

# THE MIND OF THE BATTERER

A Self-Study Course by

Carolyn Stimmel, Ph.D, ABPP

1 Continuing Education (CE) Credit Hour

**Published by**

**The Florida Psychological Association**  
**408 Office Plaza Drive**  
**Tallahassee, FL 32301**  
**850-656-2222**                      **850-942-4586 fax**

**The Mind of a Batterer**  
**Carolyn Stimmel, Ph.D., ABPP**

As we contemplate the psychological makeup of men who act violently against women with whom they have or have had a romantic/marital relationship, we find that there are numerous explanations that have been proposed to explain their behavior. Mental health professionals often come into contact with both perpetrators and victims of domestic violence. In some cases, the domestic violence is ongoing. In others, the results of family violence long after the fact present in current relationships, family problems, and the myriad of other issues that those who have been victims in the past may be confronting. In addition, there are effects upon children who witnessed family violence in the home, with such effects playing out even decades into the future.

As such, a psychological framework is needed to understand the dynamics involved in these situations. This paper will provide a brief overview of theory and research that have been done into the psychological states that underlie the domestic violence that occurs between spouses, ex-spouses, girlfriends and boyfriends, and ex-girlfriends and ex-boyfriends. Obviously, there are numerous types of domestic violence, with varying degrees of violent behavior occurring between individuals with all sorts of kin and emotional relationships. For example, Florida law defines domestic violence as that occurring between people who are related by law, were once related by law, have resided together at some point, or who have had a child together. This paper will focus mainly on male-female relationships. There is certainly a developing body of research looking at similar issues in same sex romantic and partner relationships, but that is for another paper.

There has been much theorizing as to the causes of domestic violence. Certainly, there are sociological explanations that address issues such as patriarchy, socioeconomic status, historical bases of family life, and the such. Feminist theory examines the societal structures that support family violence (e.g., Jones, 1994). Systems theory explanations tend to look at the interaction features of the couple's relationship, with attention paid to prior family relationships. However, the focus in this paper is solely on the body of psychological research and theorizing that looks for causal factors within the individual psyche of the perpetrator. Much of this research looks only at male perpetrators. There have been numerous debates as to the relative frequency of male and female perpetration of domestic violence.

Obviously, specifying who is a perpetrator and who is a victim is not always an easy task. For example, Florida law asks law enforcement officers to determine the primary perpetrator before making an arrest. In the heat of domestic conflict, most clinicians would probably be hard pressed to perform this task, let alone require it of a law

enforcement officer also trying to deal with additional calls, potential physical danger to himself or herself, and numerous other demands upon his attention.

Gender issues must be considered as a difficult intervening factor. The writer once asked a rookie law enforcement officer if he had arrested any women for domestic violence charges. He said there had been two. In each case, he was forced to make the arrest when the woman attacked the man after he had already been placed in handcuffs by the officer! In most cases, the degree of physical violence and risk of permanent harm is arguably much greater when male violence is directed toward women than vice versa, due to gender differences in body size and strength. However, clinicians should be aware that there is an active body of advocates for the position that the genders are more equal in this area than most believe. Some early research studies indicated mostly equal rates of violence toward intimates by both genders. However, the data at this point is clear that the risk of physical harm and death are highest when the perpetrator is male and the victim is female (Websdale, 1999). While the use of weapons will equalize size and strength differences, the victims of domestic homicides are still overwhelmingly female. Certainly domestic violence resulting in death is a relatively small proportion of the violence that occurs between intimates. However, it is the most extreme possible outcome of the problem. Victimization studies indicate violence directed toward women is much more likely to be perpetrated by a male who is an intimate than is violence experienced by men.

In addition, clinicians should be aware that issue of determining relative gender frequency of domestic violence has become highly politicized. There are web sites devoted to proving that women are as violent as men in the domestic sphere. Victim advocates argue that female violence against men is rare. In some ways, the debate centers around which part of the elephant the blind man is used to grabbing.

Crowell and Burgess (1996) point out that studies of perpetrators have looked at causal factors including:

...Biologic factors such as androgenic hormonal influences; evolutionary theories; intrapsychic explanations focused on mental disorder or personality traits and profiles; social learning models that highlight the socialization experiences that shape individual men to be violent; social information processing theory concerning the cognitive processes that offenders engage in before, during and after violence; sociocultural analyses aimed at understanding the structural features of society at the level of the dyad, family, peer group, school, religion, media and state that encourage male violence and maintain women as a vulnerable class of potential victims; and feminist explanations stressing the gendered nature of violence against women and its roots in patriarchal social systems (p. 50).

