7.7175
Hysteria subtle	42.3846	9.0455	49.8571	9.4073

*(table continues)*

Table 19 (continued)

Variable	<u>Abusers</u>		<u>Non-Abusers</u>	
	Mean	<u>SD</u>	Mean	<u>SD</u>
Psychasthenia	61.7179	14.1922	51.8214	8.8404
Brooding	59.9487	12.4138	51.0714	9.8015
Inhibition of aggression	41.8462	9.7239	49.3214	9.7337
Paranoia	66.4615	16.9097	54.3571	14.1662
Posttraumatic stress disorder (PS)	63.2564	15.3738	51.4286	9.8071
College maladjustment	58.4359	12.5966	50.2500	8.8134
Gender role-masculine	43.6410	9.8875	49.9643	6.7740
Hysteria obvious	59.5897	14.9960	51.0000	8.1513
Psychomotor acceleration	53.2308	11.2798	46.7500	8.5878

MCMI-III

A canonical discriminant function was performed on the abuser and non-abuser groups, including all MCMI-III variables, resulting in an eigenvalue of 1.858 and strong canonical correlation of .806 (see Table 20). Wilks' Lambda was .350, suggesting that approximately 65% of the variability between the two groups is accounted for by group differences at  $p < .001$ . After calculating the pooled within-groups correlations between the discriminating variables and the standardized canonical discriminant function, the variables were ordered by the absolute size of correlation within function (see Table 21). Using the ranked weightings to predict group membership, 89.7% of cases were correctly classified.

Borderline Personality

A discriminant analysis was performed using the five MMPI-2 subscales suggested by D. Nichols (personal communication, March 16, 2000) as indicators of Borderline Personality Disorder: Psychopathic deviate, Schizophrenia, Familial discord, Self-alienation, and Social Alienation. Although the analysis found discriminative power in these subscales, this fact became incidental to the present study since many other variables could also discriminate the two groups. However, it is worth noting that all variables were within the top one-third of all variables in the discriminant analysis (Table 22).

Table 20.

MCMI-III Discriminant Statistics

Eigenvalue	% of Variance	Cumulative %	Canonical Correlation
1.858	100.0	100.0	.806

Wilks' Lambda	Chi-square	df
.350	55.130	27

\*  $p \leq .001$

Table 21

MCMI-III Variables by Discriminant Analysis Function

Variable	Function
Antisocial Personality	-.536
Alcohol Dependence	-.529
Disclosure	-.418
Posttraumatic Stress Disorder	-.375
Borderline	-.372
Passive-Aggressive Personality	-.332
Drug Dependence	-.332
Aggressive (Sadistic) Personality	-.306
Debasement	-.299
Thought Disorder	-.293
Compulsive Personality	.282
Paranoid	-.267
Depressive Personality	-.260
Bipolar: Manic	-.253
Anxiety	-.240
Dysthymia	-.236
Schizotypal	-.229

*(table continues)*

Note. Variables ordered by absolute size of correlation within function.



Table 21 (continued)

Variable	Function
Dependent Personality	-.220
Schizotypal	-.229
Dependent Personality	-.220
Narcissistic Personality	.196
Delusional Disorder	-.177
Self-Defeating Personality	-.155
Histrionic Personality	.129
Avoidant Personality	-.126
Major Depression	-.113
Desirability	.057
Somatoform	-.016
Schizoid Personality	-.008

Note. Variables ordered by absolute size of correlation within function.

Table 22

MMPI-2 Borderline Personality Variables

Variable	Sequence in Discriminant Analysis of 33 MMPI-2	
	Variables	
Psychopathic deviate	5	
Schizophrenia	12	
Familial discord	22	
Self-alienation	17	
Social Alienation	18	

In summary, several statistical analyses were presented, including descriptive statistics for MCMI-III variables. A factor analysis of the abuser group detected the presence of two abuser types. The two types could be discriminated by six MCMI-III variables: Thought Disorder, Schizotypal, Self-Defeating Personality, Passive-Aggressive Personality, and Debasement (making negative self-statements). In discriminating abusers from non-abusers using only demographic variables, only one contributed significant discriminant power: whether any previous legal charges had been filed. Many MMPI-2 scales were able to discriminate between the two groups, but many MMPI-2 variables are known to be highly correlated, lending difficulty to interpreting results. Mean  $t$  scores for the strongest 33 MMPI-2 scales and subscales were reported, with significant overlap reported in ranges for the two groups. Discriminant analysis of MCMI-III variables resulted in strong discriminative functions using as few as five variables: Antisocial Personality, Alcohol Dependence, Disclosure (willingness to self-disclose),

Posttraumatic Stress Disorder, and Borderline. Results of these analyses will be discussed in the next chapter.

