



Integrated Cognitive Behavioral Intervention Reduces Intimate Partner Violence Among Alcohol Dependent Men, and Improves Mental Health Outcomes in their Spouses: A Clinic Based Randomized Controlled Trial from South India



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ABSTRACT

Background and aim: Alcohol abuse has been associated with intimate partner violence (IPV). The current study examined the effectiveness of an integrated cognitive-behavioral intervention (ICBI) in reducing intimate partner violence (IPV) perpetration among alcohol dependent men, and improving mental health outcomes among their wives and children.

Methods: One hundred seventy-seven alcohol dependent male inpatients who screened positive for IPV perpetration in the last 6 months were randomly assigned to receive ICBI which addressed both the alcohol use and IPV ($n = 88$), or TAU (TAU: treatment as usual) ($n = 89$). The ICBI sessions were attended by the patients alone. All patients and their spouses were followed up over 3 months following discharge from the treatment centre.

Results: Compared to TAU participants in the ICBI group reported significantly lower IPV perpetration, and their wives scored significantly lower on depression, anxiety, and stress levels at 3-month follow up. Alcohol consumption in the men and emotional and behavioral problems in their children were not significantly different between the groups, from baseline to follow up.

Conclusions: Findings demonstrate the feasibility and effectiveness of an ICBI which addressed both the IPV and alcohol use in a coordinated manner in a vulnerable sample.

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1. Introduction

Alcohol use has been steadily rising in India, with half of the users falling into the category of hazardous drinking, characterized by bingeing and solitary use up to the point of intoxication (Prasad, 2009). One of the frequently reported consequences of heavy alcohol use has been intimate partner violence (IPV), defined by the World Health Organization (WHO) as 'any behavior occurring within an intimate relationship that causes physical, psychological or sexual harm' (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). A population-based study from Bangalore reported that 23% of alcohol users had been violent towards their spouse, and nearly 24% reported that they had abused their children (Gururaj, Girish, & Benegal, 2006). More recent studies from India have also reported an association between heavy drinking in men and IPV (D'Costa et al., 2007; Madhivanan, Krupp, & Reingold, 2014; Poulouse & Srinivasan, 2009; Shidhaye & Patel, 2010; Subodh et al., 2014).

Several mental health sequelae, such as mood and anxiety disorders and posttraumatic stress disorder (Chandra, Satyanarayana, & Carey, 2009; Dawson, Grant, Chou, & Stinson, 2007), and psychological distress (Tempier, Boyer, Lambert, Mosier, & Duncan, 2006) have been identified among spouses/intimate partners of heavy alcohol users. Alcohol consumption in the spouse and the related domestic violence has been described as constituting the single most important problem for women across all strata of the society in India (Gururaj et al., 2006). Furthermore, prior literature documents the deleterious effects of witnessing IPV on the mental health of children (Franzese, Covey, Tucker, McCoy, & Menard, 2014), including depression (Kennedy, Bybee, Sullivan, & Greeson, 2010), posttraumatic stress disorder (Enlow, Blood, & Egeland, 2013) and poor long-term psychosocial adjustment (Gámez-Guadix, Almendros, Carrobes, & Muñoz-Rivas, 2012). In addition, mothers often seek help from health care providers about adverse impact of IPV on their children (Zink, Elder, & Jacobson, 2003).

Research over the past decade has shown an association between heavy alcohol use and IPV and indicated a need for active interventions, both for the victims, as well as for the perpetrators (Kraanen, Vedel, Scholing, & Emmelkamp, 2013; Stuart, 2005; Murphy, Winters,

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O'Farrell, Fals-Stewart, Murphy, 2005). In India however, there are no known studies that have assessed the impact of interventions specifically targeting IPV among men with alcohol dependence syndrome. Most of the published literature on the effectiveness of cognitive behavioral therapy in reducing both substance use and perpetration of IPV has come from the West (Kraanen et al., 2013).

Against this background, the current study aimed to compare the effectiveness of ICBI (integrated cognitive-behavioral intervention addressing both the alcohol use and IPV) and TAU (treatment as usual) for alcohol dependent men who also reported perpetrating IPV in the last 6 months. The primary outcomes were reducing alcohol consumption among the alcohol dependent men, and IPV related victimization among their wives. Secondary outcomes included reducing symptoms of depression, anxiety and stress among the wives of the alcohol dependent men, and emotional and behavioral problems among their children.

The current study is the first known attempt in India to examine the effectiveness of an integrated cognitive-behavioral intervention among alcohol dependent individuals who also reported IPV. The study, although preliminary, extends the applicability of interventions for alcohol dependence and coexisting IPV in a different culture, and can aid efforts to reduce alcohol use and IPV among alcohol users.