One of the primary problems in identifying psychological issues at work in the minds of batterers is that of obtaining reasonable samples. It is widely accepted that domestic violence, especially between those in a continuing relationship, is woefully under reported. For a variety of reasons (fear, wanting to maintain the relationship or family, shame, denial, etc.) victims are unlikely to involve anyone in the community in the problem. We can look at those individuals who are arrested for domestic violence, but that is likely to represent only a small number of assaults between intimates. We can look at those who are committed by the court system for batterers' groups or other types of treatment, but this will be an even smaller subset of the group described in the previous sentence. We have to keep in mind that those who become involved in the court system represent only a small subset of the problem. Unfortunately, much of the research on batterers' characteristics has used the above described two groups since they are identifiable and available for studies.

If clinicians primarily do psychotherapy in private practice or a clinic, they may see only one subgroup of perpetrators. Those who work primarily with victims may see one perspective on the perpetrator's mind. Clinicians who work only with perpetrators see another perspective. Those clinicians who primarily interact with the court system see one small subset of perpetrators and of victims. However, clinicians need to remember that, regardless of the population they work with, what is seen is likely to represent only the tip of the iceberg. Unreported (i.e., unknown to law enforcement, researchers or clinicians) perpetrators have not been studied in great depth in order to tease out psychological factors.

A United States Department of Justice report, Full Report of the Prevalence, Incidence, and Consequences of Violence Against Women published in November 2000, uses self report data obtained by random dialing throughout the United States. A total of 8000 women and 8005 men participated in telephone interviews in 1995 and 1996. Overall, 22 % of the women and 7 % of the men reported experiencing physical assault by an intimate (defined in this survey as a current or former spouse, cohabiting partner, boyfriend or girlfriend, or a date) at some point in their lifetime. Physical assault included the continuum of actions from slapping or hitting to using a gun. The majority of physical assaults were described as pushing, grabbing, shoving, slapping and hitting. When asked

about experiences of such violence in the past 12 months, 1.3 % of women and .9 % of men reported this type of assault. Of those who reported being physically assaulted, raped or stalked at some point in their life, 64 % of the women and 16 % of the men described their assailant as a current or former intimate. Women were more likely to be physically injured during assaults. Thirty-nine percent of the female physical assault victims and 25 percent of the male physical assault victims reported being injured. More injuries were reported by women attacked by an intimate than by women attacked by other perpetrators. The majority of victims did not seek medical treatment for their injuries. This latter finding also calls into question the generalizability of studies done using emergency room visits by victims.

Nationwide studies similar to that described in the above paragraph have shown comparable rates although there are some contradictory findings. How surveys are conducted, in what context they are placed, and how survey questions are phrased all seem to affect the information obtained. Obviously, self-report data has its own problems, particularly when discussing material that may be traumatic and considered private by some respondents. However, the alternative method of using only crime data has its own considerable problems in terms of sampling and accuracy.

Information disseminated by the American Psychological Association ("*Facts About Family Violence*") makes the following points:

Six times as many women who experience violence by an intimate partner (18 percent) as by a stranger (three percent) do not report the crime.

Several types of violence and abuse usually occur within the family; men who batter their intimate partners are more likely to abuse their children too.

Perpetrators of violence usually have problems with power and control and a history of physical or sexual abuse, or threats of abuse.

Battered women and their abusers come from all demographic groups; there is no single psychological profile of either; and the only risk factor they both share is exposure to violence between parents.

Both victims and perpetrators of domestic violence have a tendency to abuse alcohol. Excessive alcohol use is more than 50 percent for male batterers and around 20 percent for women victims.

The highest risk for serious injury or death from violence in an intimate relationship is at the point of separation or at the time when the decision to separate is made.

