

## **A Randomized Controlled Trial Finds More Rapid Reduction in Alcohol Use and Partner Violence After a Brief Alcohol Intervention Among Hazardous Drinkers Attending an Intimate Partner Violence (IPV) Intervention Program.**

*This study examined the efficacy of one-session (90-minute) intervention focused on problem drinking in a sample of 252 males receiving community services for IPV perpetration. Half of the participants were randomly assigned to receive the brief intervention that included motivational interviewing and personalized feedback on alcohol consumption and alcohol problems. Compared to the control group, men who received the brief alcohol intervention had less drinking days, fewer drinks per drinking day, and lower rates of severe partner assault and injury perpetration over the 3 to 6 month period after intervention. However, group differences dissipated by the 12 month follow-up. The results provide encouraging support for including alcohol intervention in IPV offender treatment while highlighting the need for additional strategies to promote long-term reductions in drinking and IPV*

Stuart, G. L., Shorey, R. C., Moore, T. M., Ramsey, S. E., Kahler, C. W., O'Farrell, T. J.,... Monti, P. M. (2013) Randomized clinical trial examining the incremental efficacy of a 90-minute motivational alcohol intervention as an adjunct to standard batterer intervention for Men. *Addiction*, 108, 1-9. doi: 10.1111/add.12142

### **Summary and Commentary by Hannah Seen and Adam LaMotte, University of Maryland, Baltimore County**

#### **Introduction:**

- Studies examining the efficacy of intimate partner violence (IPV) interventions suggest only modest effects of these programs on IPV recidivism.
- One potential reason for the lack of strong effects of IPV intervention programs may be that they do not adequately address problematic alcohol use among those enrolled in the programs.
- Past theory and research indicate a strong connection between alcohol use and IPV perpetration, including high rates of problematic alcohol use among clinical samples of IPV perpetrators.
- This study investigates the added benefit of administering a brief (90 minute) motivational alcohol intervention alongside a standard IPV intervention program for men who report hazardous drinking. Specifically, the researchers were interested in whether this adjunctive intervention would lead to reduced substance use and IPV perpetration.
- Hypotheses
  1. The researchers expected that, across 1 year of follow-up, men who received the alcohol intervention alongside the IPV intervention would show lower substance use and IPV perpetration when compared with a control group of men who received only the IPV intervention

## **Method:**

- **Participants**
  - Participants were 252 men who attended an IPV intervention program and reported hazardous drinking. Nearly all participants (98%) had been court-mandated to attend the program.
- **Procedures**
  - Participants were randomly assigned to study condition. Half received the alcohol intervention and half did not. Statistical comparisons revealed no significant differences between these groups, including on alcohol and drug diagnoses at baseline.
  - The brief alcohol intervention (BAI) consisted of one 90-minute session with a doctoral-level therapist who used motivational interviewing. Therapists provided personalized feedback about current drinking, discussed discrepancies between current and ideal levels of drinking, and collaborated with the client on a plan to change drinking.
  - All participants were enrolled in one of three 40-hour community batterer intervention programs that included one session on alcohol and drugs. Participants in the BAI condition received the alcohol intervention in place of a regular weekly batterer program session
- **Measures**
  - Participants were assessed at baseline as well as 3-, 6-, and 12-month follow-up time points.
  - The time-line follow back interview was used to assess substance use at each time point. This interview involves the use of a calendar with holidays and dates of personal significance in order to promote recall. The primary outcome from this assessment was the average number of drinks per drinking day.
    - IPV was assessed at each time point using the Revised Conflict Tactics Scale, a self-report questionnaire that includes subscales for physical assault, psychological aggression, and injuries to the partner. IPV recidivism was also assessed via arrest records

## **Results:**

- When compared to the control group, BAI participants reported a lower average level of drinks per drinking day at the 3-month follow-up. However, this effect faded at the 6- and 12-month follow-ups.
- The BAI group also reported a higher percentage of days abstinent from alcohol at 3 and 6 months, but this effect faded at 12-month follow-up.
- No significant effects were found for overall frequency of physical IPV.
- The researchers did find significantly lower frequency of severe physical IPV in the BAI group at the 3-month, but not 6- and 12-month follow-ups.
- For both severe psychological aggression and partner injuries, the BAI group showed significantly lower frequencies at 3- and 6-month follow-ups, but this effect dissipated at the 12-month follow-up period.
- Examination of arrest records during the follow-up year revealed no significant difference between conditions, with 13.8% of the BAI participants having new IPV charges or protection orders versus 13.1% of control group participants.