## Chapter 4

### Discussion

#### Research Questions and Hypotheses

The literature has generally identified several (two to four) types of abusers. The present study sought to examine whether that suggested pattern would hold true for this sample. Therefore, it was hypothesized that clusters would emerge in the present sample. Further, it was hypothesized that discriminant variables on two self-report inventories, the MMPI-2 and the MCMI-III, would distinguish abusers from non-abusers with accuracy. The three hypotheses are now discussed.

#### Hypothesis 1: A Q factor analysis will detect abuser clusters

Two types of abusers were detected in the sample. The first type included 23 men, and the second type included 14 men, for a total of 37. The next task undertaken was to characterize these two types in terms of specific identifying information. This proved challenging, possibly due to the relatively small sample size and large number of variables. After assigning the subjects to their respective factors, subjects could not be characterized using a discriminant analysis even after several attempts. All variables were strongly correlated with each other (multicollinear), causing most variables to fail statistical tests. Changing a statistical parameter was not helpful in gaining the desired information.

When a different approach was taken, six significant discriminant variables were identified, all of them MCMI-III scales. Abusers endorsed items elevating scores on scales as indicated in Table 23.

Table 23

Discriminant Variables for Abuser Clusters

Discriminant		
Sequence	MCMI-III Domain	Scale
1	Severe Syndromes	Thought Disorder
2 <sup>SP</sup>	Severe Personality Pathology	Schizotypal
3 <sup>SP</sup>	Clinical Personality Patterns	Self-Defeating Personality
4 <sup>SP</sup>	Clinical Personality Patterns	Passive-Aggressive Personality
5	Modifying Index	Debasement

These scales will briefly be described using information found in Strack (1999). People endorsing items on the Thought Disorder scale (an MCMI-III Severe Syndrome scale) tend to think in a disorganized manner and may be experiencing thought disorders or psychotic symptoms. They may be detached from their feelings and seem confused. People who endorse items on the Schizotypal scale (a Severe Personality Pathology) tend to be uncomfortable in relationships and may appear to be absorbed in their own thought processes. People with elevated Self-Defeating Personality (Masochistic) scales (a Clinical Personality Pattern) tend to engage in relationships that fulfill their need for security while in turn allowing people to take advantage of them. The Passive-Aggressive Personality (Negativistic) scale (a Clinical

Personality Pattern) is “an excellent predictor of loss of control over emotions” (Strack, 1999, p.25). People endorsing items on this scale tend to have problems with authority, and feel unappreciated and treated unfairly. They are subject to mood changes and hostility or sulking. The Debasement scale (a Modifying Index) detects any tendency to exaggerate symptoms. It is frequently interpreted together with other modifying indices. Abusers tended to have a more negative view of themselves than non-abusers. People with elevated scores on the Borderline scale (Severe Personality Pathology) tend to have chaotic relationships. They are emotionally labile, impulsive, and fear abandonment.

The above MCMI-III descriptions of the larger set of abusers appear to fit the Profile B batterer profile reported in the literature and summarized in Table 3. The profile generally is characterized by internal conflict, anger, an asocial (schizoid) style, negativism, aggression, dysphoria, emotional volatility, and undercontrolled impulsivity, as reported in Bersani, Chen, Pendleton, and Denton (1992), Greene, Coles, and Johnson (1994), Hamberger and Hastings (1986), Hastings and Hamberger (1988), Holtzworth-Munroe and Anglin (1991), Saunders (1992), and Tweed and Dutton (1998). A complete interpretation of the scales taken together as a clinical profile, and further characterizing the set of abusers, is outside the scope of this study. However, it appears that, consistent with the literature, the present sample includes more than one type of abuser, and one type resembles the most problematic group in terms of treatment challenges. In particular, this type of abuser has both personality disorder (Axis II) and thought disorder (Axis I) features, as well as a negative view of self.

Hypothesis 2: Abusers can be discriminated from non-abusers on scales or subscales of the MMPI-2 using a discriminant analysis

Bogyo (1998), using simple means-testing, found that 32 out of a reported 47 MMPI-2 scales and subscales significantly differentiated abusers from non-abusers. In the present study, a discriminant analysis of 65 scales and subscales found highly significant differences between abusers and non-abusers. Correlation with a statistically computed (canonical) variable was .977 (or .853 in a second analysis using fewer variables). Subsequent analyses, using fewer scales, continued to be significant. Continued testing sought to determine a clinically useful subset of scales, but as the number of subscales was reduced, results became less useful, significantly lowering the ability to account for group differences. Accurate classification with the MMPI-2 required use of 17 or more subscales, too many to be of practical value. The practical utility of a subset of MMPI-2 scales also became suspect upon inspecting the ranges of average scale scores: there was significant overlap between the two groups, rendering results based on this sample of questionable clinical usefulness.

