

Psychological treatment of men convicted of gender violence: A pilot-study in Spanish prisons

Running head: Treatment of batterer men in prison

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ABSTRACT

In this paper the effectiveness of a psychological treatment program for men who are in prison because of having committed a serious offence of gender violence is tested. The sample consisted of 52 men who were imprisoned in 8 Spanish prisons. The psychological treatment was a cognitive-behavioral program, in a group format, with 20 weekly sessions that lasted for 8 months. The results showed the utility of the treatment program, with a significant improvement of the irrational beliefs both about women and about violence as a strategy to cope with everyday difficulties, as well as a significant decrease of the general psychopathological symptomatology and, more specifically, of the degree of anger and hostility. On the other hand, results indicated that the only difference between the patients who dropped out of treatment and the ones who completed it was the level of initial motivation for treatment. Likewise, predictive variables of therapeutic results were the absence of a previous psychiatric history and the lower level both of global psychopathological symptomatology and of hostility. Implications of this study for clinical practice and future research in this field are commented upon.

Key words: Gender violence. Prison. Psychological treatment.

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INTRODUCTION

Gender-based violence is a problem that is on the increase and one that is currently reaching very high proportions. A study of domestic violence carried out in 2000 by the Ministry of Social Affairs involving a sample of more than 20,000 Spanish women, for instance, revealed that at least 4 per cent of those over 18 (around 640,000) are abused in the home. There is also a further 12 per cent (around 1,865,000) however who, while not regarding themselves as abused, suffer degrading behaviors that are inconsistent with a healthy relationship as a couple, such as usual insults, forced sexual relationships or humiliations (Echeburúa, Fernández-Montalvo & De la Cuesta, 2001). Studies carried out in the United States indicate that between 15 and 30 per cent of women undergo some type of aggression in their relationship as a couple (Goldman, Horan, Warshaw, Kaplan & Hendricks-Matthews, 1995; O'Leary & Arias, 1988; Stith, Williams & Rosen, 1990; Straus & Gelles, 1990).

These disturbing figures have led to a greater interest in the psychological treatment of perpetrators, particularly within a community environment. The fact that many batterers continue to harass their victims after the relationship is over raises questions about the efficacy of providing support services for victims in the absence of intervention for perpetrators (Hart, 1996). The first program for intimate partner violence offenders was established in the United States in 1977. The outcome has been a number of specific intervention programs for this type of aggressors, and the results in some cases are decidedly hopeful, especially with men who have completed the full program (Echeburúa & Fernández-Montalvo, 1997). Psychological treatment, then, is currently seen as the most appropriate option, although one of the difficulties that exists is that of aggressors denying or

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at least minimizing the problem, as well as putting the blame for the cause and perpetuation of the conflict onto their partners. The studies carried out in the last years (Deschner, McNeil & Moore, 1986; Echeburúa & Fernández-Montalvo, 1997; Edleson & Tolman, 1992; Gondolf, 1997; Faulkner, Stoltemberg, Cogen, Nolder & Shooter, 1992; Hamberger & Hastings, 1988, 1989; Harris, 1986; Rynerson & Fishel, 1993) show the utility of the psychological treatments –most of all, of the cognitive-behavioral techniques- to reduce and to eliminate the aggressions from men against women (Babcock & La Taillade, 2000) (*table 1*).

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In spite of the empirically supported effectiveness of this kind of interventions, however, the heterogeneity of the programs and the variety of the techniques used preclude from drawing definite conclusions (Anguera, 1997; Gondolf, 1997). Also, it should not be forgotten that a common characteristic of all these programs is the high rate of refusals and dropouts of the treatment (especially in the first three months of the intervention). In the study of Echeburúa and Fernández-Montalvo (1997), for example, with a sample of 31 batterers, 48 per cent of them rejected the treatment because they denied the existence of the problem, they minimized it or they attributed it to the victim's behavior. This rate of refusals is similar, even sometimes lower, to the one obtained in other studies (*cf.* Edleson & Syers, 1990; Faulkner *et al.*, 1992; Hamberger & Hastings, 1988).

