

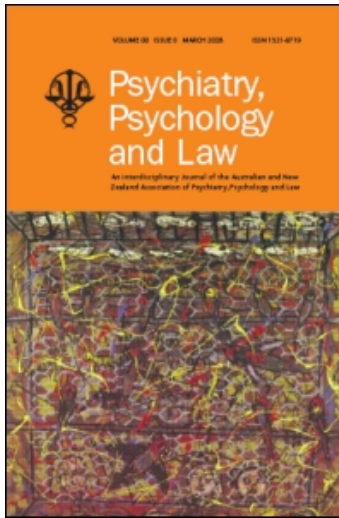
This article was downloaded by: [Roozen, Hendrik G.]

On: 24 April 2009

Access details: Access Details: [subscription number 910664731]

Publisher Routledge

Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK



Psychiatry, Psychology and Law

Publication details, including instructions for authors and subscription information:

<http://www.informaworld.com/smpp/title-content=t789039844>

Advances in Management of Alcohol Use Disorders and Intimate Partner Violence: Community Reinforcement and Family Training

Hendrik G. Roozen ^a; Eric Blaauw ^b; Robert J. Meyers ^c

^a Bouman Mental Health Care (GGZ), Spijkenisse and Department of Forensic Psychiatry, Erasmus University Medical Centre, Rotterdam, The Netherlands ^b Department of Forensic Psychiatry, Erasmus University Medical Centre and Addiction Health Care North Netherlands (VNN), Groningen, The Netherlands ^c Department of Psychology/CASAA, University of New Mexico, Albuquerque, New Mexico, United States

Online Publication Date: 01 March 2009

To cite this Article Roozen, Hendrik G., Blaauw, Eric and Meyers, Robert J. (2009) 'Advances in Management of Alcohol Use Disorders and Intimate Partner Violence: Community Reinforcement and Family Training', *Psychiatry, Psychology and Law*, 16:1, S74 — S80

To link to this Article: DOI: 10.1080/13218710802549456

URL: <http://dx.doi.org/10.1080/13218710802549456>

PLEASE SCROLL DOWN FOR ARTICLE

Full terms and conditions of use: <http://www.informaworld.com/terms-and-conditions-of-access.pdf>

This article may be used for research, teaching and private study purposes. Any substantial or systematic reproduction, re-distribution, re-selling, loan or sub-licensing, systematic supply or distribution in any form to anyone is expressly forbidden.

The publisher does not give any warranty express or implied or make any representation that the contents will be complete or accurate or up to date. The accuracy of any instructions, formulae and drug doses should be independently verified with primary sources. The publisher shall not be liable for any loss, actions, claims, proceedings, demand or costs or damages whatsoever or howsoever caused arising directly or indirectly in connection with or arising out of the use of this material.

Advances in Management of Alcohol Use Disorders and Intimate Partner Violence: Community Reinforcement and Family Training

Hendrik G. Roizen^a, Eric Blaauw^b and Robert J. Meyers^c

^a*Bouman Mental Health Care (GGZ), Spijkenisse and Department of Forensic Psychiatry, Erasmus University Medical Centre, Rotterdam, The Netherlands;* ^b*Department of Forensic Psychiatry, Erasmus University Medical Centre and Addiction Health Care North Netherlands (VNN), Groningen, The Netherlands;* ^c*Department of Psychology/CASAA, University of New Mexico, Albuquerque, New Mexico, United States*

Substance use disorders are associated with life-threatening behaviours and substance use is found to strongly trigger criminal behaviour, including intimate partner violence (IPV). Although intimate partners are often subject to aggression and injury, most substance-using offenders refuse to enter formal treatments. Community reinforcement and family training (CRAFT) was developed to help intimate partners to (a) recognize and safely respond to potential violence, (b) improve communication with the substance user; (c) decrease stress, (d) improve self efficacy, and (e) assist in encouraging the unwilling substance user to enter therapy. The underlying operant-based belief is that environmental contingencies are key in encouraging or discouraging substance use. This article discusses why CRAFT may be effective in engaging treatment-resistant patients with substance abuse disorders in formal treatment and to diminish IPV. It is asserted that intimate partners, family members and close friends can make important contributions to assist substance-using offenders.