Theorizing as to what makes perpetrators commit violence against their intimate or former intimate partner started rather simplistically, in the 1970's, with looking for a battering "type." However, it quickly became clear that abusers were not able to be categorized into one type. Thus, the focus has switched to looking at multiple subtypes. However, no clear empirical picture has evolved, and finding a consensus even in how batterers should be placed into subgroups can be difficult (Langhinrichsen-Rohling, Huss and Ramsey, 2000). As would be expected, those perpetrators with high degrees of psychopathy tend to act in general antisocial ways, be violent in multiple contexts and resistant to any interventions (Huss and Langhinrichsen-Rohling, 2000). Similarly, other researchers have found that a majority of criminal offenders (including those arrested for domestic violence) are "generalists who exhibit wide versatility in offending" (Simon, 1997).

Various typologies have been suggested, usually ranging from two to four subtypes. Gleason (1997) theorized that there were two subtypes of batterers. One type tended to abuse alcohol, engage in antisocial behavior, have a general criminal history and to be not very intelligent. The other type was less likely to abuse alcohol, was better socialized and was more conforming in terms of behavior and work. In other words, some displayed significant character problems and/or substance abuse problems whereas others were more socialized and confined their violence to the family setting. One study (Gondolf, 1999) which used batterers in court-ordered treatment found that over half had been arrested for other criminal offenses in addition to the domestic violence. There was also a significant subset with alcohol problems and others with a variety of mental disorders. Riggs, Caulfield and Street (2000) argue that while there have been a number of correlates of domestic violence identified to date, the research does not as yet provide definitive risk factors.

Dutton (1995) reviewed empirical studies that examined psychological attributes of the batterer. He suggests that this group clearly has needs for interpersonal control and often poor verbal skills. The batterers' anger and humiliation emerge when his partner seems to be either disrespecting or abandoning him. Dutton described a "borderline personality organization" as a frequent characteristic of those individuals who were violent only in the domestic setting. He sees this borderline personality organization as a trait that leads to the cyclical nature of domestic violence and the development of an abusive personality in someone who carries chronic anger. He states "exaggerated perceptions of malevolent intent behind female actions are common" (p. 119). However, keep in mind that much of the research on typologies and personality characteristics of batterers continues to be on those who have been identified as such by the criminal justice system, and often only on those who have been sent to court-mandated treatment.

Jacobson and Gottman (1998) separate batterers into two types: "Cobras" and "Pit Bulls" based on their eight-year study of two hundred couples in a book written primarily for a lay audience. Pit Bulls are described as those who are insecure, have an unhealthy dependence on the women in their life and who become angry quickly. Their anger tends to be less focused and more chronic. They are unlikely to let go from a fight and refuse to admit blame. Cobras, on the other hand, are much more methodical and purposeful about inflicting violence in the domestic setting. They have often been sexually or physically abused themselves, and see violence as a natural part of life. This group tends not to display the physiological reactivity usually seen in heightened emotional states. Jacobson and Gottman's research sample was primarily Caucasian, self-selected, and solicited for participation within the context of a couple.

The most respected work on the typology of male batterers is by Holzworth-Munroe and Stuart (1994). These researchers suggest three descriptive dimensions can be used to identify subtypes of batterers. These are severity of marital violence, generality of violence, and psychopathology/personality disorders. From these dimensions, they suggest a tripartite typology consisting of those who are violent only within the family, those who are generally violent and antisocial, and those who exhibit dysphoric or borderline personality problems. Research support tends to be favorable (e.g., Waltz, Babcock, Jacobson, and Gottman, 2000). Family-only batterers tend to be the least violent of the group. They tend to demonstrate little, if any, psychopathology. If character pathology is present, it tends to be passive-dependent personality traits. The dysphoric/borderline type tends to be depressed, emotionally distressed, and volatile in their emotional expressions. They often display concomitant substance abuse issues, with the underlying personality structures best characterized as borderline or schizotypal. The generally violent types also are likely to have substance abuse problems, but in addition they act in antisocial ways in the community. They have high rates of violence and other criminal behavior. Their underlying personality structures are antisocial with a healthy dose of narcissism. Genetic and prenatal factors, early childhood experience and deviant peer experiences are posited as moderating factors that determine the developmental courses for the subtypes, with implications also drawn as to the nature of the men's attachment styles. Genetic and

prenatal factors include intelligence, brain damage, and other physical factors that may influence development of behavioral patterns. Early childhood experience includes the family environmental factors such as being the recipient of childhood abuse and observing violence in the family. Peer relationships affect the adult's later beliefs and behavioral controls. The model also predicts each type will have different attachment styles to their adult partners. Follow up research suggests that the differentiation of the personality types between the dysphoric/borderline and the generally violent is not clear cut. However, the types do seem to be clearly delineated in research subjects. Waltz et al. (2000) point out that "for generally violent and pathological batterers treatment is unlikely to be successful unless it takes into account the Axis II pathology present in these types."