These encouraging results refer largely to male abusers who have received no punishment or sentence for their violent behaviors. It may be assumed that the profile of perpetrators imprisoned for acts of gender violence (bodily harm,

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homicide, sexual assault and so on) is quite different. This type of cases, although more serious, has in general terms received less attention, as prisoners serving sentences for violence against women represent a relatively small proportion of the total prison population and they usually adapt well to prison rules (Echeburúa, Fernández-Montalvo & Amor, 2003). In these cases, the more or less prolonged stay in prison (depending on the kind of crime) it does not guarantee the future elimination of the abusive behaviors. The family violence in the perpetrators is a overlearned behavior that it is hidden in the prison, but that arises in an automatic way as soon as the batterers are involved in a couple's relationship. The causes and the maintenance of this kind of violent behavior are very complex and require a specialized intervention. Otherwise, the probability that the abuse reproduces, once finished the imprisonment, is high (Fernández-Montalvo, Echeburúa & Amor, 2005).

Therapeutic work with offenders has to deal with a lot of resistance, particularly under the specific circumstances of a prison environment. There have been several studies involved in the development of therapy motivation for the situation in prisons. There is some empirical evidence for that point of view, although the existing studies are not completely consistent (Dahle, 1997).

The aim of this pilot-study is to test a specific program of psychological intervention to condemned prisoners for violent behaviors against women. This program is intended to examine the effects of the treatment on a series of measures thought to assess cognitive change hopefully related to reduced risk of violence. The purpose of this program is to teach the perpetrators the required skills for the control of the violent impulses and for the reestablishment of a partner's relationship based in harmony and equality, as well as to improve the

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empathy and the self-esteem. The therapy is intended to provide them with adequate coping strategies to deal with high risk situations for the violent behaviors and to modify negative attitudes of hostility, as well as to restructure the frequent cognitive distortions related to woman's inferiority and to the use of the violence as a valid way of solving the conflicts.

METHOD

Subjects

At the beginning of the study, there were 70 subjects belonging to eight Spanish prisons who were in jail for a serious offence of violence against their intimate partner.

After studying all subjects in these 8 prisons, a sample of 52 men was selected according to the following criteria: a) to be adult males (between 18 and 65); b) to serve a sentence for a serious offence in relation to gender violence; c) not to suffer from any serious mental disorder (psychosis, major depression or bipolar disorder) or disabling physical disease; and d) to be literate and to take part voluntarily in the program, having been properly informed of its characteristics and having signed the informed consent. A number of 18 subjects were excluded because they did not want to participate in the study (n=12) or suffered a serious mental disorder (n=6).

The mean age of the sample was 40 (range: 27-58). The level of education of most subjects was rather low, with a clear predominance of subjects who left school at the minimum leaving age (81 per cent) and only 4 per cent with university education. This means that the socio-economic level of the cases studied varies between the lower and middle classes.

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Moreover, a previous history of psychiatric problems was observed in 22 per cent of the sample, a percentage that is slightly higher than that of the general population (15-20 per cent) (Klerman, 1986; Vallejo, 2002). The main disorders related to psychiatric history were depression (54 per cent), addictive behaviors (33 per cent) and personality disorders (13 per cent).

From a penal point of view, the sample subjects had spent an average of 2.5 years in prison, the great majority serving the sentence for the crime committed under level two imprisonment conditions (without permission for going out from prison). One significant aspect of this section was that almost half (46 per cent) of the sample had killed their partner (or attempted to do so). Furthermore, 31 per cent had a previous prison record, chiefly for bodily harm or threats (47 per cent), theft (41 per cent) and, to a lesser degree, for breach of the peace (6 per cent) and illegal possession of arms (6 per cent).

Assessment Measures

a) Measures of empathy and abusive cognition

The *Inventory of Distorted Thoughts about Women* (Echeburúa & Fernández-Montalvo, 1998) comprises a checklist of 13 binary items aimed at detecting irrational thoughts in the aggressor that are related to sexual roles and the inferiority of women. These thoughts are of great interest insofar as they are conducive to the display of violent behaviors. The subject has to state which ideas in the inventory correspond to his normal way of thinking. Each affirmative response scores one point, so that the inventory score ranges between 0 and 13 points. The higher is the score, the greater is the number of women-related cognitive distortions. Test-retest reliability is .92 and the internal consistency alpha coefficient is .87.

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The *Inventory of Distorted Thoughts on the Use of Violence* (Echeburúa & Fernández-Montalvo, 1998) comprises a checklist of 16 binary items aimed at detecting irrational thoughts in the aggressor that are related with the use of violence as an acceptable way of resolving conflicts. These thoughts are extremely relevant to the extent that they are conducive to the display of violent behaviors. The subject has to state which ideas in the inventory correspond to his normal way of thinking. Each affirmative response scores one point, so that the inventory score ranges between 0 and 16 points. The higher is the score, the greater is the number of cognitive distortions connected with the use of violence as an acceptable way of resolving conflicts. Test-retest reliability is .89 and the internal consistency alpha coefficient is .94.

