The development and implementation of the ADVANCE intervention to reduce intimate partner abuse perpetration by men in substance use treatment: findings from a feasibility trial and formative evaluation

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Advancing theory and treatment approaches for males in substance use treatment who perpetrate intimate partner violence (NIHR PGfAR RP-PG-1214-20009)

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Overview of the symposium

1. The role of substance use in intimate partner abuse perpetration: rationale for the ADVANCE programme of research

2. The dynamics of intimate partner abuse and drug and alcohol dependency: results from qualitative dyad interviews with male perpetrators in substance use treatment and their current or ex female partners

3. Development of an integrated intervention to reduce intimate partner abuse perpetration by men in substance use treatment: the ADVANCE intervention

4. Assessing the feasibility of conducting an evaluation trial of the ADVANCE integrated intervention to address both substance use and intimate partner abuse perpetration to men in substance use treatment: findings from a feasibility trial and formative evaluation
The role of substance use in intimate partner abuse perpetration
Substance use is strongly and consistently associated with IPV perpetration in general population and clinical samples (e.g. Abramsky et al., 2011; Smith et al., 2012).

Substance use features in half of all UK domestic homicides, 4 x more among perpetrators than their victims (Home Office, 2016)

Adults who take illicit drugs are 3 x more likely to report ‘being a victim of partner abuse’ than those who have not (ONS, 2016: 25)

WHO estimates suggest that 23-63% of IPV incidents involve alcohol as a contributing factor (2012)
Role of alcohol use in IPV perpetration

Physical harm is more likely (Wupperman et al., 2009; Moore et al., 2011) and more severe (Testa et al., 2003) on days when drinking or heavy drinking (five or more drinks) occurred (Shorey et al., 2014).

Violence severity is significantly higher for incidents in which one or both partners had been drinking (Graham et al., 2010)

Alcohol is a contributory factor to IPV perpetration, “approximately equal to other contributing causes such as gender roles, anger and marital functioning” (Leonard & Quigley, 2017)
Association between substance use and intimate partner violence perpetration (Cafferky et al., 2018)

Pooled data from **285 studies** (combined sample size of **627,726**) to meta-analyze the link between distinct substances as correlates for adult male and female *physical IPV* perpetration and victimization.

Alcohol, stimulants and marijuana (but not heroin) use were associated with intimate partner violence perpetration, substance use is a significantly stronger correlate for males perpetrating IPV than it is for females perpetrating IPV.

Alcohol and illicit drug abuse/dependence/problematic use for **males** were significantly stronger correlates of intimate partner violence perpetration compared with measures of consumption or frequency of use, proposing that those who are intoxicated/under the influence and experience withdrawal more often, were more likely to perpetrate intimate partner violence.
Prevalence of intimate partner violence perpetration by male substance users

• Men seeking or receiving treatment for substance use report rates of recent physical IPV towards a partner of around 34–39% (El-Bassel, Gilbert, Wu, Chang, & Fontdevila, 2007 (past 6 months); Frye et al., 2007; Gilchrist et al., 2015 Gilchrist et al., 2015; Canfield et al., 2019 (past year)) compared to around 5–21% of men in the general population (Graham et al., 2011 (past 2 years); Smith et al., 2012; Fulu et al., 2013; Costa et al., 2016 (past year)).

• Up to 60% of men in perpetrator programmes have problems with alcohol and/or drugs (Bennett et al., 2008)
Intimate partner violence (IPV) perpetration by men receiving treatment for substance use in England (%) (Gilchrist et al., 2017)
Explanations for higher prevalence of IPV perpetration by substance users

- **The nature of the contribution of substance use remains an area of great debate.** Some argue that the **pharmacological properties** of a substance lead to impaired cognitive processing that results in such violence (Leonard and Jacob, 1998), others argue that substance use causes **marital conflict** that can lead to it (Murphy et al., 2001) or that the two are **linked through shared risk factors** (e.g. adverse childhood experiences, personality disorders, psychosis and depression).

- **Strong cultural expectancy that alcohol facilitates IPV**, and perpetrators often **blame the substance use** (McMurran & Gilchrist, 2008).

- **The multiple thresholds model** (Fals-Stewart et al., 2005; Leonard & Quigley, 2017) suggests that people with low levels of inhibition, empathy and self-regulation and elevated levels of sensitivity to threats and insults are more prone to violence when they have consumed alcohol (Leonard & Quiqley, 2017).
• improve protection for victims of domestic abuse and bringing perpetrators to justice

• strengthen the support for victims of abuse by statutory agencies

• facilitates the ordering of positive (behaviour change) interventions by judges introduction of the new Domestic Abuse Prevention Orders provides new pathways to interventions
Treatment approaches for IPV perpetrators

- current perpetrator programmes mostly adhere to a psycho-educational feminist perspective (eg. 26-week Duluth programme) or Cognitive Behavioural Therapy (CBT)

- HM Inspectorate of Probation is highly critical of the work that Community Rehabilitation Companies (CRCs) carry out with domestic violence offenders

- “one size fits all” approach ignores individual differences that have been strongly linked with IPV, including substance use, despite continual calls for the recognition of IPV offenders as a heterogeneous group with specific treatment needs
• IPV interventions conducted concurrently with alcohol treatment (Tarzia et al., 2017) or integrated interventions to address both IPV and substance use (Stephen-Lewis et al., accepted) show some promise (and make clinical and economic sense)

• data from individual trials showed a reduction in substance use short-term (≤3mths) (n=2 trials) and IPV perpetration at different time points (n=3 trials) for interventions compared with treatment as usual (TAU)
• outcomes in integrated intervention groups are not superior to TAU

Lack of evidence about what works for whom
Rationale for the ADVANCE research programme

• High prevalence of IPV perpetration by men in substance use treatment, no routine enquiry for IPV

• Men in substance use treatment are rarely referred to perpetrator programmes. When they are, completion is low and attendance and uptake is poor (Klostermann, 2006; Timko et al., 2012; Eckhardt et al., 2008).

• Community perpetrator programmes in the UK only meet around 10% of existing demand.