Key words: addiction; alcohol; behavior therapy; community reinforcement; couples therapy; family treatment; intimate partner violence; substance use disorders.

Intimate partner violence (IPV) is increasingly viewed as an important public health issue in many countries around the world. Such conduct is variously described as “intimate partner abuse”, “domestic violence”, “relationship violence”, “battering”, “domestic abuse”, “spouse abuse” and “family violence”.

Although prevalence rates vary on the basis of definitions and sampling settings and methods (MacMillan et al., 2006), no fewer than 10–34% of women report being physically assaulted by an intimate partner

at some point in their lives (World Health Organization [WHO], 2002). Reviews show that each year no less than 8–14% of women are physically assaulted by a husband, boyfriend or ex-partner (e.g., Jones et al., 1999), leading to several millions of violent acts worldwide every year. Furthermore, it has been estimated that 3.3–10 million children witness IPV each year (Carlson, 1984; Jaffe, Hurley, & Wolfe, 1990). Many children also become the targets of interpersonal violence. Moreover, there are major long-term health

Correspondence: Dr Hendrik G. Roizen, Bouman Mental Health Care (GGZ), Thorbeckelaan 63, 3201, WJ Spijkenisse, The Netherlands. Email: h.roizen@boumanggz.nl

consequences, because a history of both witnessing parental violence during childhood and physical abuse are associated with violent relationships during adulthood (White & Chen, 2002), and alcohol-related problems in later life (Caetano, Field, & Nelson, 2003).

IPV often leads to immediate traumatic injuries such as broken bones, lacerations, facial trauma, and gastrointestinal disorders (Campbell, 2002; Tjaden & Thoenes, 2000). In addition, abused women have a higher occurrence of depression, post-traumatic stress disorder, drug and alcohol abuse, and suicide attempts than have women who are not abused (Campbell, 2002; Cascardi, O'Leary, & Schlee, 1999; Ratner, 1993). IPV even leads to deaths because it is known that 40–70% of female murder victims were killed by their partners (WHO, 2002).

Because many of the incidents are not reported to the police (e.g., 20% of IPV rapes and sexual assaults, and 25% of physical assaults; Tjaden & Thoenes, 2000), many acts of IPV do not yield a criminal justice response, with the result that many perpetrators do not receive cautioning, help or treatment for their violent outbursts. Given the extent, nature and consequences of IPV, an adequate mental health response is urgently needed.

Aggression and Alcohol

Although the exact causal relationship between alcohol abuse and IPV is not yet fully understood (Fals-Stewart & Kennedy, 2005), evidence is accumulating that suggests a triggering effect of alcohol consumption on aggression and violence (Bye, 2007; Haggård-Grann, Hallqvist, Långström, & Möller, 2006; Hoaken & Stewart, 2003). For instance, the British Crime Survey indicated that 32% of incidents of IPV in 1996 were committed when the perpetrator was under the influence of alcohol (Mirrlees-Black, Mayhew,

& Percy 1996), and national US victimization data indicated that 55% of IPV perpetrators had been drinking according to victim reports (Bureau of Justice Statistics, 1998). In addition, the annual prevalence of IPV among men seeking alcohol treatment has been estimated to be higher than 50% (Schumacher, Fals-Stewart, & Leonard, 2003; Stith, Crossman, & Bischof, 1991).

In general, it has been suggested that both the acute and prolonged psychopharmacological effects of substances play an important role in the initiation and maintenance of aggression and violence, by disrupting inhibitory control and reducing the ability to delay gratification (e.g., Gustafson, 1994; Rubio et al., 2007). From a neurobiological perspective these complementary determinants may be underlying many disruptive behaviours (IPV) and psychiatric disorders, including addiction (cf. Brady & Sinha, 2005). Also, from the perspective of treatment outcome studies it has been demonstrated that there is a connection between IPV and alcohol, because treatments that target only alcohol abuse diminish violence when drinking is lessened (O'Farrell & Murphy, 1995). Thus, it appears that treating alcohol abuse also may be effective in reducing IPV (Klostermann, 2006).

Treatment Resistance: Potential Role of the Concerned Significant Other

Unfortunately, the vast majority of patients with substance use disorders refuse to engage in formal treatment (Institute of Medicine, 1990), because there is evidence that only around 8% seek help annually (Kessler et al., 1994), or often rapidly drop out after entering treatment (De Weert-Van Oene, 2000). In addition, those patients who engage in formal addiction treatments are usually not (adequately) assessed for IPV (Klostermann & Fals-Stewart, 2006).