### **Discussion:**

- The hypothesis that men receiving the BAI would have reduced substance use and IPV compared to men in the control condition was partially supported. For several findings, significant differences were evident at the 3-month (and occasionally 6-month) follow-up assessments, but groups appeared similar by the 12-month follow-up assessment. That is, men in the BAI condition reported more rapid progress for both substance use and IPV perpetration.
- Several limitations should be noted. Participants may have under-reported socially undesirable behaviors such as substance use and IPV, and arrest records may also have underestimated IPV frequency. Another limitation was participant attrition, particularly as participants did not complete the self-report IPV assessment if their relationship with the original partner had ended. However, attrition rates across treatment conditions were comparable

### **Applications and Comments by Reviewer**

- A primary limitation of this study is that it did not directly assess violence that may have occurred in new romantic relationships or against previous partners with whom there is still frequent contact. Use of arrest records helped to address this, but the arrest data revealed no difference between conditions.
- In a field where randomized controlled trials are difficult to conduct and often produce modest results, it is encouraging that this study found notable differences in both alcohol use and IPV after only a single 90-minute alcohol intervention. This finding also suggests the possibility that more extensive substance use treatment or periodic booster sessions may be clinically indicated, and further supports an important connection between alcohol use and violence among this population

### **Practitioner Implications: Darald Hanusa, Ph.D., Midwest Domestic Violence Resource Center/Alternatives and Treatment for Abusive Men (ATAM), University of Wisconsin-Madison, School of Social Work**

#### **How is the research in this article useful to my practice?**

Given the high percentage of men who present in abuser treatment with troublesome alcohol use, dealing directly with this issue is important. While we know that troublesome use does not cause men to perpetrate interpersonal violence, it is clear from clinical evidence that alcohol is at least a contributing factor in many cases of IPV and may, in fact, be associated with more severe injury to victims. Additionally, there is research evidence which suggests that chronic alcohol use or dependency is a predictor of drop out from BIP's. Having a rather quick empirically based method to decrease troublesome alcohol use is therefore an important addition. The research presented here, indicating that a 90-minute motivational interviewing (MI) intervention can produce positive outcome is in keeping with other research that brief MI interventions are effective in curbing troublesome use. The intervention's brevity means that it could likely be adopted by most BIPs.

**What are the shortcomings of the present research?**

The biggest shortcoming of the present research is the lack of intervention durability. While it is important that the men in the MI condition reduced their drinking days, overall consumption and rates of severe partner assault and injury perpetration, these outcomes had dissipated at the 12-month follow-up. Additionally, MI is a methodology that requires specific training and supervision. In fact, Rollnick and Miller insist that video-taped samples be submitted to certified MI trainers to ensure content and methodological integrity. The current research does not mention the training level of the therapist providing the intervention.

**What else is needed for this research to be helpful?**

It would be useful to know what other interventions for troublesome use may show promise. For example, it would be useful to compare the MI intervention, a traditional lecture on troublesome use, and a no-treatment control condition. It would also be useful to know the drinking histories of the study subjects. The study mentions that the men in the study reported hazardous drinking. However, that term is not defined. I would be interested to see which men, based on their drinking histories, fared better. Finally, there is no mention of victim contacts, especially at follow-up. IPV recidivism was used as one outcome measure, which is a poor indicator, a rather blunt instrument, since it does not reflect that actual abuse which may be present.

**What other research is needed?**

The study does an adequate job of outlining limitations. A repeat of this study with a larger sample size which includes partner contacts at pre, post, and follow-up periods would be useful. While MI has a solid track record of producing change, adding a third condition which compares MI with an alternative troublesome use intervention might be useful. Finally, research using MI interventions coupled with longer-term batterer intervention would be interesting. This research is based upon a 40 hour BIP. It is possible that longer-term treatment may have helped to sustain the treatment effect found in this study post-treatment.