2. Materials and methods

2.1. Phases of the study

The study was approved by the Institutional Review Board of St. John's Medical College and Hospital (SJMCH), Bangalore. The study was conducted in two phases: formative and interventional. The objective of the formative phase was to explore the intersection of heavy alcohol use, partner violence and mental health in men with alcohol dependence who also perpetrated IPV in the past 6 months, and their wives in order to develop the intervention for the subsequent phase. In depth interviews were conducted on a sample of 20 participants [10 men with alcohol dependence syndrome (ADS) and 10 wives of men with ADS] in the inpatient and outpatient services of the Department of Psychiatry at SJMCH. The interviews were conducted in regional language and were audio-taped and subsequently transcribed and translated into English. The findings indicated a nexus among heavy alcohol use, IPV and poor mental health outcomes for the spouses and children. Patients and their wives reported anger dyscontrol, lack of assertiveness, poor ability to negotiate, and resolve conflicts to be the main triggers for heavy alcohol use and IPV. These findings informed the development of an integrated cognitive behavioral intervention (ICBI) which included the above components to address heavy drinking and IPV (Satyanarayana, Hebbani, Hegde, Krishnan, & Srinivasan, 2015).

Participants for the intervention phase were recruited from inpatient psychiatry services (consecutively screened from admissions in psychiatry, $n = 1732$) at SJMCH between August 2012 and March 2014. The sample composed of 177 male patients with ADS admitted for treatment. Patients with a clinical diagnosis of ADS on the Mini International Neuropsychiatric Interview-version 5 (MINI 5.0), were 21 + years, currently married, had at least one child below 16 years, screened positive for perpetration of any form of IPV (physical, sexual, psychological) in the past 6 months, and whose primary caregiver was the wife, were invited to participate in the study. Wife's role as the primary caregiver includes caring for the patient and fulfilling several other social responsibilities that the patient is unable to do owing to his illness. Comorbid diagnoses included: axis I comorbid disorders such as mild-moderate depressive episode (TAU $n = 10$; ICBI $n = 12$); generalized anxiety disorder (TAU $n = 2$; ICBI $n = 1$); social anxiety disorder (TAU $n = 3$; ICBI $n = 2$). Other axis I major mental illnesses such as psychoses, bipolar affective disorder, severe depressive disorder, obsessive compulsive disorder and axis II (personality and drug abuse/

dependence) disorders were excluded because of their known potential to confound study variables (Fig. 1).

2.2. Treatment as usual (TAU)/integrated cognitive behavioral intervention (ICBI)

Patients meeting the eligibility criteria were informed about the study and written informed consent was obtained from the patients and their wives. Following the baseline assessment, participants were randomly assigned to one of the two intervention groups (TAU vs. ICBI). Computer generated random numbers were used for this purpose and the random allotment of each participant was available in sealed envelopes which were opened by the study coordinator following baseline assessment. Two trained research assistants completed the baseline assessments and handed the protocols to the coordinator for quality check. TAU and ICBI were conducted by different interventionists although their education and training was similar. The interventionists had completed their master's degree in clinical psychology. The ICBI interventionists had completed a certificate course in ICBI and were additionally trained in ICBI techniques used in the present study by the first author. The interventionists were blind to the study design and baseline/follow up data. Audiotapes were reviewed by a senior clinical psychologist to ensure that the different intervention components were administered in adherence to the protocol and was also blind to the study design and baseline/follow-up data.

The patients were then randomized to receive either TAU ($n = 89$) or ICBI ($n = 88$) (Fig. 1). Patients randomized to TAU ($n = 89$), which served as the limited attention control group received routine care provided at SJMCH (pharmacotherapy and psychoeducation). Typically, one session of psychoeducation is provided by the treating clinician to the patient and a caregiver about ADS, symptom manifestations, possible treatment options available, preventing relapses and need for adherence to treatment regimen. Patients randomized to ICBI ($n = 88$) received eight cognitive-behavioral intervention sessions addressing the relationship between alcohol and IPV, triggers for alcohol use and IPV, consequences and prevention of IPV. Sessions were delivered face-to-face, and each session lasted 45–60 minutes. Patients were taught cognitive-behavioral techniques such as relaxation, anger management, assertiveness training and cognitive restructuring. Only the index patient participated in the ICBI sessions. Follow-up assessment was carried out 1 month ($n = 163$; 88 in ICBI and 75 in TAU) and 3 months ($n = 156$; 87 in ICBI and 69 in TAU) after the intervention on relevant outcome variables by a research assistant who was blind to the randomization (Fig. 1). The study was conducted in an inpatient setting where there was no opportunity for drinking and the spouses/children typically visit once a week. The follow-up assessments typically occurred once patients were discharged and were living with their family.

2.3. Measures

Participants (patients and their wives) were assessed on the following standardized measures during baseline and follow up interviews:

Index patient assessments

- (a) *Severity of Alcohol Dependence Questionnaire (SADQ; Stockwell, Murphy, & Hodgson, 1983)* was administered on the index patient. This scale designed by the World Health Organization consists of 20 statements rated on a 4 point Likert scale, with higher scores indicating greater dependence. The reliability and validity of SADQ are high (0.89–0.94).

Assessment of spouse

- (b) *Index of Spouse Abuse (ISA; Coker, Pope, Smith, Sanderson, & Hussey, 2001)* consisting of 30 Likert-type items, was administered on the wife to assess the severity of spousal physical

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