Coerced treatment may be another option (Collins & Allison 1983), but alcohol patients with co-occurring IPV are rarely mandated by the criminal justice system to engage in domestic violence intervention programs to target IPV (Klostertmann, 2006). So the question remains as to how substance-using IPV perpetrators should be induced to enter formal treatment.

Knowing that behavioural couples therapy has been shown effective to reduce IPV (O'Farrell, Fals-Stewart, Murphy, & Murphy, 2003), it appears that intimate partners may play an important role in persuading substance-using IPV perpetrators to enter into and remain within treatment. It has been suggested that concerned significant others (CSOs), a percentage of the time, are able to motivate and assist patients to seek help and can play an important role in formal treatment (Copello & Orford, 2002; Hingson, Mangione, Meyers, & Scotch, 1982; McGrady, 2004).

Community Reinforcement and Family Training

A relatively new evidence-based treatment that is specifically geared to the treatment of substance use disorders and co-occurring IPV has recently become available in the United States and Europe. It has the acronym CRAFT (community reinforcement and family training) and was originally designed to engage the unmotivated substance abuser in treatment through interventions with family members or close friends. The information these persons often have is valuable because they have intimate knowledge of patients' triggers, antecedents, behaviours, drinking style, and other types of disruptive behaviours, including IPV.

CRAFT is based on the community reinforcement approach (CRA) (Hunt & Azrin, 1973; Meyers & Smith, 1995). The identical underlying operant-based

paradigm suggests that environmental contingencies are crucial in encouraging or discouraging consumption of alcohol. CRAFT also makes IPV an integral part of treatment. Awareness is growing of the importance of avoidance and coping strategies of domestic violence (Meyers & Wolfe, 2004; Smith & Meyers, 2004). For instance, functional analyses are used in CRAFT to examine both the antecedents and consequences of IPV for the victim. In addition, it teaches victims to be non-confrontational and to modify old inadequate habits by practising new coping skills to avoid escalating stressful situations, while identifying counterproductive ways (e.g., pleading and nagging) to induce the perpetrator to seek treatment.

Meyers and Miller (2001) emphasize that CRAFT relies upon skills training and other strategies that lead to personal independence and improved self-efficacy and self-esteem. The core features of the CRAFT program are that it is problem-focused, skills based, it requires the participant to be active during sessions by using role-plays, and it maintains activity between sessions through assignments. These features are necessary to change the CSO's behaviour and concomitantly to learn how to reinforce non-using behaviour on the part of the perpetrator to diminish substance abuse and violence (Meyers & Smith, 1997; Meyers, Smith, & Lash, 2005; Smith, Milford, & Meyers, 2004).

The CRAFT approach has been the subject of extensive research. Engagement rates for resistant drinkers vary from 64% to 86%, whereas engagement rates in the traditional Al-anon 12-steps model (Nowinski, Baker, & Carroll, 1992) and the Johnson Intervention (Johnson, 1986) do not exceed 30% (Kirby et al., 1999; Meyers & Miller, 2001; Miller, Meyers, & Tonigan, 1999; Sisson & Azrin, 1986). In addition, CRAFT procedures help to reduce substance abuse and IPV. The CSOs

in these studies experienced a substantial reduction in psychosocial problems in terms of depression, anger, and anxiety. Interestingly, a decrease in physical symptoms and ailments was observed after engaging in CRAFT treatment, which is a strong indication that the incidence of IPV had also declined.

Maintaining the Relationship

It is our view that CSOs suffering from partners' alcohol abuse and/or IPV are not powerless to influence their loved ones to engage with help and to prevent them from dropping out of treatment. CRAFT helps the intimate partners (a) to recognize and safely respond to potential for violence, (b) to improve communication with the alcohol drinker, (c) to decrease stress, (d) to improve self-efficacy, and (e) to assist in engaging the unwilling substance user in therapy.