MMPI-2 abuser attributes reported in the literature also fit this sample. These include gender role tension, social difficulties, problems with authority, domestic discord, evidence of having a trauma history, distorted thinking, paranoia, alcoholism, dysphoria, dominance, hysteria, and agitation. However, none of these variables were strong predictors of abuser status (all functions  $\leq .164$ ).

Many MMPI-2 subscales are able to discriminate between abusers and non-abusers and it is known that many MMPI-2 subscales are highly correlated (Nichols, personal communication, March 16, 2000). These facts placed a low priority on any detailed examination in this study of Borderline Personality Disorder based on MMPI-2 scale scores. However, the variables

suggested by Nichols were found in the top one-third of discriminant variables. Further examination of borderline personality in abusers should prove interesting.

Hypothesis 3: Abusers can be discriminated from non-abusers on scales or subscales of the MCMI-III using a discriminant analysis

Comparing simple mean scores, 19 of 27 subscales significantly differentiated the two groups (see Table 5). Discriminant analysis also found significant differences between abusers and non-abusers with strong correlation to a statistically computed (canonical) variable of .806 (see Table 20). The top 10 discriminant variables were (in order) Antisocial Personality, Alcohol Dependence, Disclosure, Posttraumatic Stress Disorder, Borderline, Passive-Aggressive Personality, Drug Dependence, Aggressive (Sadistic) Personality, Debasement, and Thought Disorder. Four of these were also determined to be among the top six variables discriminating between abuser clusters: Thought Disorder, Passive-Aggressive Personality, Debasement, and Borderline. Further exploration into this topic would most likely prove valuable.

A comparison of the most frequently observed disorders in the literature and the present study's findings is presented in Table 24.

In summary, the present study generally concurred with the literature about abusers' personality characteristics. However, several distinctive features were identified: willingness to self-disclose, Posttraumatic Stress Disorder, passive-aggressive features, drug and alcohol abuse, sadistic tendencies, self-critical statements, and unusual thinking patterns.



Table 24

Comparison of the Disorders reported in the Literature to their Rank in this Study

Disorders reported in the literature	Number of studies	Rank in this study <sup>a</sup>
Antisocial personality disorder	10	1
Alcohol use and abuse	7	2
Violent anger and aggression	7	8
Depression (including psychotic depression)	6	13 <sup>b</sup>
Borderline personality disorder	6	5
Narcissistic personality disorder	5	19
Avoidant personality disorder	5	23
Affective dyscontrol (e.g., bipolar disorder)	4	14

<sup>a</sup> Based on MCMI-III variables.

<sup>b</sup> Thought Disorder ranked 10<sup>th</sup>, Depressive Personality ranked 13<sup>th</sup>, Dysthymia ranked 16<sup>th</sup>, and Major Depression ranked 24<sup>th</sup>.

Research Limitations and Implications

The sample in this study included 68 Canadian subjects, 46.2 % of whom were Caucasian and 41.0 % of whom were Native American. The MMPI-2 normative sample was selected from within the United States and included 38 Native American men and 39 Native American women (Graham, 1993, p.202), together comprising 3.3% of the normative sample (p.171). Graham reported that there have been very few studies comparing MMPI-2 scores of Native Americans with Caucasians and few important differences have been found in those studies that have

included Native Americans. The MCMI-III normative sample included Canadians, but less than four percent were not White, Black, or Hispanic (Strack, 1999). It is not known whether or to what degree national affiliation or ethnicity might have affected test results in the present study.

The number of subjects in the present sample may have been inadequate for the types of statistical analyses used. Generally, it is recommended that at least five cases be included for each variable in factor analyses and similar techniques. The small sample in this study violated the recommendation in several analyses. A larger sample might have provided greater confidence both in the factor and discriminant analyses, but might not have resulted in different outcomes. For example, too-highly correlated variables in discriminant analyses (those that failed tolerance limits) may be just that, and a greater number of subjects might not change their correlation, but might improve our confidence in the findings.

#### Recommendations for Future Research

To continue this research, it would be helpful to examine the demographic makeup of the dominant abuser cluster in this sample. It would be interesting to detect whether ethnicity determines which cluster the abuser fits. Also, researchers should continue discriminating using these measures. Perhaps more sophisticated statistical tests will be able to detect clinically useful scales or patterns. Regarding sample size, more is usually better, but large samples of abusers are difficult to obtain.