• Perpetrator programmes are traditionally offered through criminal justice settings; however, only 25% of perpetrators in a UK study of men in substance use treatment had ever been arrested for this (Gilchrist et al., 2017).

Delivering IPV interventions in substance use treatment settings COULD INCREASE THEIR REACH.
Advancing theory and treatment approaches for males in substance misuse treatment who perpetrate intimate partner violence (Programme ADVANCE 2016-2021) (NIHR PGfAR RP-PG-1214-20009)

ADVANCE has generated evidence to develop and test the efficacy of an integrated intervention to reduce intimate partner violence by men attending substance use treatment and increase the wellbeing and safety for their ex/current-partners.

1. Understanding the role of substance use in intimate partner violence perpetration
2. Determining what interventions work for whom
3. Developing an evidence based intervention
4. Testing the feasibility of delivering the intervention
5. Testing the efficacy of the intervention
Research Paper

The interplay between substance use and intimate partner violence perpetration: A meta-ethnography

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\textsuperscript{c} Centre for Criminology and Criminal Justice, School of Law, University of Manchester, United Kingdom
Theme 1: INTOXICATION

‘Once he consumes alcohol, he starts behaving like a dictator and fights with me for any small reason’

‘I never had a bad relationship when I won’t drinking. It’s like two people ‘cause when I won’t drinking or using drugs, I could handle a relationship’

‘Alcohol, it brings out the worst in me, you know’
Theme 2: WITHDRAWAL AND ADDICTION

‘He made me responsible for getting the drugs... basically selling myself to get money’

‘My son’s father used to beat me when he didn’t have money to get straight [use heroin]. He used to hit me when he was going through withdrawal, when I didn’t, when I didn’t give him money’
Theme 3: IMPACT ON RELATIONSHIP

‘... I could tell, depending where he’s at with his drinking, you did tread lightly ... because he could be violent.’

‘We were so much into it [getting high] that I really didn’t care if I got my ass kicked or not, you know—we always made up and we always, you know, made up with meth and sex, so it was all good for me at that time. You know? It didn’t matter how bad he beat me, but afterwards, the reward was meth and sex.

‘After he had been using, I never felt safe’
Theme 4: POWER AND CONTROL

‘When he drunk hard stuff he was mean. He didn’t hit me but he forced me to stay with him and held me down so I wouldn’t leave, that kind of thing

‘He used to force me to drink and I wasn’t a drinker. He even hit me with a hammer if I didn’t drink’
Theme 5: PSYCHOLOGICAL VULNERABILITIES

‘It’s like his depression just had him angry. So he didn’t know how to cope and he just expressed himself through anger and then the violence’

‘I know it’s just due to drugs. And when ... we’re both sober, we didn’t have no problems... I mean I think I have a lot of suppressed anger, also, inside, ‘cause of my childhood and everything, so it’s kind of just all tied in together’
Conclusions

• The interplay between substance use and IPV perpetration occurs at numerous contextual levels and is perceived differently by perpetrators and survivors.

• Behaviour change interventions must address the meanings behind divergent narratives about IPV perpetration and substance use.

• Since survivors’ accounts offer different perspectives on IPV perpetration to perpetrators, our research supports the need for dyadic research with both partners.
The dynamics of intimate partner abuse and drug and alcohol dependency
Qualitative dyad research IPA and substance use

• Preparatory research to inform intervention development

• Cafferky et al. (2018) highlighted a need to conduct qualitative research to better understand IPA within the context of substance dependency

• Dyad research with couples provides an enriched account of the relationship Eisikovits & Koren (2010) & Hyden (1994)
Understanding the role of substance use in intimate partner violence perpetration

THE DYNAMICS OF DOMESTIC ABUSE AND DRUG AND ALCOHOL DEPENDENCY

David Gadd*, Juliet Henderson, Polly Radcliffe, Danielle Stephens-Lewis, Amy Johnson and Gail Gilchrist

What Role Does Substance Use Play in Intimate Partner Violence? A Narrative Analysis of In-Depth Interviews With Men in Substance Use Treatment and Their Current or Former Female Partner

Polly Radcliffe, David Gadd, Juliet Henderson, Beverly Love, Danielle Stephens-Lewis, Amy Johnson, Elizabeth Gilchrist, and Gail Gilchrist
Aims

• to contribute to a deeper understanding of the dynamics of power that occur in relationships where substance use and IPA occur

• to understand how relationships are perceived differently, how perpetrators and victims emphasise and avoid discussion of different aspects of their relationships and behaviour
Methods

• 37 adult men recruited from 6 community-based substance use treatment services in London and the West Midlands

• 14 female (ex)partners their interviews were compared with those of 14 men

• Interviewed using Free Association Narrative approach (Hollway and Jefferson 2000)
Recruitment – total

Men screened (n= 70)

Men eligible (n= 47)

Men agreed to participate (n= 46)

Men interviewed (n=37)*

Current/ex partner contact details provided (n=32 from 27 men)

Current/ex partner interviewed (n= 14)

23 men not eligible (16 no IPV, 3 current restraining order, 3 homosexual, 1 first appointment)

7 men not interviewed (4 non-contactable following screening, 1 partner lives abroad, 1 advised not to interview by staff, 1 declined) + * 2 men withdrawn after interview as did not meet eligibility criteria

Current/ex partner contact details not provided: 3 partners live abroad, 2 male participants not contactable after screening to provide partner’s contact details, 1 declined to give us partner’s number without her permission and she declined, 3 male participants did not have ex-partner’s contact details, 1 partner deceased

18 current/ex partners not interviewed 3 declined, 13 non-contactable, 2 advised by staff not to contact as had relapsed

Partners

• 9% (3/32) declined
• 44% (14/32) interviewed
• 41% (13/32) non-contactable
## Substance use among the Sample