Arguably, unilateral interventions can take place at a relatively early stage, so that patients do not have to "hit rock bottom" before they enter treatment, potentially leading to exacerbated drinking patterns and increased levels of IPV. Moreover, we are confident that initially resistant problem drinkers with co-occurring IPV can be more successfully engaged in treatment through CRAFT-trained CSOs. Conventional practice approaches for helping CSOs often lead to recommendations such as getting a divorce and becoming more detached, thereby reducing the chances of CSOs influencing problem drinkers (perpetrators). It can be tempting for a clinician to conclude that the only reasonable course of action for the victim is to leave the abusive relationship. Despite the high risk of being re-victimized by their abusive partners, however, the reality is that many CSOs return to their former household multiple times (Sullivan, Tan, Basta, & Rumptz, 1992), and many victims leave only after many months or even years

of physical and psychological abuse (Berlinger, 2001).

Hence, focusing on ongoing relationships is essential in many cases of co-occurring IPV and alcohol dependence. In addition, focusing on the relationship provides an opportunity to target both alcohol consumption and IPV through behavioural couples therapy and other CRA interventions (Meyers & Miller, 2001). It should be noted, however, that conjoint therapy should take the need to safeguard potential victims into account. Occasionally there are perpetrators who are particularly dangerous who should be excluded from joint treatment (Fals-Stewart & Kennedy, 2005).

Even if some of these patients remain unmotivated to engage in formal treatment or are excluded from couples therapy, CRAFT procedures often yield improved CSO functioning as well as diminished alcohol use and IPV; studies point out that the improvement is independent of engagement status (Meyers, Miller, Hill, & Tonigan, 1999; Meyers, Miller, Smith, & Tonigan, 2002).

Conclusion and Recommendation

CRAFT treatment provides a rigorous set of options to manage alcohol use disorders with co-occurring IPV. CRAFT is a powerful approach to encourage treatment-resistant patients to enter treatment and to retain them in treatment by making use of the CSO's intimate knowledge of the drinker. A characteristic of this approach is that it is independent of the drinker's intrinsic motivation to engage in treatment (Meyers, Miller, & Smith, 2001). As such, we emphasize that primary care physicians, family physicians, emergency departments, police officers, and other health professionals should screen for the presence of IPV when dealing with alcohol abusing individuals and should screen for substance use disorders when confronted with

perpetrators. Written screens may be just as accurate and less confronting than face-to-face screens (MacMillan et al., 2006). The next step is to refer CSOs or IPV perpetrators – preferably conjointly – to CRAFT-oriented mental health professionals who are aware of the possible negative consequences of honest and open disclosure, the risk of secondary victimization and the wrongful assumption of (partial) responsibility of the abuse by the victim. Nonetheless, it is our opinion that CRAFT should be sufficiently implemented in the health-care delivery system to improve treatment engagement and retention.