The *Interpersonal Reactivity Index (IRI)* (Davis, 1980) consists of 28 items that assess four components of empathy: *fantasy* (capacity for imagination and identification with fictional characters), *awareness of perspective* (capacity to appreciate the point of view of others), *empathic interest* (capacity for showing concern for persons who have negative experiences) and *personal distress* (capacity to feel the negative emotions of others as one's own). Each of the 28 items is marked on a Likert type scale which ranges from 0 (*absolute disagreement*) to 4 (*absolute agreement*). The full range of the scale is, therefore, from 0 to 112. The higher is the score, the greater is the empathic capacity. In this study, the Spanish version of Garrido and Beneyto (1995) was used. In our study test-retest reliability is .82 and the internal consistency alpha coefficient is .84.

b) Measures of psychopathology and personality

The *SCL-90-R* (Derogatis, 1992; Spanish version of González de Rivera, 2002) is a self-administered general psychopathological assessment questionnaire.

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It comprises 90 items with 5 alternatives for each on a Likert type scale, ranging from 0 (*none*) to 4 (*very much*). The aim of the questionnaire is to reflect a subject's symptoms of psychological disturbance. As it has been shown to be sensitive to therapeutic change, it may be used for either single or repeated assessments. The *SCL-90-R* consists of nine areas of primary symptoms (somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation and psychoticism). It also provides three overall indices that reflect the subject's overall level of severity. The cut-off point of the global symptoms index (*GSI*) is 63.

The *State-Trait Anger Expression Inventory (STAXI)* (Spielberger, 1988; Spanish version of Miguel-Tobal, Casado & Cano-Vindel, 2001) consists of 10 items related with state-anger (the intensity of the emotion of anger in a specific situation) and a further 10 related with trait-anger (the individual disposition to experience anger habitually). The range of scores is from 10 to 40 on each scale. The *STAXI* also has a third subscale of 24 items connected with the form of expressing anger (anger expression-out, anger expression-in and anger control).

The *Barratt Impulsiveness Scale (version 10) (BIS-10)* (Barratt, 1985) consists of 33 items aimed at assessing how impulsive subjects are. Scores from 0 to 4 on a Likert type scale provide a total scale range of between 0 and 132. This instrument has 3 subscales of 11 items each, giving a range from 0 to 44. The first subscale assesses motor impulsivity, the second cognitive impulsivity, and the third assesses improvisation and failure to plan ahead. The higher is the score, the stronger is the presence of each trait measured on each subscale. The sum of all the subscales gives the total score. In this study, the Spanish version of Luengo, Carrillo de la Peña and Otero (1991) was used.

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The aim of the *Self-esteem Scale* (Rosenberg, 1965) is to assess the feeling of satisfaction that a person has about him or herself. There are 10 general items, each carrying a score of between 1 and 4 on a Likert type scale, giving a questionnaire range of 10 to 40. The higher is the score, the greater is the level of self-esteem. The cut-off point for the adult population is 29. The Spanish version used in this study can be found in Fernández-Montalvo and Echeburúa (1997b). Test-retest reliability is .85 and the internal consistency alpha coefficient is .92.

c) Measures of maladjustment

The *Inadaptation Scale* (Echeburúa & Corral, 1987) reflects the extent to which the subject's current problems affect different areas of daily life: work, social life, free time, relationship with partner and family life. This instrument also has a subscale which takes account of the overall level of maladjustment in everyday life. The self-report comprises a total of 6 items, each carrying a score of between 0 and 5 in accordance with a Likert type scale. The full range of the instrument is therefore 0 to 30, with 12 points representing the overall cut-off point. The higher is the score, the greater is the level of inadaptation. The psychometric properties of this scale can be found in Echeburúa, Corral and Fernández-Montalvo (2000). Test-retest reliability is .86 and the internal consistency alpha coefficient is .94.

d) Treatment variables

The *Scale of Expectation of Change* (Echeburúa & Corral, 1987) reflects the patient's motivation for treatment. The patients are required to point out in a scale which ranges from 1 (nothing) to 6 (very much) the degree of expected improvement.