### Summary

The present study sought to determine whether the MMPI-2 and or the MCMI-III might be of practical clinical use in discriminating abusive men from non-abusive men. Results indicated that both instruments could reliably discriminate between the two groups, as could demographic data. Since the ultimate issue is providing appropriate and effective treatment to abusers, the study also sought to detect whether clusters described in the literature would emerge in this sample. Results indicated the presence of two clusters, one seemingly consistent with a volatile type of abuser reported in the literature. Of the two self-report assessment measures, the MCMI-III may be the preferred instrument for clinical use, due to its ability to detect this volatile type. The MCMI-III also showed greater utility in distinguishing abusers from non-abusers. Specifically, six scales were identified that describe this type of abusers in the study sample.

Much remains to be learned. In the words of Rounsaville (1978), "The presence of personality disorders... suggests that in the long run brief interventions will prove ineffective for this population" (p.316). Thus, "a different form of intervention than anger management may be necessary" (Coan, Gottman, Babcock & Jacobson, 1997, p.386). Continued research aimed specifically at identifying and characterizing abusers may guide treatment planning, reduce family suffering, interrupt the generational cycle of abuse, and save lives.

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Appendix A. Developmental, Interpersonal, and Individual Issues



## Developmental, Interpersonal, and Individual Issues

Abuser Issue	Study
<u>Developmental Issues</u>	
Abused during childhood	Hamberger & Hastings (1986, 1990); Hastings & Hamberger (1988); Murphy, Meyer & O'Leary (1993); Rounsaville (1978)
Gender role socialization	Finn (1986); Rounsaville (1978)
Lack of social skills, delinquent behavior, perpetrating abuse	Cadsky & Crawford (1988); Rounsaville (1978); Holtzworth-Munroe & Anglin (1991)
Negative view of paternal role	Beasley & Stoltenberg (1992)
Witnessing abuse (verbal aggressiveness, physical violence, abuse of mother)	Beasley & Stoltenberg (1992); Hamberger & Hastings (1986, 1990); Hastings & Hamberger (1988); Murphy, Meyer & O'Leary (1993); Rounsaville (1978)
<u>Interpersonal Issues</u>	
Abuse or fight with others	Cadsky & Crawford (1988); Dinwiddie (1992); Hamberger & Hastings (1990)
Conforming	Hamberger & Hastings (1986); Hastings & Hamberger (1988)
Dependency	Rounsaville (1978)
Dominant	Bersani, Chen, Pendleton, & Denton (1992)
Jealous, Possessive	Coan, Gottman, Babcock & Jacobson (1997); Rounsaville (1978); Stamp & Sabourin (1995)

*(table continues)*

Developmental, Interpersonal, and Individual Issues (*continued*)

Abuser Issue	Study
<u>Interpersonal Issues (<i>continued</i>)</u>	
Pathological conflict	Rounsaville (1978)
Social (Asocial, Introverted)	Bersani, Chen, Pendleton, & Denton (1992) Bogyo (1998); Hastings & Hamberger (1988)
<u>Individual Issues</u>	
Axis I Disorders	
Affective difficulty, emotional dyscontrol bipolar, manic, cycloid	Beasley & Stoltenberg (1992) (near psychotic level); Coan, Gottman, Babcock & Jacobson (1997); Hastings & Hamberger (1988); Murphy, Meyer & O'Leary (1993)
Alcohol or drug use or dependence	Beasley & Stoltenberg (1992); Cadsky & Crawford (1988); Dinwiddie (1992); Hamberger & Hastings (1986), Hastings & Hamberger (1988); Murphy, Meyer & O'Leary (1993); Rounsaville (1978)
Anxious, nervous	Bersani, Chen, Pendleton, & Denton (1992); Hastings & Hamberger (1988)
Cognitive difficulty, thought disorder	Beasley & Stoltenberg (1992) (near psychotic level); Hastings & Hamberger (1988); Murphy, Meyer & O'Leary (1993)

*(table continues)*

Developmental, Interpersonal, and Individual Issues (*continued*)

Abuser Issue	Study
<u>Individual Issues (<i>continued</i>)</u>	
Axis I Disorders ( <i>continued</i> )	
Depressive, dysphoric, depressed personality, major depression, psychotic depression	Bersani, Chen, Pendleton, & Denton (1992); Dinwiddie (1992); Greene, Coles, & Johnson (1994); Hamberger & Hastings (1986); Hastings & Hamberger (1988); Murphy, Meyer & O'Leary (1993)
Impulsive, deficient impulse control	Bersani, Chen, Pendleton, & Denton (1992); Cadsky & Crawford (1988); Rounsaville (1978)
History of psychiatric contact ... or hospitalization	Rounsaville (1978)
Axis II Disorders	
Aggressive, anger expression, threatening behavior, violent, sadistic	Beasley & Stoltenberg (1992); Cadsky & Crawford (1988); Greene, Coles, & Johnson (1994); Hamberger & Hastings (1986, 1990); Murphy, Meyer & O'Leary (1993); Rounsaville (1978);
Anger, hostility	Beasley & Stoltenberg (1992); Bersani, Chen, Pendleton, & Denton (1992); Greene, Coles, & Johnson (1994)