References

- Berlinger, J.S. (2001). Domestic violence: How you can make a difference. *Nursing, 31*, 58–63.
- Brady, K.T., & Sinha, R. (2005). Co-occurring mental and substance use disorders: The neurobiological effects of chronic stress. *American Journal of Psychiatry, 162*, 1483–1493.
- Bureau of Justice Statistics (1998). *Alcohol and crime. Statistics bulletin 4/98*. Washington, DC: US Department of Justice.
- Bye, E.K. (2007). Alcohol and violence: Use of possible confounders in a time-series analysis. *Addiction, 102*, 369–376.
- Caetano, R., Field, C., & Nelson, S. (2003). Association between childhood physical abuse, exposure to parental violence, and alcohol problems in adulthood. *Journal of Interpersonal Violence, 18*, 240–257.
- Campbell, J.C. (2002). Violence against women and health consequences. *The Lancet, 359*(9314), 1331–1336.
- Carlson, B.E. (1984). Children's observations of interpersonal violence. In A.R. Roberts (Ed.), *Battered women and their families* (pp. 147–167). Springer.
- Cascardi, M., O'Leary, K., & Schlee, K. (1999). Co-occurrence and correlates of posttraumatic stress disorder and major depression in physically abused women. *Journal of Family Violence, 14*, 227–249.
- Collins, J.J., & Allison, M. (1983). Legal coercion and retention in drug abuse treatment. *Hospital and Community Psychiatry, 34*, 1145–1149.
- Copello, A., & Orford, J. (2002). Addiction and the family: Is it time for services to take notice of the evidence? *Addiction, 97*, 1361–1363.
- De Weert-van Oene, G.H. (2000). *Dropping out: Prevalence and determinants of noncompliance in inpatient substance dependence treatment*. PhD thesis. Utrecht: The Utrecht University.
- Fals-Stewart, W., & Kennedy, C. (2005). Addressing intimate partner violence in substance abuse treatment. *Journal of Substance Abuse Treatment, 29*, 5–17.
- Gustafson, R. (1994). Alcohol and aggression. *Journal of Offender Rehabilitation, 21*, 41–80.
- Haggård-Grann, U., Hallqvist, J., Långström, N., & Möller, J. (2006). The role of alcohol and drugs in triggering criminal violence: A case-crossover study. *Addiction, 101*, 100–108.
- Hoaken, P.N.S., & Stewart, S.H. (2003). Drugs of abuse and the elicitation of human aggressive behaviour. *Addictive Behaviors, 28*, 1533–1554.
- Hingson, R., Mangione, T., Meyers, A., & Scotch, N. (1982). Seeking help for drinking problems: A study in the Boston metropolitan area. *Journal of Studies on Alcohol, 43*, 273–288.
- Hunt, G.M., & Azrin, N.H. (1973). A community-reinforcement approach to alcoholism. *Behaviour Research and Therapy, 11*, 91–104.
- Institute of Medicine (1990). *Broadening the base of treatment for alcohol problems*. Washington, DC: National Academy Press.
- Jaffe, P., Hurley, D., & Wolfe, D. (1990). Children's observations of violence: Critical issues in child development and intervention planning. *Canadian Journal of Psychiatry, 35*, 466–470.
- Johnson, V.E. (1986). *Intervention: How to help someone who doesn't want help?*. Minneapolis, MN: Johnson Institute Books.
- Jones, A.S., Campbell, J.C., Schollenberger, J., O'Campo, P.J., Dienemann, J.A., Gielen, A.C., et al. (1999). Annual and lifetime prevalence of partner abuse in a sample of female HMO enrollees. *Women's Health Issues, 9*, 295–305.
- Kessler, R.C., McGonagle, K.A., Zhao, S., Nelson, C.B., Hughes, M., Eshleman, S., et al. (1994). Lifetime and 12-month prevalence of DSM-III-R psychiatric disorders in the United States: Results from the National Comorbidity Survey. *Archives of General Psychiatry, 51*, 8–19.