Interestingly, it is precisely those with underlying character pathology that are unlikely to benefit from relatively short-term educational groups. However, F.S. 741.325 (4) requires that batterers' programs "be a psychoeducational model that employs a program content based on tactics of power and control by one person over another." Although a later section ((741.325 (8)) indicates that "these standards shall apply only to programs that address the perpetration of violence between intimate partners, spouses, ex-spouses, or those who share a child in common or who are cohabitants in intimate relationships for the purpose of exercising power and control by one over the other . . . the court and others who make referrals should refer perpetrators only to programming that appropriately addresses the violence committed." However, it is known that the court system has little time or ability to really address the appropriateness of referral. Thus, clinicians still end up doing the screening for those perpetrators most appropriate for the mandated groups. One could speculate that those with character pathology are rarely successful unless one counts those with enough psychopathy to get through a group using manipulation and game-playing.

Walker (1995) advocates recognition of the various types of perpetrators of domestic violence, the need for complete assessment, and access to a variety of interventions tailored to individual needs. As clinicians it is important to hark back to the need to tailor specific interventions to the individual needs of each situation.

Certainly, there are societal factors that influence domestic violence, both in terms of prevalence and its continuation. We can argue endlessly about relative rates for each gender in perpetrating violence against intimates. We can even argue about true prevalence and the flaws in the each research study which attempts to discover true prevalence rates. However, we do know that the domestic homicide statistics are clear in terms of gender differences. Interestingly enough, domestic homicide may be the area in which we are closest to knowing true prevalence. As Jones points out, "homicides produce corpses-hard to hide and easy to count."(1994, p. 6)

When it comes to less severe forms of injury and violence, it is more difficult. Only a small subset of victims seek medical attention. Presumably only those with severe injuries end up in emergency rooms. Those seeking private medical attention will often seek to disguise the true nature and cause of their injuries. When it comes to violence against an intimate that does not cause injury, some may be picked up in law enforcement statistics. However, less severe violence that does not come to the attention of law enforcement will only be uncovered with community surveys and via self-report. How surveys are done, for example by telephone or in personal interviews, may yield different data. How questions are framed will also result in different responses. For example, different results have been obtained when surveys were described as being about the nature of crime as opposed to those described as being about personal safety. Asking people whether they have ever been raped results in different responses than asking someone if they have ever been an unwilling participant in a sexual act. Similar issues arise in questions about domestic violence. This has implications for clinicians in their assessments also. People will often have histories of domestic violence that they have not labeled as such. Asking if someone has ever been a victim of domestic violence is very different from asking if they have ever been slapped by a spouse or partner. Clinicians need to be aware of the tendency of folks not to describe such lower level actions as domestic violence, and that they may be reluctant to disclose being a victim or perpetrator.

So, what is known about the psyche of batterers? We know that the answer is complex. There are likely to be several different subtypes. At one end of the continuum are those individuals who are only violent within the family, and their only victim may be their adult partner. However, many of these will also physically assault the children in the home. Even if children are not direct victims, the effects of observing violence in the home can be long-acting on their own lives and relationship patterns. Violence toward intimates by this subgroup will tend to be less severe, may not ever be defined as domestic violence by either victim or perpetrator, and may never come to the attention of those outside the family.

At the other extreme there is a subgroup that utilizes more extreme means of violence toward their intimates. While

a minority subtype, their actions may result in the death of the partner, either intentionally or by accident. Severe and permanent injury may also be the result. These cases are most likely to come to the attention of law enforcement. These higher levels of violence are more likely to be seen in the generally violent offender, or at times of extreme emotional distress in the dysphoric or personality-disordered perpetrator. Especially in this latter group, the need for professional assessment and treatment of depression becomes important. The need for more effective treatments of personality disorders also becomes evident. In these latter two groups, the need for substance abuse assessment and treatment must be recognized. While the interaction of substance abuse and domestic violence is a complex topic, both must be addressed in the context of risk to others. Jacobson and Gottman (1998) point out that a substantial proportion of batterers do not abuse alcohol or drugs. Even of those who do abuse these substances, their times of violence are not usually limited to episodes of intoxication. And, lastly, intoxication itself does not always increase the risk of battering. As they state, "Alcohol and drug intoxication may lower inhibitions, but they also make for handy rationalizations" (p. 40).