<table>
<thead>
<tr>
<th>Substance Use</th>
<th>Number who said they had regularly used heroin</th>
<th>Number who said they had regularly used crack cocaine or powder cocaine</th>
<th>Number who said they had regularly used more than one illicit substance</th>
<th>Number who said their alcohol consumption had been high, heavy or problematic</th>
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</thead>
<tbody>
<tr>
<td><strong>Substance use among the 37 male perpetrators who undertook in-depth interviews</strong></td>
<td>31</td>
<td>26</td>
<td>34</td>
<td>24</td>
</tr>
<tr>
<td><strong>Substance use among the 14 male perpetrators whose partners were also interviewed</strong></td>
<td>13</td>
<td>11</td>
<td>13</td>
<td>9</td>
</tr>
<tr>
<td><strong>Substance use among the 14 female partners</strong></td>
<td>7</td>
<td>5</td>
<td>6</td>
<td>6</td>
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</table>
Relationship Dynamics: Isolated incidents vs Coercive Control

- Victim/survivor had never been substance dependent (N=5)
  - Narratives of insecurity & rationality vs inexplicably disorientating relationship deterioration

- Victim/survivor was desisting from substance use (N=5)
  - Narratives of mutual struggle against drug dependency & intimacy lost

- Victim/survivor was substance dependent (N=4)
  - Narratives of heroic but illicit struggle amidst destitution vs controlling transactional relationships
Men’s explanations:

- Intoxication and loss of control
- Withdrawal and Craving
- Competition for drugs
- Sexual betrayal
- Male Desire to ‘protect’ partner
- Tendency to describe IPV as arising from specific dispute – i.e. situational abuse and violence as reciprocal

Women’s explanations:

- Intoxication and loss of control
- Withdrawal and craving – economic abuse
- Competition for drugs
- Sexual jealousy
- Controlling behaviour
- Abuse linked to uncovering of secret substance use/relapse
- Pattern of abusive behaviour – not one-off
Victim Never Substance Dependent
Wayne (30s) & Rhian (20s)

Heavy drinker, mental health problems since childhood, calls mother a ‘slag’
6 prison sentences, spends days in pub
Relationship ‘proper good’ for 18 months
‘Loves her to bits’ - ‘empty’ before & grieving – but suspects infidelity
Unable to ‘show affection’, feels abandoned

Calls Rhian a liar who drives him crazy
Threatens exposure will cost her child

‘Blags’ money for heroin
Drives off with baby as in rush to get drugs
Moves her by ‘face’ on ‘just’ one occasion

Surprised to be awoken by police

Never cohabited before - has own place above pub

Shouting in face, pregnant, making accusations
Accepts apology

Confused by erratic behaviour but learns he is a drug user during antenatal appointment
Relieved when he admits getting drug treatment – new start
Barricades her in and calls her a liar

He disappears for days, leaving no money for baby

Threatened with knife to make it look like she killed herself, then throttled

Court case dropped following fraudulent counter accusations, 3 years after they met
Victim Desisting From Substance Use
Mitchell (50s) & June (40s)

In rehab 15 years ago
Abused as child/heroin as comfort
June = ‘deepest love’
But she was’ frigid’ so introduces ‘Rose’ and crack to help
them ‘love each other’, until June traps him in a sexless
relationship
Flees to escape debt to dealer
Attends university where drug use escalates and relationship
with Rose continues
Said she had become ‘domineering’ about ‘domestics’
Violence became their ‘means of communication’

But usually would just hit her with a slap, ‘not like a man’, but
explained she had ‘created an explosion’ and was inexplicably
‘terrified’ of him
Is bitter that she secures court order against him, despite
always having done cooking and hoovering ‘for’ the children

In rehab with child 15 years ago
Sexually exploited teen/Couldn’t refuse heroin as student
Mitchell = ‘soulmate’

Constantly compared to other woman
Move for ‘fresh start’

He becomes aggressive/arrogant, she is isolated/insecure
 Starts drinking to cope
Hits him with her folder after he loans out her car to
unqualified driver, he kicks her in head in retaliation
Feeling depressed and defeated, comes home to find kids
playing in front of a plate of needles, relapses onto heroin
Prescribed methadone, but he takes it fearing losing home
and children if she recovers
Awakes to find him forcing tablets down her throat
Victim Also Substance Dependent
Joe (30s) & Kate (20s)

Joe (30s)
Met on street, went for drink, 6 years ago
Abused in care, parents deceased
Kate arrived with suitcase and never left
Is desperate to get her clean, so can see kids again and save relationship from ruin
Heavy drinker with series of abusive relationships, which he felt unfairly blamed for
Says she uses drugs to block out pain of loss and chronic pancreatitis
Tries heroin to empathise, but it was a ‘devil’
Rendering him depressed and immobile and a ‘red mist’
Takes Subutex to share with her to make sure she is not sick
Did not like her clipping, would prefer her to steal
Claims she has hit him over head with hammer when he refused to buy drugs
Unfortunate police past as he was hitting her back in self defence

Kate (20s)
Met on street, went for drink 6 years ago
Abused as child, estranged from family
Loves him to ‘death’ but doubts their relationship can be mended
Frightened of men but found Joe ‘really nice’ initially
Feels suffocated, his understanding contingent on sex
Afraid he might kill her, he having assaulted her – breaking ribs - and a pervert who had touched her when he was on crack
Twice attempted suicide while he is in prison
Blames herself for his violence and drinking
Drinks herself to feel happy, but doesn’t not mention drugs
Tries to avoid making him paranoid as he tries to provoke arguments after days of drinking and not sleeping.
Says he has mimed shooting her, before she pushed him and he punched her
Summary of findings: males

• More likely to describe discrete, regrettable and unplanned assaults derived from everyday conflicts over alcohol and drug use, financial pressures, sexual jealousies and domestic chores

• Conflicts were often described while intoxicated, being provoked by female partners or being under extreme pressure

• Males highlighted their partner’s lack of understanding related to substance use and emphasised her issues with dependency, mental health and past problems unrelated to him

• Some males focused on their partner’s recovery as being the only solution to resolving their relationship problems
Summary of findings: females

• Some women began to feel like they were being driven mad, in part because they did not have full knowledge of the drug and alcohol use that was consuming the men’s time and minds

• Women in these case studies admitted using violence against their partners, they explained this as responses to the terror they felt

• Women perceived protection as stifling and overcontrolling particularly once the relationship was fully established

• Females tended to downplay their use of alcohol and drugs particularly if they were trying to abstain from using, they also avoided providing details if they no longer had contact with their children
Overall insights

- Drug use accentuates secrecy, paranoia and jealousies, intertwining protection and controlling paternalism.