The *Questionnaire of Satisfaction with Treatment* (Larsen, Attkinson, Hargreaves & Nguyen, 1979) consists of 8 items related to quality of therapeutic Echeburúa, E., Fernández-Montalvo, J. y Amor, P.J. (2006). Psychological treatment of men convicted of gender violence: A pilot-study in the Spanish prisons. *International Journal of Offender Therapy and Comparative Criminology*, 50 (1), 57-70.

assistance, to degree of help received, and to satisfaction with treatment. Each item ranges from 1 to 4 points; the total questionnaire scores, from 8 to 32.

Treatment program

The intervention is a wide program of treatment, based on a cognitive-behavioral model and composed by two-hours 20 group sessions. The program includes the modification of cognitive and behavioral deficit related to the gender violence. This program is tailored to the specific features of each patient.

In the first part of the intervention (sessions 1-3), motivational aspects, such as the acceptance of the own responsibility in the crime and the motivation for the therapy, are taken into account. The second part (sessions 4-15) includes the treatment of the psychopathological symptoms usually associated to violent men and focuses on empathy and skills training and anger management, as well as on the modification of cognitive distortions related to the crime. Finally, the program includes a specific intervention in relapse prevention (sessions 16-20) by identifying high-risk situations for violent behavior and teaching inmates adequate coping strategies alternative to violence.

A summary of the specific components of the treatment program is described in the *table 2*. A more detailed description of the program can be found in Echeburúa & Fernández-Montalvo (1998).

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PROCEDURE

The subjects of this study are part of a program of psychological intervention with prisoners convicted of violence against women that is currently running in 8 Spanish penal institutions.

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The initial assessment was carried out during September and October 2001 by forensic psychologists under the direction of the authors of this study. All the subjects completed the questionnaires individually in the psychologist's presence during pre-treatment assessment before the intervention program. Once the therapeutic intervention was over, a posttreatment assessment was carried out in order to determine the therapeutic results.

The therapeutic intervention, also developed by psychologists of prisons specifically prepared for it, lasted for 8 months (from November of 2001 to June of 2002) and was carried out in prison. Each group, with five to eight people, was directed by two therapists of different sex.

RESULTS

The paragraphs below show the results of treatment for cognitive and psychopathological variables, as well as the degree of acceptance of the program. Moreover, an analysis of predictive variables for the drop-outs and for prognosis of therapeutic results was made.

Program acceptance

In general, the therapy was considered encouraging by the subjects involved. In fact, 92 per cent of the perpetrators completed the program, so the number of drop-outs was only limited to 4 subjects (8 per cent). This figure was even more remarkable given that no direct penitentiary benefits were derived from the participation in the therapy. The reasons for abandoning the program included the lack of motivation for the treatment (4 individuals). In the case of subjects who dropped out of the treatment, it took place during the first stages of the therapy (3 individuals before the first 3 sessions and 1 after the initial appraisal).

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Changes in cognitive distortions and in the variables of personality and adaptation

In the posttreatment assessment the individuals experienced a significant modification in previous cognitions in terms of attitudes towards women and towards the use of violence as a valid way of conflict-solving, as well as an improvement in the control of anger (*table 3*).

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These changes were significant insofar as the cognitive distortions modulate subsequent behavior and anger is an emotional state that leads to violent behavior.

Changes in psychopathological symptoms

The level of psychopathological symptomatology prior to the treatment was not very high and, therefore, the changes in this area were not especially significant. Upon completion of the program, however, more than specific changes in a particular area, an overall decrease in psychological symptomatology, as a trend, was observed. The individuals tended to show a greater level of emotional stability (*table 4*), which was especially encouraging from an impulse control viewpoint.

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Prediction of therapeutic results

When comparing the people who had completed the program with the ones who dropped out, it was seen that the expectations for change played a very

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important role. In particular, the worse the expectations for change, the more likely the subjects were to abandon the treatment (*Wilks Lambda*=.94; $p<.05$). This variable allowed for the correct classification of 54 per cent of the individuals in terms of completion of the treatment (*table 5*).

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Regarding the therapeutic failure, the severity of the symptoms (according to the GSI) immediately prior to the treatment, the hostility attitudes and the previous psychiatric history accounted for 77 per cent of the variance and, as a result, led to poorer therapeutic results being predicted (*table 6*).

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DISCUSSION

Batterer intervention programs are at least moderately successful at preventing further abuse by batterers (Palmer, Brown & Barrera, 1992; Taylor, Davis & Maxwell, 2001). These evaluations must be viewed with caution because of methodological limitations of their own (Gondolf, 2001). In addition, attrition rate continues to be a major problem (Gerlock, 2001).

