



# Using motivation to decrease the risk of IPV recidivism

Lessons from research at the University of Valencia

Marisol Lila

Background

# The Individualized Motivational Plan (IMP)

## Why IMP?

A great number of highly resistant participants with low levels of responsibility assumption and lack of recognition of the problem or crime.

## What does IMP aim to achieve?

Increase adherence to treatment as a necessary condition for the intervention to be possible and effective.

## How does it pursue its objectives?

The plan is implemented throughout the intervention. It starts in the Assessment and Motivation Phase.



Avances en la intervención con  
hombres condenados por violencia de  
género: El Plan Motivacional  
Individualizado

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# Design of the IMP

## How to promote adherence to intervention targets

- **Transtheoretical model of change:** stages of change are assessed both in motivational interviews and during the intervention.
- **Motivational Interviewing (MI):** use of therapeutic alliance strategies and motivational interviewing.
- **Good Lives Model:** establishes a framework for the development of alternative behaviours to violence and encourages voluntary adherence to intervention goals by enhancing perpetrators' wellbeing and reducing their risk of further offending.
- **Solution-focused brief therapy:** use of specific techniques (future projection, work on exceptions and scaling questions).

# Design of the IMP

Based on motivational interviewing, stages of change, therapeutic alliance, solution-focused brief therapy, and strength-based theory.

## Delivered through:



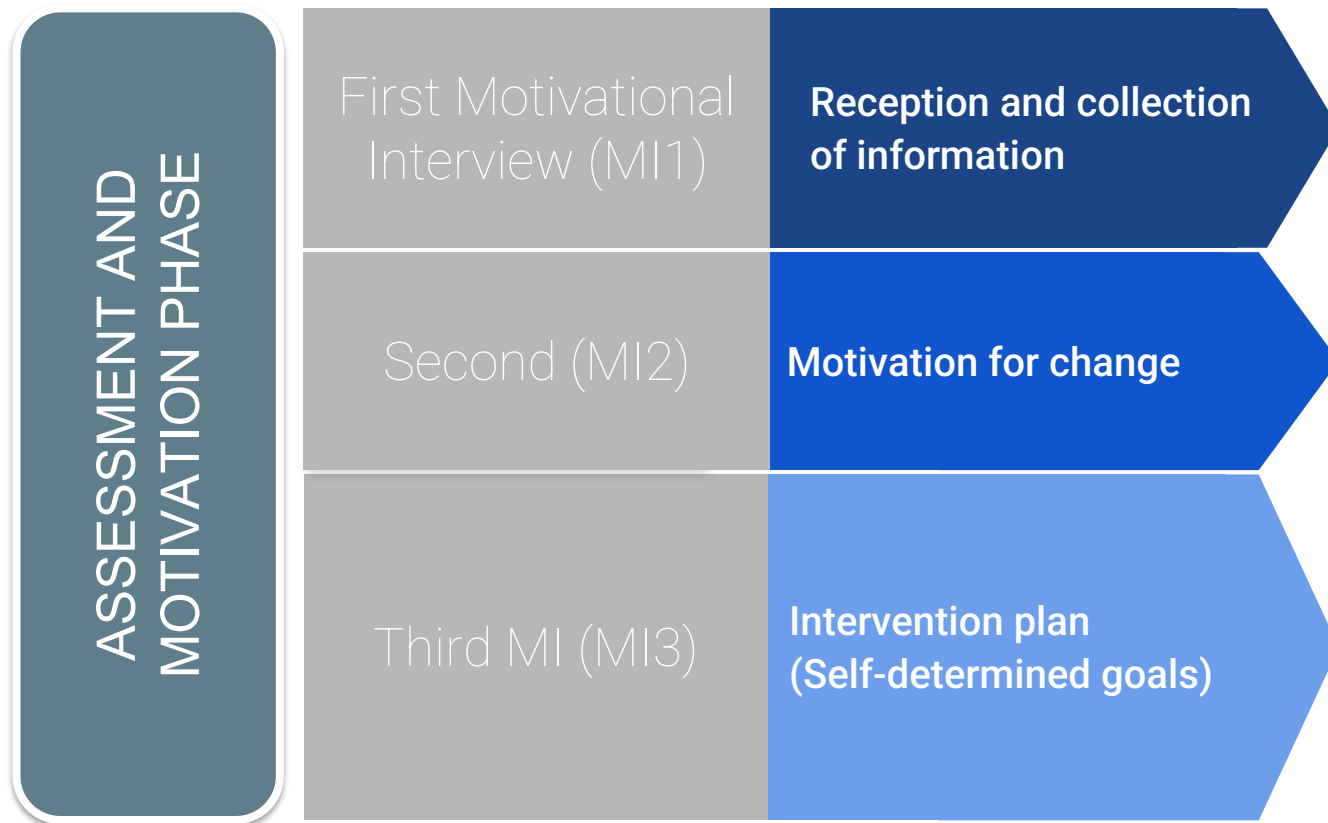
Avances en la intervención con  
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- 5 individual motivational interviews (MI) to design a plan to achieve participants' important personal goals and follow-up their performance, increasing the chances of motivating individuals to invest in the intervention process.
- 3 group sessions (GS) to share personal goals; participants explain their advances and/or difficulties to the group and provide feedback to each other.
- Goals reinforcement (GR) throughout the intervention. Therapists follow-up participants' goals in the weekly group sessions, and link sessions' content to participants' goals.
- Retention techniques (RT) (e.g., a telephone call when a participant doesn't attend a group session).