- Painful pasts inspire drug use and projective dynamics that impart blame, through men’s claims that female partners are ‘driving’ them ‘mad’.

- Withdrawal/craving present as many risks as intoxication, intensifying coercive control.

- Drinking and drug use generate financial pressures, which intensify conflicts as well as mental health problems and vulnerabilities and are acute for women who also use substances.

- Women and men left feeling that their partners regarded their substance use as more important than their relationship, avoiding criminalization and social services intervention.
Development of an integrated intervention to reduce intimate partner abuse perpetration by men in substance use treatment: the ADVANCE intervention
3. Developing the intervention from the ADVANCE research

1. Evidence of what works

2. Reviews of existing approaches/manuals

3. Meta-ethnography role of substance use in IPV perpetration

4. Interviews with men in substance use tx & partners

5. Expert opinion including those of service providers, perpetrators and survivors

Developing an evidence based intervention
## Implications for intervention from ADVANCE research

<table>
<thead>
<tr>
<th>From Systematic Review</th>
<th>From Meta Ethnography</th>
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<tr>
<td><strong>Limited evidence</strong> for interventions targeting substance using men who perpetrate IPV</td>
<td>Role of substance use in IPV perpetration is <strong>wider than intoxication</strong></td>
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<tr>
<td>Although individual trials report short-term improvements in outcomes, this is not replicated at follow-up.</td>
<td>Intervention to focus on the individual specificities of cases - <strong>complex interplay of substance use and IPV</strong></td>
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<tr>
<td>While MI and CBT seem plausible, more information is needed on the specific techniques, duration and utility of booster sessions.</td>
<td>Causal pathway of childhood trauma and mental health to substance use and IPV – <strong>trauma informed approach required</strong></td>
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Behaviour
To reduce abuse, promote positive goals and skills and egalitarian behaviours

**Capability**
- Increased knowledge + skills based on the self-regulation model
- Raising awareness around Crisis Planning and self-management
- Challenging automatic thoughts, beliefs and thinking about the consequences

**Opportunity**
- Modelling and promoting positive behaviour within session
- Setting specific out of session tasks to generalise learning
- Reviewing out of session work and reinforcing positive achievements

**Motivation**
- Working with individual goals - i.e. Good Lives Model
- Using personal goal planning (i.e. SMART Goals)
- Reinforcement of motivation through ongoing personal support and incentives

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The COM-B model: Framework for behaviour change

Behaviour occurs as an interaction between 3 necessary conditions.
## ADVANCE Framework

<table>
<thead>
<tr>
<th>PERSONAL GOAL PLANNING (what I want)</th>
<th>SELF REGULATION (how do I achieve this)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COGNITIVE BEHAVIOURAL SKILLS</strong> (by changing my thinking and behaviour)</td>
<td>Behavioural SKILLS (by changing my behaviour)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>THINKING</th>
<th>BEHAVIOURS</th>
<th>FEELINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAPABILITY (skills/understanding)</td>
<td>OPPORTUNITY (try it out)</td>
<td>MOTIVATION (why should I?)</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>HOW DOES SUBSTANCE USE AFFECT ME?</th>
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<tr>
<td>INTOXICATION</td>
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</table>
ADVANCE integrated intervention (16 weeks + aftercare)

1 Individual assessment 1 pre-group orientation

Orientation: Preparing for Group; How am I going to do it?
Increasing Motivation; Why do I want to do it?
*compulsory sessions

Group intervention

12 x 2 hr weekly group sessions + out of session practice/ follow-up

Delivered in substance use treatment services by 1 x substance use worker and 1 x domestic violence worker

• Integrated Safety Services provided to female partners

Aftercare

Workbooks/ Keyworker/ Signposting
12 Core Sessions delivered in substance use treatment services

1. Orientation
2. Introduction
3. Managing Myself
4. Being a man (Behaviour Analysis and Gender)
5. Impact of Intimate Partner Abuse
6. Children, Parenting, Substance use and Intimate Partner Abuse
7. Relating
8. Improving Communication
9. Dealing With Distress
10. Planning to be Better
11. Positive Relationships
12. New Futures, People’s Plans and Positive Activities
13. Recap ‘What Have I Learned?’

- Integrated safety service for female current or ex partners provided
- Between session check-in and aftercare for male group participants
The Group Sessions Structure ...

**Beginning**
- Completion of a focusing exercise for all group members.
- An emotional Check-In.
- A Check-In
- A recap on the previous session, allowing for discussion on the topics discussed and any questions arising from this
- Review of out of session task.

**Middle**
- Completion of key tasks and worksheets. These will be distributed into sub-sections with relevant aims. Tasks can include flip chart group discussions, presentations and the completion of worksheets.
- Set out of session task.

**End**
- A Check-Out
- Conclusion of session.
- An emotional Check-Out.
- Group members will also be asked to complete a session evaluation.
Role of Substance Use

To enable the group to begin to understand the roles of substance use in intimate partner abusive relationships.

Exercise 1: Impact Substance use has on your relationships
Expected duration: 5 minutes

Firstly, the facilitator should ask for group members’ thoughts on what role, if any, they think that substance use has upon abuse in their relationship. Have a short general discussion to warm up to the topic.

Once into the topic, facilitators should direct the group to the following diagram as a focus for the discussion, found in their workbooks (appendix 2c). The next four tasks will be associated with each of these columns and therefore, facilitators should have this table set up on their flip chart.

<table>
<thead>
<tr>
<th></th>
<th>Intoxication</th>
<th>Craving / Withdrawal</th>
<th>Acquiring Substances</th>
<th>Couple Interactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Triggers</td>
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<tr>
<td>Thoughts</td>
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<td>Feelings</td>
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<td>Behaviours</td>
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DISCUSS
Discussion points will follow each clip, focusing on how substance use can impact on IPA situations

Substance Use Film Clip (approximately 3 minutes)

Intoxication Film Clip (approx. 3 minutes)

Exercise 5: Summarise the impact substance use has on IPA
Expected Duration: 7-10 minutes

Ask group members, in pairs or threes, to summarise the impact of substance use on intimate partner abuse. Ask each group to present their conclusions to the whole group on a flipchart.