As clinicians find themselves being asked to assess and predict future dangerousness post-Tarasoff, the need to be cognizant of the relevant literature increases. The need to document thorough assessments and to carefully document treatment rationales also increases. The need to consider "duty to warn" issues becomes imperative if one suspects there is a specific victim at risk.

One should also be aware of the local domestic violence resources available. At this point, emergency shelters for victims are available in virtually all communities although they can fill up quickly and their resources may be limited. However, staff at domestic violence programs can provide consultation and access to further resources in many cases. At this point, most communities also have groups available to batterers that are willing to look at the issues of power and control in their intimate relationships. While most participants are court-ordered, there are good arguments to make for the group experience being a necessary part of treatment for anyone with a propensity for domestic violence. However, this author believes that batterers groups are a complete treatment for only a small subset of domestic violence perpetrators. As seen in the research discussed in this paper, there are additional problems that need to be addressed before there can be a world in which domestic violence does not hold victims in fear and terror.

This author does not mean to negate or minimize the more macro aspects of domestic violence. This paper's focus is on one small piece of the elephant.

## References

Crowell, N. & Burgess, A. (ed.) (1996) Understanding Violence Against Women. Washington, D.C.: National Academy Press.

Dutton, D. (1995) The Domestic Assault of Women. Vancouver, B.C.: UC Press.

Gleason, W. (1997) Psychological and Social Dysfunctions in Battering Men: A review. Aggression and Violent Behavior, 2(1), 43-52.

Gondolf, E. (1999) Characteristics of Court-Mandated Batterers in Four Cities: Diversity and dichotomies. Violence Against Women, 5 (11), 1277-1293.

Holtzworth-Munroe, A. & Stuart, G. (1994) Typologies of Male Batterers: Three subtypes and the differences among them. Psychological Bulletin, 116 (3), 476-497.

Huss, M. & Langhinrichsen-Rohling, J. (2000) Identification of the Psychopathic Batterer: The clinical, legal and policy implications. Aggression & Violent Behavior, 5(4), 403-422.

Jacobson, N. & Gottman, J. (1998) When Men Batter Women. New York: Simon & Schuster.

Jones, A. (1994) Next Time She'll be Dead. Boston: MA: Beacon Press.

Langhinrichsen-Rohling, J; Huss, M; & Ramsey, S. (2000) The Clinical Utility of Batterer Typologies. Journal of Family Violence, 15 (1), 37-54.

Riggs, D.; Caulfield, M. & Street, A. (2000) Risk for Domestic Violence: Factors associated with perpetration and victimization. Journal of Clinical Psychology, 56 (10), 1289-1316.

Simon, L. (1997) Do Criminal Offenders Specialize in Crime Types?, Applied and Preventive Psychology, 6(1), 35-53.

Tjaden, P. & Thoennes, N. (2000) *Full Report of the Prevalence, Incidence, and Consequences of Violence Against Women*. Washington, D.C.: U.S. Department of Justice, National Institute of Justice.

Walker, L. (1995) Current Perspectives on Men Who Batter Women-Implications for Intervention and Treatment to Stop Violence Against Women: Comment on Gottman et al. (1995). Journal of Family Psychology, 9 (3), 264-271.

Waltz, J.; Babcock, J.; Jacobson, N. & Gottman, J. (2000) Testing a Typology of Batterers. Journal of Consulting and Clinical Psychology, 68 (4), 658-669.

Websdale, N. (1999) Understanding Domestic Homicide. Boston, MA: Northeastern University Press.

