

SOME EXAMPLES OF POSSIBLE TREATMENT GOALS FOR WOMEN WHOSE PARTNERS HAVE BEEN CONTROLLING AND ABUSIVE WITH THEM

- **DECREASE MY DEPRESSION AND ANXIETY SYMPTOMS, INCLUDING**
 - ...DECREASING AND INTERVENING IN THE FREQUENCY OF MY NEGATIVE/
DESPAIRING/HOPELESS SELF-TALK AND BEGINNING TO IDENTIFY AND USE
MORE POSITIVE SELF-TALK IN MY DAILY LIFE**
 - ...INCREASING OR DECREASING THE HOURS OF SLEEP I GET**
 - ...INCREASING OR DECREASING THE AMOUNT OF FOOD I EAT**
 - ...ELIMINATING THOUGHTS ABOUT HURTING OR KILLING MYSELF**
- **DECREASE MY FEELINGS OF GUILT, SHAME, NUMBNESS, AND RESPONSIBILITY FOR MY
PARTNER'S CONTROLLING, ABUSIVE, AND VIOLENT BEHAVIOR**
- **ACQUIRE ACCURATE INFORMATION ABOUT CONTROL AND ABUSE AND HOW THESE
HAVE IMPACTED ME AND MY CHILDREN**
- **INCREASE MY ABILITY TO PARENT MY CHILDREN EFFECTIVELY AND RESPECTFULLY**
- **INCREASE MY ABILITY TO IDENTIFY CONTROLLING AND ABUSIVE BEHAVIOR WHEN IT
IS OCCURRING AROUND ME**
- **IDENTIFY AND USE HEALTHY STRESS MANAGEMENT TECHNIQUES TO DECREASE MY
LIFE STRESS AND DEAL WITH ONGOING STRESS IN MY LIFE MORE
EFFECTIVELY (E.G. DEEP BREATHING, MEDITATION, AEROBIC EXERCISE,
CONNECTING WITH FRIENDS AND FAMILY)**
- **MAKE A DECISION ABOUT WHETHER TO REMAIN IN THE RELATIONSHIP WITH MY
CURRENT PARTNER WHO HAS BEEN CONTROLLING AND ABUSIVE WITH ME**

- **LEARN ABOUT AND ACCESS APPROPRIATE COMMUNITY RESOURCES FOR MYSELF AND MY CHILDREN
...E.G. SHELTERS, FINANCIAL ASSISTANCE, HOUSING ASSISTANCE**
- **INCREASE THE FREQUENCY OF MY ASSERTIVE RESPONSES WITH MY PARTNER, MY CHILDREN, AND OTHERS**
- **EXPLORE AND UNDERSTAND HOW ABUSE HAS AFFECTED WHO I AM AND HOW I FEEL ABOUT MYSELF AS A PERSON**
- **IDENTIFY AND EXPLORE MY FEELINGS OF GUILT AND LOSS THROUGH RECOGNIZING AND UNDERSTANDING THE GRIEVING PROCESS AND HOW IT RELATES TO THE ABUSE I HAVE EXPERIENCED IN MY RELATIONSHIP WITH MY PARTNER**
- **INCREASE THE FREQUENCY OF EFFECTIVE DECISION-MAKING RESPONSES IN MY CURRENT LIFE**
- **CONTINUALLY EXPLORE AND EXAMINE ALL MY OPTIONS IN MY RELATIONSHIP WITH MY CURRENT PARTNER**
- **DEFINE WHAT A “HEALTHY” RELATIONSHIP IS AND DEVELOP AN UNDERSTANDING OF WHAT MY NEEDS AND WANTS ARE IN A RELATIONSHIP WITH A PARTNER**
- **EXPLORE MY PAST PATTERNS OF SETTING CLEAR AND HEALTHY LIMITS AND BOUNDARIES (WITH MY CURRENT AND PAST PARTNERS) AND DEVELOP A CLEAR UNDERSTANDING OF MY PERSONAL RIGHTS AND MY LIFE GOALS**
- **DEFINE, DEVELOP, AND REPORT USING A *SAFETY PLAN* WHICH ADDRESSES ALL TYPES OF ABUSE (EMOTIONAL, VERBAL, PHYSICAL, AND SEXUAL) AND DESCRIBES EFFECTIVE RESPONSES IN POTENTIALLY ABUSIVE SITUATIONS WITH MY PARTNER**
- **DEVELOP AND REPORT USING AN *ESCALATION PREVENTION PLAN* TO IDENTIFY MY OWN ANGER CUES/TRIGGERS AND DE-ESCALATION STRATEGIES TO DECREASE THE FREQUENCY OF MY OWN DISRESPECTFUL AND EXPLOSIVE BEHAVIORS WITH MY CHILDREN AND MY PARTNER (IF PUNISHING OR HURTFUL ANGER HAS BEEN AN ISSUE FOR ME IN MY RELATIONSHIPS WITH MY CURRENT AND PAST PARTNERS, MY CHILDREN, AND OTHERS)**