Prompt them to cover:
- Increases perception of provocations
- Reduces perspective taking
- Increases selfishness
- Increases risky emotions (e.g., anger, irritability)
- Reduces problem-solving abilities?
- Increases the risk of violence or abuse towards a partner

Facilitators should then ask the group members what they are going to do about their substance use.

Clarify how they intend to do this. This will relate to their involvement with substance use services – treatments, support etc.

Finish by asking them how they think this will impact upon their use of violent or abusive behaviour towards an intimate partner?

Facilitators should ask group members to work in pairs to devise a SMART action plan using their Action Planning For Regulating Substance Use to Reduce IPA worksheet, found in their workbooks (appendix 2d).
Challenging the Thinking Errors

1. Negative Focus
   Focus on the negative and ignore the positive aspects of a situation

   Example:
   You have been arguing with your girlfriend and not getting on well. She calls you at work and tells you not to go home and that she needs space. You think this is the end and that you have broken up for good. However, the break enables a new view on how relationship was upsetting you both.

2. Either/Or Thinking
   Everything is seen as either good or bad; either with you or against you; either going completely right or going completely wrong – no in-betweens.

   Example:
   Your partner has left and it is the end of the world, you always knew this would happen.

Sometimes, the way we think about things contributes to distress. This section will demonstrate how thinking-errors can contribute to distress and teach the group that such errors can be challenged.

DISCUSS
The end of a relationship and how this has impacted members of the group. Ask them to identify distressing feelings they felt at the time.

DISCUSS
Draw all the examples above together to highlight how thinking errors can impact on our experiences of distress.
# Emotional Safety Planning

## STEP 1 - PAUSE
- Know the warning signs that you are beginning to struggle with your problem?
- These can involve thoughts, feelings or behaviours and when you see them **PAUSE and PLAN**...
- Bring yourself back to the here and now, avoid catastrophizing and breathe...

## STEP 2 - DISTRACT

Don’t try to challenge, at this point...just cope...What can you do by yourself, to take your mind off the problem?
**DISTRACT** Plan this in advance – what helps?

## STEP 3 - FRIENDS

If you are unable to deal with your distressed mood alone, contact trusted family members or friends. List several people in case your first choices are not available.

<table>
<thead>
<tr>
<th>NAME</th>
<th>CONTACT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

## STEP 4 - SERVICES

If your problem persists, or if you have had suicidal thoughts, reach out to your professional support network. Plan who you can contact for what and when they can help: drugs service, Samaritans, social work?

<table>
<thead>
<tr>
<th>PROFESSIONAL NUMBERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional or Agency</td>
</tr>
<tr>
<td>Suicide Hotline for UK</td>
</tr>
<tr>
<td>Local Emergency Number</td>
</tr>
</tbody>
</table>
Videos based on scenarios from dyad interviews

1) What happened 2) What could have happened

Perpetrator desisting from substance use

Intoxication, sexual jealousy, controlling behaviours

https://app.box.com/s/29cioiuyxn9q7rp9k3ss6aua2uubehyk/file/518976158994
Findings from a feasibility trial and formative evaluation of the ADVANCE intervention
4. Trial to assess the feasibility of conducting an efficacy trial – “can we do it?” not “does it work”

- Multicentre, parallel group individually randomised controlled feasibility trial comparing the intervention + treatment as usual (TAU) to TAU only

- Men had a **50/50 chance** of receiving the intervention

104 men recruited from 3 sites

- 54 randomised to receive intervention
- 50 randomised to receive NO intervention

All men continue to receive usual treatment for their substance use (e.g. keyworker sessions, attend groups, substitution therapy etc.)
Aims

To demonstrate the feasibility:

1) of recruiting and retaining men in substance use treatment who have perpetrated intimate partner violence (IPV) in the past 12 months to a trial comparing a group intervention to treatment as usual (TAU)

2) of delivering the group intervention across three regions in England (London, West Midlands and South West)

3) of recruiting and retaining current and ex female partners of these men in the trial as collateral informants
Aims

To assess:

1) the level of treatment **engagement and retention for men**, and explore through focus groups and qualitative interviews their views, acceptability and experiences of the intervention and the study process

2) the level of **engagement and retention with women’s support** for IPV victimisation for female current and ex-partners, and explore through qualitative interviews their views, acceptability and experiences of women’s support and the study process

3) the views, acceptability and **experiences of the facilitators** who delivered the intervention

4) the suitability and acceptability of **outcome measures**
**Recruitment**

**Recruitment target**
- 108 males who had perpetrated IPA in past 12-months
- 60 of their female current or ex-partners

**Men**
- Men approached in substance use waiting rooms (pre-screening approaches) or referred to researchers by staff or via flyers
- Screened by researcher
- Suitability assessed by keyworker
- Baseline and randomised

**Female partners**
- Approached by integrated safety service, support offered and asked if wanted to hear more about the research
- Interested women were called by the researcher
Inclusion criteria

Inclusion criteria - Men receiving community substance use treatment
• Male participant has perpetrated abusive or violent behaviour towards a current or ex female partner in the last 12 months
• Contact with current or ex female partner at least once in the past 12 months – in person, or by phone/ text/ email/ social media
• Plans to stay in current location for the next 6 months
• Agrees to provide contact details of current and/or ex female partner
• Ability to understand and communicate in English
• Keyworker assesses as suitable to participate in the trial

Inclusion criteria – Current or ex-female partners of men in the feasibility trial
• Aged 18 years or older
• Ability to understand and communicate in English
Exclusion criteria

Exclusion criteria - Men receiving community substance use treatment

- Current or ex-partner is not female
- Pending court case for IPV or pending child protection hearing
- Current restraining order
- Currently attending an intervention for IPV
- Declines to provide contact details of current and/or ex female partner

Clinical override of inclusion criteria to safeguard female partners

- Where female partner and male participant share a mobile phone – neither will be eligible to take part in the feasibility trial
- Where the female partner lives out with the UK and therefore integrated safety support cannot be provided – neither will be eligible to take part in the feasibility trial
We would like to invite you to take part in the ADVANCE research study.