*(table continues)*

Developmental, Interpersonal, and Individual Issues (*continued*)

Abuser Issue	Study
<u>Individual Issues (<i>continued</i>)</u>	
Axis II Disorders ( <i>continued</i> )	
Controlling	Coan, Gottman, Babcock & Jacobson (1997); Rounsaville (1978); Stamp and Sabourin (1995)
Disturbed personality	Greene, Coles, & Johnson (1994)
Gregarious	Hamberger & Hastings (1986, 1990)
Helpless	Cadsky & Crawford (1988); Hamberger & Hastings (1986)
History of arrest. imprisonment, other contact	Cadsky & Crawford (1988); Rounsaville (1978); Hamberger & Hastings (1990)
Hysteria	Hastings & Hamberger (1988)
Indifferent, lack empathy	Bersani, Chen, Pendleton, & Denton (1992); Hamberger & Hastings (1990)
Internally conflicted	Bersani, Chen, Pendleton, & Denton (1992)
Narcissistic-aggressive- antisocial	Tweed & Dutton (1998)
Negativism	Hamberger & Hastings (1986); Hastings & Hamberger (1988)

*(table continues)*

Developmental, Interpersonal, and Individual Issues (*continued*)

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Abuser Issue	Study
<u>Individual Issues (<i>continued</i>)</u>	
Axis II Disorders ( <i>continued</i> )	
Negativism	Hamberger & Hastings (1986); Hastings & Hamberger (1988)
Passive-aggressive	Hastings & Hamberger (1988); Murphy, Meyer & O'Leary (1993); Tweed & Dutton (1998)
Passive-aggressive-dependent	Hanson, Cadsky, Harris, and Lalonde (1997)
Passive-dependent/compulsive	Hamberger & Hastings (1986)
Pleasant inter-abuse demeanor	Rounsaville (1978)
Self-defeating	Murphy, Meyer & O'Leary (1993)
Submissive	Hamberger & Hastings (1986)
Axis I - II Disorders	
Paranoid tendencies	Rounsaville (1978)
Somatic complaints	Hastings & Hamberger (1988)

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Appendix B. Personality Clusters

## Personality Clusters

DSM-IV Cluster	Study
<u>Cluster A: Odd and Eccentric</u>	
Paranoid	Murphy, Meyer & O'Leary (1993)
Schizoid	Greene, Coles, & Johnson (1994); Hamberger and Hastings (1986, 1989)
Schizotypal	Beasley & Stoltenberg (1992); Murphy, Meyer & O'Leary (1993)
<u>Cluster B: Dramatic and Emotional</u>	
Antisocial	Beasley & Stoltenberg (1992); Bland & Orn, 1986; Cadsky & Crawford (1988); Dinwiddie, 1992; Greene, Coles, & Johnson (1994); Hanson, Cadsky, Harris, and Lalonde (1997); Hamberger and Hastings (1986); Hastings & Hamberger (1988); Murphy, Meyer & O'Leary (1993); Tweed & Dutton (1998)
Borderline	Beasley & Stoltenberg (1992); Greene, Coles, & Johnson (1994); Hamberger and Hastings (1989) (more represented in treatment dropouts); Hastings & Hamberger (1988); Murphy, Meyer & O'Leary (1993); Tweed & Dutton (1998)
Histrionicity	Davidovich (1990); Greene, Coles, & Johnson (1994)
(Not Histrionic)	Beasley & Stoltenberg (1992)
Narcissistic	Beasley & Stoltenberg (1992); Greene, Coles, & Johnson (1994); Hamberger & Hastings (1986, 1990); Murphy, Meyer & O'Leary (1993)
<u>Cluster C: Anxious and Fearful</u>	
Avoidant	Bogyo (1998) (social isolation); Hamberger & Hastings (1986); Hastings & Hamberger (1988); Murphy, Meyer & O'Leary (1993); Tweed & Dutton (1998)
Dependent	Murphy, Meyer, and O'Leary (1994)
(Not Dependent)	Beasley & Stoltenberg (1992)
Obsessive-Compulsive	Greene, Coles, & Johnson (1994)