1. Florida law defines domestic violence as including violence against all except the following:
  - a. spouses
  - b. ex-spouses
  - c. live-in romantic partners
  - d. those who have had a child together
  - e. all of the above are included in the definition of domestic violence
  
2. The debate over gender differences in rates of being the perpetrators of domestic violence is easiest to settle in the case of:
  - a. domestic homicides
  - b. slapping and hitting an intimate
  - c. emotional abuse
  - d. borderline personality organization
  
3. The best samples for understanding prevalence of domestic violence are:
  - a. emergency room visits
  - b. crime reports
  - c. couples' studies
  - d. community surveys
  - e. those closest to the population for which the researcher wishes to make generalizations
  
4. Assault, rape and stalking by an intimate are reported more frequently by:
  - a. males
  - b. females
  
5. According to the American Psychological Association, the only risk factor shared by victims and perpetrators of domestic violence is:
  - a. attention deficit disorder
  - b. borderline personality organization
  - c. general criminality
  - d. exposure to violence between their parents
  
6. The concept of an "abusive personality" underlying domestic violence was proposed by:
  - a. Dutton
  - b. Gleason
  - c. Holzworth-Munroe and Stuart
  - d. Walker

7. According to Jacobson and Gottman, a man who purposely uses violence to control his partner in a coldly manipulative manner is characterized as a:
- Pit Bull
  - Cobra
  - Monster
  - Rat
8. Which of the following is not one of the dimensions used by Holzworth-Munroe and Stuart to identify subtypes of batterers?
- generality of violence
  - severity of marital violence
  - extent of childhood abuse
  - psychopathology
9. One of the major problems identified in this paper in establishing prevalence rates for domestic violence is:
- community unwillingness to look at the problem
  - sampling techniques
  - biased researchers
  - feminist analysis
10. In the Department of Justice community survey, \_\_\_\_ % of men reported being physically assaulted by an intimate in the past 12 months.
- 0.9
  - 9.0
  - 29
  - 43

### **True/False**

- Alcohol and drug abuse are directly linked to domestic violence as causal factors.
- While gender differences may exist in most forms of domestic violence, males and females kill their intimate partners at the same rates.
- Review of the literature on personality characteristics of batterers indicates that psychopathology is the foremost explanatory factor.
- The majority of batterers have generally criminal lifestyles.
- In community surveys, we find that a relatively small percentage of domestic violence victims who have been injured seek medical treatment.
- According to the American Psychological Association fact sheet, excessive alcohol abuse is present in more than 50 percent of male batterers.
- According to Waltz, treatment of several subtypes of batterers requires attention to Axis II pathology.
- The writer believes that exploration of the batterer's personality structure provides a complete picture of the causal factors in domestic violence.
- Batterers groups in Florida are based on a power and control model.
- Clinicians need to consider whether they have a duty to warn when working in the area of domestic violence.

**THE MIND OF A BATTERER  
HOMESTUDY ANSWER SHEET**

NAME: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_

STREET: \_\_\_\_\_ PHONE: \_\_\_\_\_

(\_\_\_\_\_) Email \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CHECK ONE: DIV 12 MEMBER: \_\_\_\_\_

NON-MEMBER: \_\_\_\_\_

1. \_\_\_\_\_

11. \_\_\_\_\_

2. \_\_\_\_\_

12. \_\_\_\_\_

3. \_\_\_\_\_

13. \_\_\_\_\_

4. \_\_\_\_\_

14. \_\_\_\_\_

5. \_\_\_\_\_

15. \_\_\_\_\_

6. \_\_\_\_\_

16. \_\_\_\_\_

7. \_\_\_\_\_

17. \_\_\_\_\_

8. \_\_\_\_\_

18. \_\_\_\_\_

9. \_\_\_\_\_

19. \_\_\_\_\_

10. \_\_\_\_\_

20. \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE COMPLETED: \_\_\_\_\_

**PAYMENT INFORMATION: Please include \$1.50 for shipping and handling**

**Division 12 Members: \$25**

**Non-Members: \$100** (member rate available with membership application and payment)

Check enclosed # \_\_\_\_\_ Bill my: Visa \_\_\_\_\_ Mastercard \_\_\_\_\_

Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Cardholder: \_\_\_\_\_

Please mail answer sheet and payment to:

Division 12 Central Office  
P.O. Box 1082  
Niwot, CO 80544-1082  
(303) 652-3126 ☎(303) 652-2723 FAX

**The Florida Psychological Association is approved by the American Psychological Association to offer continuing education for psychologists. FPA maintains responsibility for the program. The Florida Psychological Association is approved by the Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling as a provider of continuing education. Provider number BAP-193, expires 3/2005. Division 12-APA is contracted to offer this CE through the Florida State Psychological Association.**