There may be times when you disagree or have arguments with your current or ex-partner. Couples have told us that substance use can sometimes lead to disagreements, arguments and abuse – including physical aggression or assault (e.g. hitting, kicking, biting, shoving, slapping, and throwing objects); controlling or intimidating a partner; or stopping a partner having access to money. The ADVANCE study is for men who would like to improve their relationship with female current or ex-partners. We are doing this study to see whether it is possible to deliver an intervention to improve relationships for men in substance use treatment and need to know if this new intervention is any better than usual treatment with a key worker.

What does taking part in the ADVANCE research study involve?

If you are eligible to take part, you will have a 50/50 chance of getting the ADVANCE intervention. All men in the study will continue to receive usual treatment with their key worker. ADVANCE includes 2-4 individual sessions followed by a 12-session group intervention that aims to help men build positive relationships with female current or ex-partners. The intervention is based on what men who use substances and their female partners have told us about their relationships. Staff from Change Grow Live will deliver the intervention. You will be paid for your time taking part and will receive vouchers for attending sessions and some money for travel costs.

Who can take part?

Men whose key worker is based at this substance use treatment service who have had disagreements, arguments or been abusive towards a current or ex female partner in the last 12 months may be eligible to take part. Contact and support will also be offered to partners.

Who can I contact if I am interested in hearing more about the research?

Please contact the researchers (details below) if you would like more information about the research or may be interested in taking part. They will arrange a convenient time to meet up to ask you some questions to see if you are suitable. Alternatively, let your keyworker know you are interested and they can pass on your contact details to the researchers.
Screening questionnaire... in the past 12 months have you?

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Called her names and/or criticized her</td>
<td></td>
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<tr>
<td>2. Tried to keep her from doing something she wanted to do (example: going out with friends, going to meetings)</td>
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<tr>
<td>3. Gave her angry stares or looks</td>
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<tr>
<td>4. Prevented her from having money for her own use</td>
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<tr>
<td>5. Ended a discussion with her and made the decision yourself</td>
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<tr>
<td>6. Threatened to hit or throw something at her</td>
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<tr>
<td>7. Pushed, grabbed, or shoved her</td>
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<td></td>
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<tr>
<td>8. Put down her family and friends</td>
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<tr>
<td>9. Accused her of paying too much attention to someone or something else</td>
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<tr>
<td>10. Put her on an allowance</td>
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<tr>
<td>11. Used her children to threaten her (example: told her that she would lose custody, said you would leave town with the children)</td>
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<tr>
<td>12. Became very upset with her because dinner, housework, or laundry when you wanted or done the way you thought it should be</td>
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<tr>
<td>13. Said things to scare her (examples: told her something “bad” would happen, threatened to commit suicide)</td>
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<tr>
<td>14. Slapped, hit, or punched her</td>
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<tr>
<td>15. Made her do something humiliating or degrading (example: begging for forgiveness, having to ask your permission to use the car or do something)</td>
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<tr>
<td>16. Checked up on her (examples: listened to her phone calls, checked the mileage on her car, called her repeatedly at work)</td>
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<tr>
<td>17. Drove recklessly when she was in the car</td>
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<tr>
<td>18. Pressured her to have sex in a way that she didn’t like or want</td>
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<tr>
<td>19. Refused to do housework or childcare</td>
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<tr>
<td>20. Threatened her with a knife, gun, or other weapon</td>
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<tr>
<td>21. Told her that she was a bad parent</td>
<td></td>
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<tr>
<td>22. Stopped her or tried to stop her from going to work or school</td>
<td></td>
<td></td>
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<tr>
<td>23. Threw, hit, kicked, or smashed something</td>
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<td></td>
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<tr>
<td>24. Kicked her</td>
<td></td>
<td></td>
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<tr>
<td>25. Physically forced her to have sex</td>
<td></td>
<td></td>
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<tr>
<td>26. Threw her around</td>
<td></td>
<td></td>
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<tr>
<td>27. Physically attacked the sexual parts of her body</td>
<td></td>
<td></td>
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<tr>
<td>28. Choked or strangled her</td>
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<td></td>
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<tr>
<td>29. Used a knife, gun, or other weapon against her</td>
<td></td>
<td></td>
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<tr>
<td>30. Contacted her repeatedly by phone, text, email or social media</td>
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<tr>
<td>31. Followed her or hung around outside her home or work</td>
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<td></td>
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<tr>
<td>32. Used text messages, phone, etc. to call her names, harass her or put her down</td>
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<td></td>
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<tr>
<td>33. Used mobile technology to check where she is (example: tracking)</td>
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<td></td>
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<tr>
<td>34. Threatened her via text, email or over social media</td>
<td></td>
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</tr>
</tbody>
</table>

Categories: Psychological abuse, Financial abuse, Physical abuse, Sexual jealousy, Usage of children against her, Coercive control, Gender stereotypes, Sexual coercion, Controlling behaviors, Sexual abuse, Severe physical abuse, Stalking, Technology facilitated abuse.
Preliminary findings
Pre-screening (n=2268) - Assessed for eligibility (n=221)

Eligible (n=104)
- No IPV in past 12 months (n=518)
- No contact with female current or ex-partner at least once a month (n=44)
- Do not plan to stay in current location for next 6 months (n=1)
- Declined to provide contact details of partner (n=48)
- Unable to communicate in English (n=33)
- Keyworker assessed unsuitable (n=9)
- Pending court case for IPV or child protection hearing (n=13)
- Current restraining order (n=5)
- Currently attending intervention for IPV (n=6)
- Unable to attend intervention (n=2)

Not eligible (n=999)
- No IPV in past 12 months (n=518)
- No contact with female current or ex-partner at least once a month (n=44)
- Do not plan to stay in current location for next 6 months (n=1)
- Declined to provide contact details of partner (n=48)
- Unable to communicate in English (n=33)
- Keyworker assessed unsuitable (n=9)
- Pending court case for IPV or child protection hearing (n=13)
- Current restraining order (n=5)
- Currently attending intervention for IPV (n=6)
- Unable to attend intervention (n=2)