Treating men with a history of violence against women psychologically in prison is a necessary measure to prepare them for their future life in freedom and to protect society from further recidivism (Austin & Dankwort, 1999; Echeburúa *et al.*, 2001). The therapy is especially suitable during the last stage of their prison sentence, when access to freedom is pending.

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From a therapeutic point of view, the program of treatment offered has been attractive and has had only a few drop-outs, these being related to subjects lower expectations of improvement. All of the drop-outs took place during the first three therapeutic sessions, when group cohesion and the relationship with the therapist were still weak and when no clear therapeutic achievements had yet been reached (*cf.* Dalton, 2001; Daly & Pelowski, 2000; Hamberger, Lohr & Gottlieb, 2000).

The results obtained, even though modest, have been clearly encouraging, most of all when the subjects were imprisoned for severe crimes and when an additional difficulty with this type of subjects is denial -or, at least, minimization of the problem- by the perpetrator, as well as the attribution to the partner of the beginning or maintaining of the conflict (Corsi, 1995; Echeburúa *et al.*, 2003; Fernández-Montalvo & Echeburúa, 1997b; Howes, 1980).

The most significant changes were produced in the areas of cognitive distortions, hostility attitudes and uncontrolled anger. These changes, together with an overall decrease in psychological symptomatology, have a good prognosis in terms of a greater control of impulses and a perception of the world (above all, in that related to women and the use of violence) that is more adequate and closely adjusted to social reality (Gondolf, 1997).

The poorest results of the treatment were related to a previous psychiatric history (in spite of not having currently mental disorders), to the severity of the symptoms at the beginning of the program and to very remarkable hostility attitudes.

This therapeutic program is still preliminary and, therefore, the results remain inconclusive. It is important to assess, using long-term follow-up, whether

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these changes (above all, those experienced at cognitive and impulse-control level) are upheld over time.

This is a pilot-study. Therefore there are some limitations associated with the research. The first is the small sample size and the lack of a control group. We do not know, for example, to what extent the benefit derived from the treatment might be due to the breaking of the monotony of prison life. And the second is that it focuses on the change of attitudes and of behavior of perpetrators in jail. It is not possible to find out how these subjects will treat women when they return to their communities. It is therefore important to analyze the behavior of these people upon accessing parole or when they have finally completed their sentence. The aim is to determine whether the recidivism rate of these subjects is lower than that of prisoners sentenced for similar offences who have not received the therapeutic program, which implies a study various years from now (Babcock & Steiner, 1999). This is the line of research in which the authors of this study are currently involved.

Another line of interest not covered in this study may be, as suggested recently by White and Gondolf (2000), to establish a typology of perpetrators according to personality disorders and to design specific therapeutic programs according to these. Also, inputs from victims, either through personal contact or available from trial documentation, might shed more light on the personality of offenders. The final purpose is to propose tailored therapies according to the type of personality disorder experienced.

And, lastly, the therapeutic group treatment could be followed in further research by a similar period of individual therapy, since each case may be unique. In this way the results could be better.

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TABLE 1
RESULTS IN BATTERER'S TREATMENT PROGRAMS

AUTHOR AND YEAR	FOLLOW-UP	RESULTS
Deschner <i>et al.</i> (1986)	1 year	<ul style="list-style-type: none"> • Significant improvement
Harris (1986)	Posttreatment	<ul style="list-style-type: none"> • Improvement in 73% of cases
Hamberger & Hastings (1988)	Posttreatment	<ul style="list-style-type: none"> • Significant improvement • 51% of dropouts
Edleson & Syers (1990)	6 months	<ul style="list-style-type: none"> • Significant improvement • 68% of dropouts
Faulkner <i>et al.</i> (1992)	Posttreatment	<ul style="list-style-type: none"> • Significant improvement
Palmer <i>et al.</i> (1992)	1 year	<ul style="list-style-type: none"> • Significant improvement related to non-treated batterers
Rynerson & Fishel (1993)	Posttreatment	<ul style="list-style-type: none"> • Significant improvement
Echeburúa & Fernández-Montalvo (1997)	3 months	<ul style="list-style-type: none"> • 48% of therapeutic rejections at the beginning of the program • 69% therapeutic success with treated cases
Taylor <i>et al.</i> (2001)	1 year	<ul style="list-style-type: none"> • Significant improvement

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TABLE 2
SUMMARY OF INTERVENTION PROGRAM
 (Echeburúa & Fernández-Montalvo, 1998)