- Kirby, K.C., Marlowe, D.B., Festinger, D.S., Garvey, K.A., & LaMonaca, V. (1999). Community reinforcement training for family and significant others of drug abusers: A unilateral intervention to increase treatment entry of drug users. *Drug and Alcohol Dependence*, 56, 85–96.
- Klostermann, K.C. (2006). Substance abuse and intimate partner violence: Treatment considerations. *Substance Abuse Treatment, Prevention, and Policy*, 22, 1–24.
- Klostermann, K.C., & Fals-Stewart, W. (2006). Intimate partner violence and alcohol use: Exploring the role of drinking in partner violence and its implications for intervention. *Aggression and Violent Behaviour*, 11, 587–597.
- MacMillan, H.L., Wathen, C.N., Jamieson, E., Boyle, M., McNutt, L.A., Worster, A., et al. (2006). Approaches to screening for intimate partner violence in health care settings: A randomized trial. *Journal of the American Medical Association*, 296, 530–536.
- McGrady, B.S. (2004). To have but one true friend: Implications for practice of research on alcohol use disorders and social networks. *Psychology of Addictive Behaviors*, 18, 113–121.
- Meyers, R.J., & Miller, W.R. (2001). *A community reinforcement approach to addiction treatment*. New York: Cambridge University Press.
- Meyers, R.J., Miller, W.R., Hill, D.E., & Tonigan, J.S. (1999). Community reinforcement and family training (CRAFT): Engaging unmotivated drug users in treatment. *Journal of Substance Abuse*, 10, 291–308.
- Meyers, R.J., Miller, W.R., & Smith, J.E. (2001). Community reinforcement and family training (CRAFT). In R. Meyers & W. Miller (Eds.), *A community reinforcement approach to the treatment of addiction*. Cambridge: Cambridge University Press.
- Meyers, R.J., Miller, W.R., Smith, J.E., & Tonigan, J.S. (2002). A randomized trial of two methods for engaging treatment refusing drug users through significant concerned others. *Journal of Consulting and Clinical Psychology*, 70, 1182–1185.
- Meyers, R.J., & Smith, J.E. (1995). *Clinical guide to alcohol treatment: The community reinforcement approach*. New York: Guilford Press.
- Meyers, R.J., & Smith, J.E. (1997). Getting off the fence: Procedures to engage treatment-resistant drinkers. *Journal of Substance Abuse Treatment*, 14, 467–472.
- Meyers, R.J., Smith, J.E., & Lash, D.N. (2005). A program for engaging treatment-refusing substance abusers into treatment: CRAFT. *International Journal of Behavioral Consultation and Therapy*, 1, 22–32.
- Meyers, R.J., & Wolfe, B.L. (2004). *Get your loved one sober: Alternatives to nagging, pleading and threatening*. Center City, MN: Hazelden Publishing and Educational Services.
- Miller, W.R., Meyers, R.J., & Tonigan, J.S. (1999). Engaging the unmotivated in treatment for alcohol problems: A comparison of three strategies for intervention through family members. *Journal of Consulting and Clinical Psychology*, 67, 688–697.
- Mirrlees-Black, C., Mayhew, P., & Percy, A. (1996). *The 1996 British crime survey*. London: Home Office Statistical Bulletin.
- Nowinski, J., Baker, S., & Carroll, K. (1992). *Twelve-step facilitation therapy manual: A clinical research guide for therapists treating individuals with alcohol abuse and dependence*. Rockville, MD: National Institute on Alcohol Abuse and Alcoholism.
- O'Farrell, T.J., Fals-Stewart, W., Murphy, M., & Murphy, C.M. (2003). Partner violence before and after individually-based alcoholism treatment for male alcoholic patients. *Journal of Consulting and Clinical Psychology*, 71, 92–102.
- O'Farrell, T.J., & Murphy, C.M. (1995). Marital violence before and after alcoholism treatment. *Journal of Consulting and Clinical Psychology*, 63, 256–262.
- Ratner, P.A. (1993). The incidence of wife abuse and mental health status in abused wives in Edmonton, Alberta. *Canadian Journal of Public Health*, 84, 246–249.
- Rubio, G., Jiménez, M., Rodríguez-Jiménez, R., Martínez, I., Iribarren, M.M., Jiménez-Arriero, M.A., et al. (2007). Varieties of impulsivity in males with alcohol dependence: The role of cluster-B personality disorder. *Alcoholism: Clinical and Experimental Research*, 31, 1826–1832.
- Schumacher, J.A., Fals-Stewart, W., & Leonard, K.E. (2003). Domestic violence treatment referrals for men seeking alcohol treatment. *Journal of Substance Abuse Treatment*, 24, 279–283.
- Sisson, R.W., & Azrin, N.H. (1986). Family-member involvement to initiate and promote treatment of problem drinkers. *Journal of Behavior Therapy and Experimental Psychiatry*, 17, 15–21.

- Smith, J.E., & Meyers, R.J. (2004). *Motivating substance abusers to enter treatment: Working with family members*. New York: Guilford Press.
- Smith, J.E., Milford, J.L., & Meyers, R.J. (2004). CRA and CRAFT: Behavioral approaches to treating substance-abusing individuals. *The Behaviour Analyst Today*, 5, 391–403.
- Stith, S.M., Crossman, R.K., & Bischof, B.P. (1991). Alcoholism and marital violence: A comparative study of men in alcohol treatment programs and batterer treatment programs. *Alcoholism Treatment Quarterly*, 8, 3–20.
- Sullivan, C.M., Tan, C., Basta, J., & Rumptz, M. (1992). An advocacy intervention program for women with abusive partners: Initial evaluation. *American Journal of Community Psychology*, 20, 309–332.
- Tjaden, P., & Thoennes, N. (2000). *Extent, nature and consequences of intimate partner violence: findings from the national violence against women survey* (NCJ 181867). Washington, DC: US Department of Justice.
- White, H.R., & Chen, P.H. (2002). Problems drinking and intimate partner violence. *Journal of Studies on Alcohol*, 63, 205–214.
- World Health Organization (WHO) (2002). *Intimate partner violence*. Retrieved June 15, 2007, from http://www.who.int/violence_injury_prevention.