Lost between baseline and randomisation (n=0)

Invited to consent/baseline assessment (n=120)

Consented/Baseline (n=104)

Randomisation (n=104) 1:1

Enrollment

Excluded due to safety concerns (n=2)

Declined to participate (n=25)

Did not consent (n=14)
- Declined to participate (n=1)
- No longer eligible (n=1)
- Not contactable / DNA (n=12)
- Other (n=2)

Female contact details provided

Allocation

2127 men approached in substance use treatment waiting rooms by researchers

Of them, 221 (10%) were assessed for eligibility by the researcher

71% (104/147) of eligible men were randomised to the trial intervention + TAU or TAU only

Consort: men
49% (51/104) of men randomised were followed-up at 4 months post randomisation (41% of intervention group and 58% of control group).
26% (27/104) of the female current or ex partners of men recruited to the trial were also recruited.

63% (17/27) of women recruited were followed-up at 4 months post male partner’s baseline.
Who was randomised? (n=104)

- Mean age 42.1 years (SD 10.1)
- 75.7% white
- 16.3% no formal education
- 68.2% unemployed/sickness benefit
- 31.7% homeless or living in hostel/temporary accommodation
- 62.5% had a partner (38.5% lived with her)
- High adverse childhood experiences (mean 4.5 (SD 2.4) out of 10)

- 60.2% hazardous drinkers/48.5% probable drug dependence
- Most common drugs receiving treatment for: 51.9% heroin, 45.2% alcohol, 39.4% crack cocaine

- High prevalence of ‘probable’ mental disorders (85% personality disorder, 62.5% depressive disorder, 47.1% generalised anxiety disorder, 60.8% PTSD)
Who are their current or ex-partners? (n=27)

- Mean age 41.8 years (SD12.1)
- 59.3% white
- 14.8% no formal education
- 29.6% unemployed/sickness benefit
- 14.8% homeless or living in hostel/ temporary accommodation
- 63.0% had a partner (55.6% lived with him)
- High adverse childhood experiences (mean 3.3 (SD 2.7) out of 10)
- 25.9% hazardous drinkers/ 15.4% probable drug dependence
- Most common drugs receiving treatment for: 18.5% heroin, 7.4% alcohol, 11.1% crack cocaine
- High prevalence of ‘probable’ mental disorders (74.1% personality disorder, 55.6% depressive disorder, 44.4% generalised anxiety disorder, 37.0% PTSD)
Outcomes assessed 4 month post-randomisation

**Intimate Partner Abuse (IPA)**
- Abusive Behavior Inventory (revised)
- Controlling Behaviours Scale (partial)
- Use of social media and using children against partner

**Substance use**
- Number of days use in past month

**Mental Well-being**
- Depressive symptoms assessed using the PHQ-9
- Anxiety symptoms assessed using the GAD-7
- PTSD symptoms assessed using the Primary Care PTSD Screen
- Propensity for Abusiveness Scale [anger]– men only

**Self Control**
- Brief Self-Control Scale – men only

**Desirable responding**
- Balanced Inventory of Desirable Responding Short Form – men only

**Quality of Life/ capability**
- EQ-5D-3L
- ICECAP-A

**Economic evaluation**
- Service use and medication
- Criminal justice contact

**Therapeutic alliance**
- Working Alliance Inventory – Short Revised
- California Psychotherapy Alliance Scale-Short-Short Form
## Criteria for progression to full trial

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Results</th>
<th>Criteria met?</th>
</tr>
</thead>
<tbody>
<tr>
<td>intervention acceptable to majority of staff and male participants</td>
<td>high mean overall ratings by session, qualitative findings</td>
<td>YES</td>
</tr>
<tr>
<td>(focus group findings)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>recruitment to the study ≥ 60% of eligible male participants</td>
<td>71% of eligible men recruited</td>
<td>YES</td>
</tr>
<tr>
<td>≥ 70% of male and female participants are followed-up at the end of the</td>
<td>49% of men and 63% of women followed-up</td>
<td>NO</td>
</tr>
<tr>
<td>group intervention</td>
<td></td>
<td></td>
</tr>
<tr>
<td>substance use by men in the intervention group has not increased</td>
<td>Results pending</td>
<td></td>
</tr>
<tr>
<td>(average baseline level (with confidence intervals) should not be</td>
<td></td>
<td></td>
</tr>
<tr>
<td>exceeded at 16 weeks post randomisation follow up)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>intimate partner abuse or violence by men in the intervention group</td>
<td>Results pending</td>
<td></td>
</tr>
<tr>
<td>has not increased (average baseline level (with confidence intervals)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>should not be exceeded at 16 weeks post randomisation follow up)</td>
<td></td>
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</tr>
</tbody>
</table>
Formative evaluation: aims and methods

Aims
• to explore the acceptability of the trial methods (3 cycles)
• to understand the intervention’s acceptability, functioning and implementation

Methods
• 12 focus group interviews with staff in three sites, three cycles
• 8 individual interviews with staff
• 21 interviews with individual men (control and intervention) cycles 1 and 2
• 1 focus group with 5 men who took part in the intervention cycle 3
• 2 individual interviews with women
Feasibility and acceptability

• ADVANCE fits with service delivery models and there is a need

• Men can be recruited and randomized via substance use services
  • But attendance and retention at sessions is less than hoped

• Female partners or ex-partners are more difficult to recruit (27 partners of 108 men)

• The ADVANCE intervention programme has been developed based on new evidence
  • It is acceptable to facilitators and participants, although their views have been used to initiate a revision of the programme to improve it further

• Men who attended the intervention found it relevant and reported they had learned new skills

• Men reported behaviour change resulting from ADVANCE

“[intervention] was really helpful, it was really interesting. When I saw some of the movie, I could see exactly what I was doing, I could see myself there. I see men using and then most of us, we act the same way just to get what we need.” (Male participant)
## Evaluation of sessions: Men (5 highest rating)

