For heavy drinkers in treatment for domestic violence problems, an extra therapy session targeting alcohol abuse may help to speed overall improvement in violent behavior, according to a new study.

Alcohol can lower inhibitions and impair judgment, according to lead author Gregory Stuart of the University of Tennessee in Knoxville. "One theory is that alcohol can narrow focus to negative aspects of the environment, and is linked to impulsivity," he told Reuters Health.

Men who are arrested for domestic violence are usually referred by the court to group educational sessions called batterer programs, which don't always address alcohol - even though drinking is involved in a high percentage of domestic disputes, experts said.

Because previous research has found these programs especially ineffective for batterers who also have drinking problems, Stuart's team set out to test whether adding a therapy session devoted to alcohol would affect both drinking and violent behaviors over the course of a year.

For the trial, the researchers recruited 252 men who had been arrested in Rhode Island for violence against an intimate partner and who reported binge drinking (having five or more drinks per occasion) at least once a month.

All attended the court-mandated standard battery program, consisting of 40 hours of group educational programs split into 20 sessions, and half of the men attended an additional 90-minute one-on-one substance abuse session with a therapist.

The men were then asked to complete a survey about their behavior at 3, 6 and 12 months following the treatment program. The researchers also gathered any police reports relevant to the study participants, and analyzed only data for men who had intimate partners at the beginning of the study period.

On average, all of the men participating in the study reported lowered overall violence levels after one year, Stuart's team reports in the journal Addiction.

But participants who received the extra alcohol counseling session had greater short-term improvement in both violence and alcohol consumption compared to men in the standard batterer program.

When the researchers looked at specific aspects of partner violence, for example, men who received the alcohol intervention were less physically aggressive toward their partners at the three-month mark, and less psychologically aggressive at the six-month mark.

The alcohol-intervention group also drank less per day at the three-month mark and drank less often at the six-month mark.

But at every checkpoint in the study, there was little difference in overall frequency of partner violence in both groups, and after a year, the levels of physical and psychological aggression among men in the comparison group caught up to those of the men in the alcohol therapy group.

"I would have preferred to see these results maintained over time, but for the first six months the rate of improvement was greater for the folks who got the alcohol intervention," Stuart said.

The improvements associated with the extra alcohol-focused session didn't fade over time, Stuart pointed out, but the extra therapy seemed to give those men a "jump start" over the other group during the early months.

"These 90-minute motivational enhancements have been shown to be effective with a variety of different (people)," but usually for those who seek out treatment of their own accord, according to Kenneth Leonard, director of the Research Institute on Addictions at the University at Buffalo in New York who was not involved in the study.

For that reason, seeing any positive result, even a small one, in a group of men in a court-ordered program who had not sought treatment on their own was promising, Leonard said.

In Rhode Island, the 40-hour standard batterer program includes a short section on alcohol, but the duration and content of such programs can vary widely by state, according to Stuart.

Other studies have questioned the effectiveness of existing batterer programs, which Stuart says were "created with the best of intentions" but sometimes include methods that aren't supported by evidence and have a lot of room for improvement.

"All of the participants on average had substantially less substance use and violence relative to where they started, however, there was still too much violence and substance use," Stuart said.

He and his colleagues suggest that the jump-start might have lasted longer if there had been multiple follow up "booster" sessions with a therapist over the course of the year.

"When you start getting into these more severe samples, my sense is that something more than 90 minutes would be required, or additional sessions," Leonard agreed.

Although the gains were small and temporary, Stuart thinks the results of this study are a promising start toward improving batterer programs.

"The goal is to gently lead them to the conclusion that potentially stopping the use of alcohol and drugs is a good idea," he said.

SOURCE: Wiley-Blackwell