Motivational aspects	Techniques
Acceptance of the own responsibility Motivation for the therapy Advantages of the group treatment Acceptance of the basic principles of the therapy	Motivational interview
Psychopathological aspects	Therapeutic techniques
Empathy deficit and emotional illiteracy	Exercises to develop the empathy (videotapes, autobiographical stories, testimonies, etc.) and techniques for emotional expression
Cognitive distortions related to woman's inferiority and to the use of violence as an acceptable way of solving the conflicts.	Education about the gender equality Cognitive restructuring
Uncontrolled anger	Explanation of the cycle of the violence and of the process of escalate of the anger Time out Cognitive distraction Self-instruction training
Anxiety/stress	Relaxation
Depressive symptoms	Cognitive restructuring Development of hobbies
Pathological jealousy	Cognitive restructuring Satiation
Assertiveness and communication deficit	Assertiveness and communication skills training
Solving problems deficit	Problems solving training
Dissatisfaction with sexual relationship	Education about sexuality
Relapse prevention	Techniques
Self-esteem deficit	Cognitive restructuring Establishment of positive goals
Alcohol and drugs abuse	Program of controlled consumption
Relapse	Identification of high-risk situations for relapse Teaching of coping strategies Development of a positive lifestyle.

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TABLE 3
RESULTS IN COGNITIVE DISTORTIONS AND PERSONALITY AND
ADJUSTMENT VARIABLES (N=48)

	Pretreatment Mean (SD)	Posttreatment Mean (SD)	<i>t</i>
Cognitive bias about women	4.5 (2.3)	3.3 (2.1)	2.82 **
Cognitive bias about violence use	6.5 (2.2)	5.2 (2.3)	2.67 **
Empathy	62.1 (13.8)	64.8 (12.2)	1.01
State-anger	13.5 (4.6)	11.8 (2.4)	2.26 *
Impulsivity	45.5 (17.3)	43.8 (13.8)	0.53
Self-esteem	30.1 (4.5)	30.4 (4.2)	0.52
Inadaptation	17.7 (7.7)	15.1 (8.7)	1.55

* $p < .05$ ** $p < .01$

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TABLE 4
RESULTS IN THE SCL-90-R (Derogatis, 1992)

	Pretreatment Mean (SD)	Posttreatment Mean (SD)	<i>t</i>
Global Severity Index	46.5 (10.6)	40.9 (8.8)	2.01 *
Positive Symptoms Distress Index	45.1 (10.5)	42.1 (7.6)	1.72
Positive Symptoms Total	45.4 (14.6)	44.2 (9.9)	0.47
Somatization	50.4 (13.1)	47.8 (13.7)	0.96
Obsessive-compulsive	44.1 (11.1)	42.1 (8.4)	0.92
Interpersonal sensitivity	40.6 (15.7)	41.6 (10.3)	0.37
Depression	46.3 (9.3)	44.1 (7.7)	1.34
Anxiety	42.8 (13.1)	41.1 (8.4)	0.75
Hostility	40.2 (18.1)	31.8 (18.8)	2.05 *
Phobic anxiety	39.1 (20.4)	37.1 (20.1)	0.48
Paranoid ideation	46.3 (15.5)	48.4 (7.2)	0.83
Psychoticism	41.6 (19.2)	41.2 (13.2)	0.17

* $p < .05$

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TABLE 5
DISCRIMINANT ANALYSIS OF DROP-OUTS

A) Means (and standard deviations) according to discriminant function			
VARIABLES	DROP-OUTS (N=4)	COMPLETERS (N=48)	t
Expectation of change	3.5 (1.7)	4.5 (0.9)	2.02 *
Drop-outs centroid= 0.97 Completers centroid =0.08			
B) Prediction of results			
REAL GROUP	PREDICTED GROUP		
	Drop-outs	Completers	
Drop-outs: 4 (7.7%)	3 (75%)	1 (25%)	
Completers: 48 (92.3%)	23 (47.9%)	25 (52.1%)	
Percentage of cases correctly classified: 53.8%			

* $p < .05$

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TABLE 6
MULTIPLE REGRESSION ANALYSIS BETWEEN PRETREATMENT VARIABLES
AND SEVERITY OF SYMPTOMS IN THE POSTTREATMENT

	R	R²	R² adjusted	F
	0.88	0.78	0.77	53.3 **
Variables	B	BETA	t	RANGE
Severity of symptoms in the pretreatment (GSI)	0.77	0.92	8.75 **	1°
Previous psychiatric history	3.52	0.16	2.16 *	3°
Hostility	0.10	0.20	2.16 *	2°

* $p < .05$ ** $p < .001$

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