Appendix C. Vita



# Sandra L. Lundblad, M.A.

(formerly Sandra L. Manning)

5112 Skyline Village Loop S., Salem, OR 97306

(503) 371-4825

smanning@transport.com

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## EDUCATION

- 1994-2000 George Fox University Graduate School of Clinical Psychology, Newberg, OR  
APA Accredited Graduate Program  
Master of Arts in Clinical Psychology 5/96. Psy.D. Projected 10/2000
- 1993 Lewis & Clark College, Portland, OR. Graduate Clinical Psychology
- 1990-1992 University of Phoenix, Fountain Valley, CA. Bachelor of Arts in Management 9/1992.  
Certificate in Negotiation

## CLINICAL TRAINING AND EXPERIENCE

- 11/2000-present Clinical Psychologist Resident  
*Oregon State Hospital, Salem, OR, Forensic Evaluation Treatment Services*  
*Supervisor: Claudia Kritz, Ph.D., Licensed Psychologist*  
Maximum security male forensic inpatient assessment and evaluation for fitness to proceed in criminal court. Individual, group, and milieu psychotherapy.  
Multidisciplinary Treatment Team: Consultation and case presentation with psychiatrists, psychologists, ward social worker, recreation therapist, case monitors, psychiatric nurse, and other ward staff. Ongoing interdisciplinary treatment team meetings with patient present.
- 9/1999 – 8/2000 Clinical Psychology Predoctoral Internship  
*Linn County Mental Health, Albany, OR, Adult Outpatient and Crisis*  
*Clinical Supervisors: Clifford Hartman, Ed.D., Licensed Psychologist;*  
*Nina Dominy, Psy.D.*  
*Administrative Supervisor: Linda Young, M.A., LCSW Total hours: 2000*  
Adult outpatient mental health assessment, treatment, and case management. Develop individual treatment plans. Provide individual and couple treatment. Provide DBT and PTSD group treatment. Crisis team weekly rotation including acute hospital evaluations with responsibility for admit/discharge decision. As Certified Mental Health Investigator provide precommitment investigation of persons alleged to be mentally ill and testify in court with recommendation. Perform comprehensive psychological assessments and write integrated reports. Provide client services and documentation of services in accordance with department policies and OARs. Work effectively in multidisciplinary team including prescribers, child and family therapists, SPMI case managers, social workers, administration and other county agencies such as Alcohol and Drug and Developmental Disabilities. Provide leadership and represent department at interagency meetings such as SCF and AFS. Provide education, technical assistance, and consultation to other service providers. Provide information to prospective clients and the general public about services of this and other community agencies.

## VITA

### Sandra L. Lundblad, M.A.

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- 9/1997-5/1998 Clinical Psychology Preinternship  
*Oregon State Hospital, Salem, OR, Women's Forensic Treatment Services*  
*Supervisor: Claudia Kritz, Ph.D., Licensed Psychologist Total hours: 394*  
Adult male and female forensic inpatient psychotherapy and assessment including intelligence, personality, and neuropsychological assessment. Individual, group, and milieu psychotherapy. Co-led group psychoeducation including Symptoms Management, Healthy Relationships. Multidisciplinary Treatment Team: Consultation and case presentation with psychiatrists, psychologists, ward social worker, milieu therapist, case monitors, psychiatric nurse, and other ward staff. Ongoing interdisciplinary treatment team meetings with patient present.
- 9/1997-4/1998 Practicum Supervisor  
*George Fox University, Newberg, Oregon*  
*Supervisor: Edward Morris, Ph.D., Licensed Psychologist Total hours: 26*  
As part of doctoral training program supervised first and second year Psy.D. students, including case presentations with audio and video review, process, and didactic.
- 5/1997-1/1998 Mental Health Specialist  
*BHC Pacific View, Gresham, OR, Adolescent Inpatient Treatment Center*  
*Total hours: 317*  
All hours were direct client contact in a behavioral milieu inpatient environment. Duties included behavioral management, brief interventions, and process groups. Multidisciplinary treatment team including registered nurse, family therapists, classroom teachers, and specialized therapists (e.g. recreation). Site is JHACO accredited with commendation.
- 9/1996-6/1997 Clinical Psychology Practicum  
*Tualatin Valley Mental Health Center Adult Outpatient Program, Portland, OR*  
*Supervisor: Ken Ihli, Ph.D., Licensed Psychologist Total hours: 398*  
Responsible for intake, diagnosis, treatment planning, case management, and psychotherapy, using brief treatment strategies, in a managed care environment, for adult outpatients presenting with mood and anxiety disorders, personality and adjustment issues, and substance abuse problems. Co-led adolescent sex offender and depression groups. Multidisciplinary treatment team environment.
- 8/1995-6/1996 Clinical Psychology Practicum  
*Tualatin Valley Mental Health Center Adolescent Day Treatment Program, Tigard, OR*  
*Supervisor: Mark Lewinsohn, Ph.D., Licensed Psychologist Total hours: 374*  
Individual and milieu psychotherapy including field trips (e.g. horseback riding). Led or co-led social skills, process, and transitional living skills groups. Multidisciplinary treatment team environment including psychologist, psychiatrist, family therapist, and behavioral management team.