- **DECREASE THE FREQUENCY OF (OR STOP COMPLETELY) THE USE OF ALCOHOL AND DRUGS AS A COPING MECHANISM AND STRESS RELIEVER IN MY LIFE (IF THIS WOULD BE HELPFUL FOR ME)**

- **ADDRESS FAMILY OF ORIGIN ISSUES RELATED TO CONTROL, SHAME, AND ABUSE WITNESSED OR EXPERIENCED AS A CHILD (IF THESE WERE ISSUES FOR ME IN MY OWN CHILDHOOD) AND UNDERSTAND THE EFFECT THIS HAS HAD ON MY SELF-ESTEEM, MY SELF-RESPECT, MY SELF-CONFIDENCE, AND MY RELATIONSHIPS WITH OTHERS, INCLUDING MY PAST AND CURRENT PARTNER(S)**

- **UNDERSTAND HOW I “FELL IN LOVE” WITH MY PARTNER AND TO IDENTIFY HOW THE CONTROL AND ABUSE BY MY PARTNER HAS AFFECTED OUR RELATIONSHIP IN A PAINFUL AND DESTRUCTIVE WAY**

- **WORK TO CLEARLY UNDERSTAND AND IDENTIFY “EARLY WARNING SIGNS” REGARDING CONTROL AND ABUSE THAT I NEED TO BE AWARE OF IN FUTURE RELATIONSHIPS WITH POTENTIAL PARTNERS (OR WITH MY CURRENT PARTNER, IF HE MAKES A COMMITMENT TO WORKING ON HIS CONTROL AND ABUSE ISSUES AND WE DECIDE TO REMAIN TOGETHER)**

- **SET UP A MEDICATION EVALUATION WITH A PSYCHIATRIST IF THIS IS NECESSARY AND POTENTIALLY HELPFUL TO ME RELATED TO MENTAL HEALTH ISSUES I MAY HAVE (IF THIS IS APPROPRIATE FOR ME)**

- **BEGIN OR CONTINUE TO TAKE PSYCHOTROPIC MEDICATION TO HELP ADDRESS MY MENTAL HEALTH NEEDS THAT ARE RELATED TO MY PARTNER BEING CONTROLLING AND ABUSIVE WITH ME OR IF I HAVE HAD MENTAL HEALTH ISSUES EVEN PRIOR TO MY CURRENT RELATIONSHIP (IF THIS IS APPROPRIATE AND HELPFUL FOR ME)**

- **ACTIVELY SEEK OUT EMOTIONAL SUPPORT FROM FAMILY AND FRIENDS AND BE OPEN AND HONEST WITH THOSE CLOSEST TO ME ABOUT MY CONCERNS ABOUT THE CONTROL AND THE ABUSE THAT IS OCCURRING IN MY RELATIONSHIP WITH MY CURRENT PARTNER**