<table>
<thead>
<tr>
<th></th>
<th>I understood the purpose of the session</th>
<th>The exercises used were relevant and informative</th>
<th>In general, how would you rate today’s session?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
</tr>
<tr>
<td>Session 1</td>
<td>4.35 (0.79)</td>
<td>4.13 (0.89)</td>
<td>4.13 (0.72)</td>
</tr>
<tr>
<td>Session 2</td>
<td>4.56 (0.78)</td>
<td>4.39 (0.78)</td>
<td>4.33 (0.78)</td>
</tr>
<tr>
<td>Session 3</td>
<td>4.19 (0.91)</td>
<td>4.00 (0.89)</td>
<td>4.25 (0.45)</td>
</tr>
<tr>
<td>Session 4</td>
<td>4.57 (0.54)</td>
<td>4.43 (0.54)</td>
<td>4.29 (0.76)</td>
</tr>
<tr>
<td>Session 5</td>
<td>4.44 (0.73)</td>
<td>4.33 (0.71)</td>
<td>4.67 (0.50)</td>
</tr>
<tr>
<td>Session 6</td>
<td>4.71 (0.49)</td>
<td>4.29 (0.76)</td>
<td>4.60 (0.55)</td>
</tr>
<tr>
<td>Session 7</td>
<td>4.27 (1.01)</td>
<td>4.09 (0.94)</td>
<td>4.18 (0.98)</td>
</tr>
<tr>
<td>Session 8</td>
<td>4.27 (0.91)</td>
<td>4.18 (0.87)</td>
<td>4.20 (1.14)</td>
</tr>
<tr>
<td>Session 9</td>
<td>4.63 (0.74)</td>
<td>4.50 (0.54)</td>
<td>4.50 (0.54)</td>
</tr>
<tr>
<td>Session 10</td>
<td>4.40 (0.89)</td>
<td>4.20 (0.45)</td>
<td>4.40 (0.55)</td>
</tr>
<tr>
<td>Session 11</td>
<td>4.44 (1.01)</td>
<td>4.11 (1.05)</td>
<td>4.44 (1.01)</td>
</tr>
<tr>
<td>Session 12</td>
<td>4.82 (0.41)</td>
<td>4.73 (0.47)</td>
<td>4.91 (0.30)</td>
</tr>
</tbody>
</table>
Acceptability of intervention: men

- Men were motivated to change their behaviour
- Learnt new skills
- Wanted to improve their relationships

‘I want to put this point across as well. Please do not think we're sitting here telling you what we think you want to hear. These applications have been taken in our lives. For me, in my relationship, I've changed me and how I respond and how I react. Because I've done that, people have changed in the way they act around me which has been more positive and more supportive of what I do and me. [...] What this has given me is confidence to be the good version of myself [laughter] [...] That's all started to happen over the 10 weeks I've been doing this. My girlfriend has definitely seen the change. She actually asked me last week whether it was because of the stuff that I'm doing, and the extra responsibility I'm taking, [...] It's just the little things, like the little breathing techniques. It's about taking your time to explain yourself correctly’
Attendance and retention improved

- recruitment and retention improved by cycle 3:
  - In cycle 1: men attended an average of 3.5 sessions (range 0-11), 67% of men attended at least one session
  - In cycle 3: men attended an average of 6.3 sessions (range 0-11), 86% of men attended at least one session, and 57% of men attended at least 50% of sessions
  - In cycle 3: 50% of female partners recruited; 100% of men and women were followed-up at the end of the intervention
Acceptability of intervention: recruitment and randomisation

• Recruitment in waiting rooms worked well in some services
  • In others keyworkers preferred to refer from caseloads
• Readiness in treatment journey is important to recruitment and eligibility
• Use of language important in recruitment e.g., IPA vs ‘healthy relationships’
• Majority of men found randomisation acceptable

‘I was all right. I was pleased that I'd made it through, and I was chosen to represent the community of people in this position.’ Male participant.
Acceptability of intervention: facilitators

- Facilitators were positive about benefits to participants, ‘life-changing’ in some cases
- Protected time required for facilitators
- Fortnightly telephone support for intervention delivery helpful
- Clear roles and responsibilities for ISS workers
  - In some services contacting women fit with typical support processes and in others it didn’t
- Accessible manuals, less theory and experiential training

(F: the last session when we asked them what they had learnt. It was unbelievable. It was like they'd got the manual, copied it all and then put it on the screen. [
...
M: That does say, I think, that the programme works. It is useful. We found it useful.
F: I think it's a great programme.
M: With regard to our very last words, we did exactly what it said in the manual and we left everybody go around the table and say two last words. One of them, his words were 'life changing'. For me, that says it all.
(Male and female facilitators, London cycle 3)
Lessons learned

Individual interviews and focus groups with key working staff, facilitators, ISS staff and male participants (including control and intervention) in the three sites across three cycles of the feasibility trial generated formative learning that led to adaptation and improvement in implementing the programme and further recommendations for the minimum requirements for services in the full trial:

Recruitment and retention of participants prior to the intervention
• Need for a start date for the intervention at point of recruitment
• Initial screening of eligible men by treatment staff to increase the acceptability of the programme to male participants
• Change in language in how the programme is promoted to men and in initial screening and baseline
• Introduction of a group introductory session to prepare men for group
• Research staff to make initial contact with female ex/current partners in order to introduce the programme and offer ISS
Lessons learned

Staff buy-in and engagement with the programme
- Identification of staff champions in the services
- Whole staff training on IPA as well as on ADVANCE
- Refining and simplifying of reading materials and manuals for key working staff

Facilitator training
- Training of facilitators to take place in workplaces in full trial
- Re-focusing training to incorporate more opportunities to practice and more case-study based examples taking on board facilitators’ comments.

Engagement of participants in the intervention
- Hot food, vouchers and travel expenses helps to engage participants
- Refining and editing of intervention in order to avoid participants’ sense of rushing through exercises.
Thank you for listening
Any Questions?

Subscribe to the blog https://blogs.kcl.ac.uk/advance/

Gail.Gilchrist@kcl.ac.uk