# VITA

**Sandra L. Lundblad, M.A.**

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## CERTIFICATIONS

1/24/00-1/23/03 Certified Mental Health Investigator

## OTHER PROFESSIONAL EXPERIENCE

1/93-12/98 Owner, A Good Measure, Beaverton, OR  
Instructor and Consultant, Personal Computers

11/88-08/92 Project Manager, Nissan Motor Corporation in USA, Gardena, CA  
Business Consultant, Office Systems & Networks

10/87-10/88 Systems Consultant, Automobile Club of Southern California, Costa Mesa, CA  
Computer Networks and Online Systems

05/83-09/87 Systems Consultant, Nissan Motor Corporation in USA, Gardena, CA  
Computer Networks and Online Systems

## VITA

**Sandra L. Lundblad, M.A.**

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### PUBLICATIONS AND PRESENTATIONS

- Lundblad, R. & Lundblad, S. (1997). Religious outlook and attitudes toward homosexuals.
- Presented 11/97 at the 1997 Society for the Scientific Study of Religion International Convention. San Diego, California
  - Presented 6/97 at the 1997 Christian Association for Psychological Studies International Convention. Gleneden Beach, Oregon.
  - Presented 4/97 at the 1997 Oregon Psychological Association Annual Spring Conference. Gleneden Beach, Oregon. **Student Research Award.**
- Manning, S. (1997). Adult ADHD.
- Presented 1/15/97 at George Fox University. Newberg, Oregon.

### DISSERTATION

Title: MMPI and MCMI of adjudicated spousal abusers.  
Anticipated progress: Preliminary Oral Defense 4/2000. Completion 10/1999.  
Chair: Rodger K. Bufford, Ph.D.

### UNIVERSITY INVOLVEMENT

Graduate Assistant, Graduate School of Clinical Psychology, George Fox University, Newberg, Oregon, 1999. Review assessment software, check for year 2000 compliance, write procedures. Supervisor: Chris Koch, Associate Professor.  
Graduate Student Council, Graduate School of Clinical Psychology, George Fox University, Newberg, Oregon, 1994-1997. Elected position. Served as Class Representative, 9/1994-9/1995; At-Large Representative (re-elected), 9/1995-9/1997; Secretary, 9/1996-9/1997.

### MEMBERSHIPS & AFFILIATIONS

*Professional* American Psychological Association (APA), Student Affiliate  
American Psychological Association Division 12 Clinical Psychology, Student Affiliate  
National Academy of Neuropsychology (NAN), Student Affiliate  
Christian Association for Psychological Studies (CAPS), Member  
Society for the Scientific Study of Religion (SSSR), Past Member  
Beaverton Area Chamber of Commerce, Past Member  
Life Office Management Association (LOMA), Past Member  
National Association of Self-Employed (NASE), Past Member  
Project Management Institute, Past National Member, Charter Member, Orange County Chapter, Executive Committee

*Volunteer* Taste of Beaverton, OR, Volunteer 1993, 1994; Sponsor 1994-1998  
Beaverton School District, OR, Volunteer 1992, 1993, 1994  
Good Neighbor Days Parade, Beaverton, OR, Volunteer Site Coordinator 1993  
YMCA Indian Maidens, Huntington Beach, CA, Nation (District) Officer 1988-1989, Wampum Bearer (District Treasurer), Scout (District Recruiter), Tribal Officer 1987-1989

Additional information available upon request.

# VITA

**Sandra L. Lundblad, M.A.**

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## RELEVANT COURSEWORK

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<i>Assessment</i>	Intellectual and Cognitive Assessment Neuropsychological Assessment Personality Assessment Projective Assessment
<i>Treatment</i>	Behavioral Medicine Child Play Therapy Clinical Seminar/Psychopharmacology Cognitive Behavioral Psychotherapy Dream Interpretation Experiential/Existential Psychotherapy Family/Couples Therapy Forensic Psychology Group Psychotherapy Legal, Ethical, Professional Issues Object Relations Professional Issues Psychodynamic Psychotherapy Religious Issues in Psychotherapy Sexual Dysfunction Substance Abuse Therapeutic Communication
<i>Special Populations</i>	Christian Views and Systems Community Mental Health Contemporary Religious World Views Cross Cultural Psychology Research in Belief and Behavior Therapy with Men Therapy with Women
<i>Science of Psychology</i>	Abnormal Psychology Adolescence, Adulthood, Aging Childhood Development Dissertation History and Systems of Psychology Learning and Memory Personality Theory Psychology of Emotion Psychopharmacology/Psychoneurology Research Design Research Seminar Social Psychology Statistics/Research Design I & II Systems of Psychotherapy

## VITA

Sandra L. Lundblad, M.A.

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### ADDITIONAL CLINICAL TRAINING

- Myth of Repressed Memory. Elizabeth Loftus, Ph.D. Social Sciences Conference, George Fox University, Newberg, OR, March 18, 1998.
- Therapists at Risk: Perils of the Intimacy of the Psychotherapeutic Relationship. Lawrence Hedges, Ph.D. Oregon Psychological Association, Portland, OR, February 26, 1999.
- Understanding and Managing Transference/ Countertransference Phenomenon. Ralph Klein, M.D. Providence Portland, OR, October 30-31, 1998.
- Mentoring Relationships and the Mental Health Professional: Theory and Practice. W. Brad Johnson, Ph.D. Beaverton, OR, October 22, 1998.
- Three Models for Integrating "Religion" into Counseling. H. N. Maloney, Ph.D. April 8, 1998.
- Professional Issues and Library Bequest. Joseph Matarazzo, Ph.D. George Fox University, Newberg, OR, March 18, 1998.
- WAIS-III Seminar. Psychological Corporation, Oregon State Hospital, Salem, OR, March 11, 1998.
- Understanding & Managing Delirium, Depression, and Dementia: Mental Status Changes in Older Patients. Gayle Anderson, LCSW. Clackamas, OR, February 27, 1998.
- Therapists in the Courtroom: Ethical, Legal, and Clinical Considerations. Eric Johnson, Ph.D., ABPP. George Fox University, Newberg, OR, October 29, 1997.
- Assessment of Malingering and Deception: Clinical and Conceptual Issues. Richard Rogers, Ph.D., ABPP. Portland, OR, October 24, 1997.
- Christian Association for Psychological Studies International Convention. Glendon Beach, OR, June 20-22, 1997.
- Oregon State Hospital Orientation. Comprehensive 40 hours of hospital introduction by hospital staff and management, including 8 hours Prevention and Management of Aggressive Behaviors (PMAB) training. July 21-25, 1997.
- Crisis Prevention Intervention Training. Behavioral Healthcare Northwest, Gresham, OR, May 16, 1997.
- Oregon Psychological Association Annual Spring Conference: Balancing Needs. Glendon Beach, OR, April 18-20, 1997.
- Issues in Intervention with Latino Adolescents, Children, and Families. Joseph M. Cervantes, Ph.D., ABPP. George Fox University, Newberg, OR, March 12, 1997.
- ADHD: Treating and Educating Children with Attention Deficit Disorders. James M. Swanson, Ph.D. Oregon Health Sciences University, March 8, 1997.
- Psychological Services and Crisis Intervention. February 25, 1997.
- Rational Emotive Therapy. Albert Ellis, Ph.D. Portland, OR, January 24, 1997.
- Critical Incident Stress Management. Carl Lloyd, Ph.D. George Fox University, Newberg, OR, December 11, 1996.
- Rational Emotive Therapy with Religious Clients. W. Brad Johnson, Ph.D. George Fox University, Newberg, OR, November 13, 1996.
- Rational Emotive Behavior Therapy. Harold B. Robb, III, Ph.D., ABPP. George Fox University, Newberg, OR, October 23, 1996.
- False Memory Debate. Joan Polanski, Ph.D. George Fox University, Newberg, OR, October 15, 1996.
- ADHD: Attention Deficit Hyperactivity Disorder in Children and Adults. Russell A. Barkley, Ph.D. Portland, OR, September 21, 1996.
- Time-Limited Object Relations Theory and Therapy. Greg Hamilton, M.D. George Fox University, Newberg, OR, March 13, 1996.
- Cross-Cultural Assessment. Richard Dana, Ph.D. George Fox University, Newberg, OR, February 28, 1996.
- Nonviolent Crisis Intervention Training. Tualatin Valley Mental Health Center, Tigard, OR.
- Native American Issues in Psychotherapy. Loye Ryan, Ph.D. George Fox University, Newberg, OR, September 13, 1995.