# The IMP: phase 1



# The IMP: phase 1

## M1

- ✓ Welcome the participant, explain the characteristics of the intervention, provide security and facilitate their adaptation.
- ✓ Adjust the session to the participant by creating an atmosphere of listening and trust that facilitates communication and the expression of problems and difficulties.
- ✓ Obtain information about the participant's personal situation and problems for risk assessment and intervention strategy.

## M2

- ✓ Promote awareness of the problem.
- ✓ Strengthen the participant's intention to change through the presentation of alternative improvement scenarios.
- ✓ Achieve minimum indicators accepted by the participant and help the coordinators in the design of the change plan (self-determined goal) for the third interview.

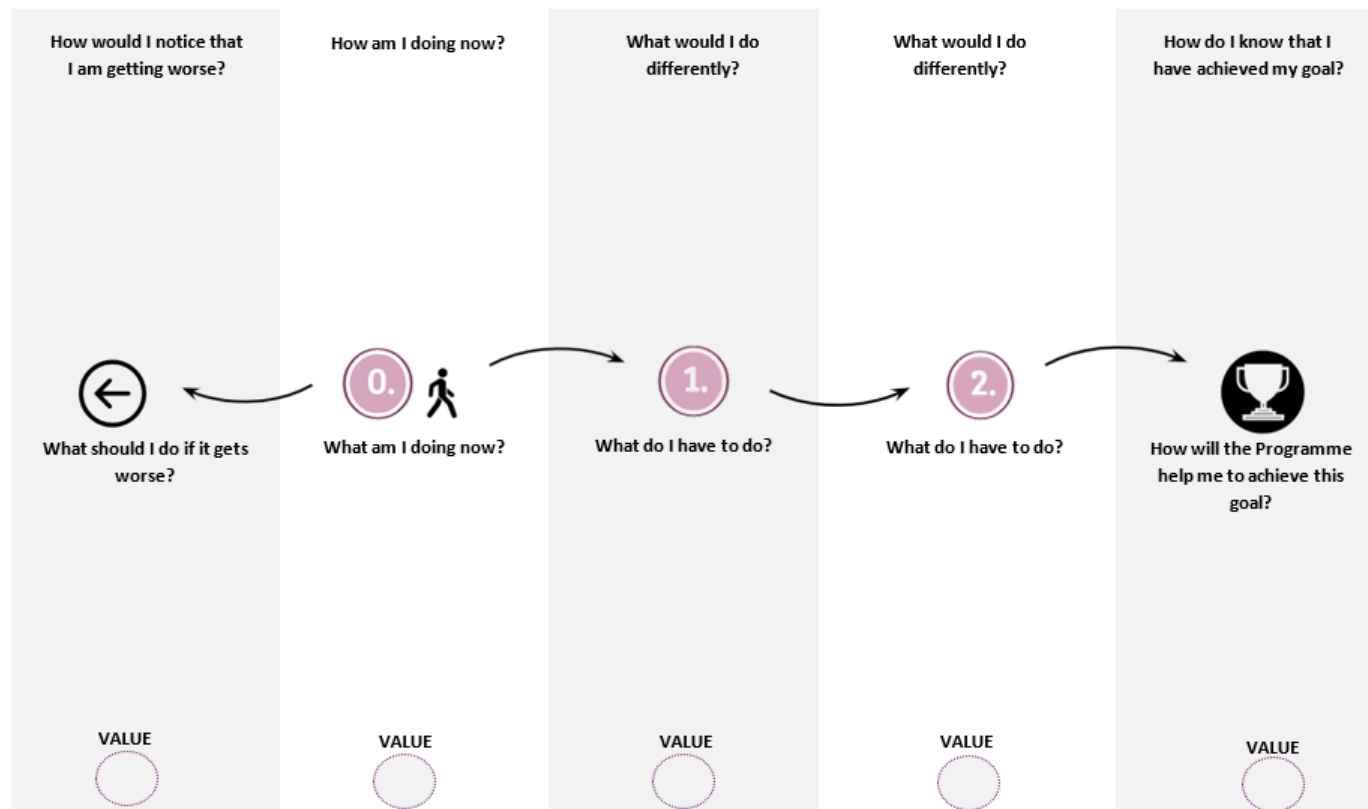
## M3

- ✓ Set and define self-determined goals that enable the participant to achieve his primary goods and reduce the risk of recidivism

# Self-determined Goal

GROUP:

DATE:

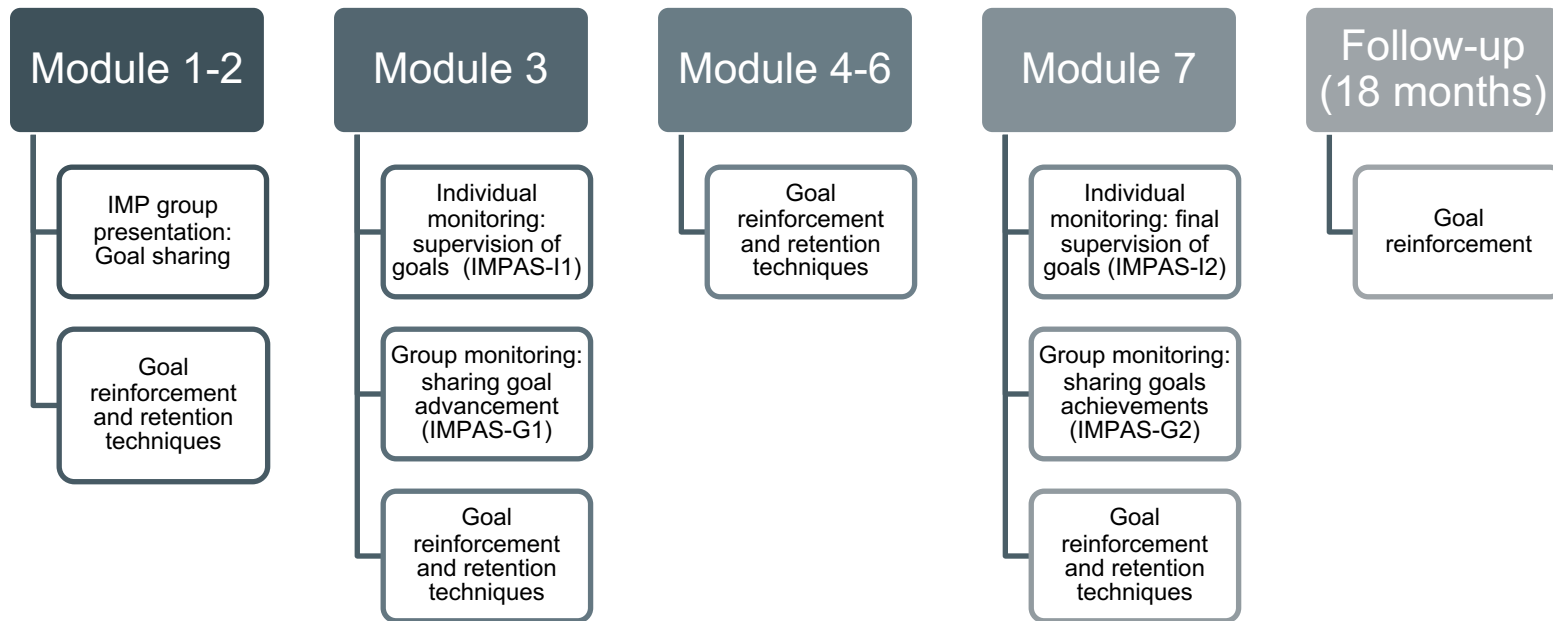


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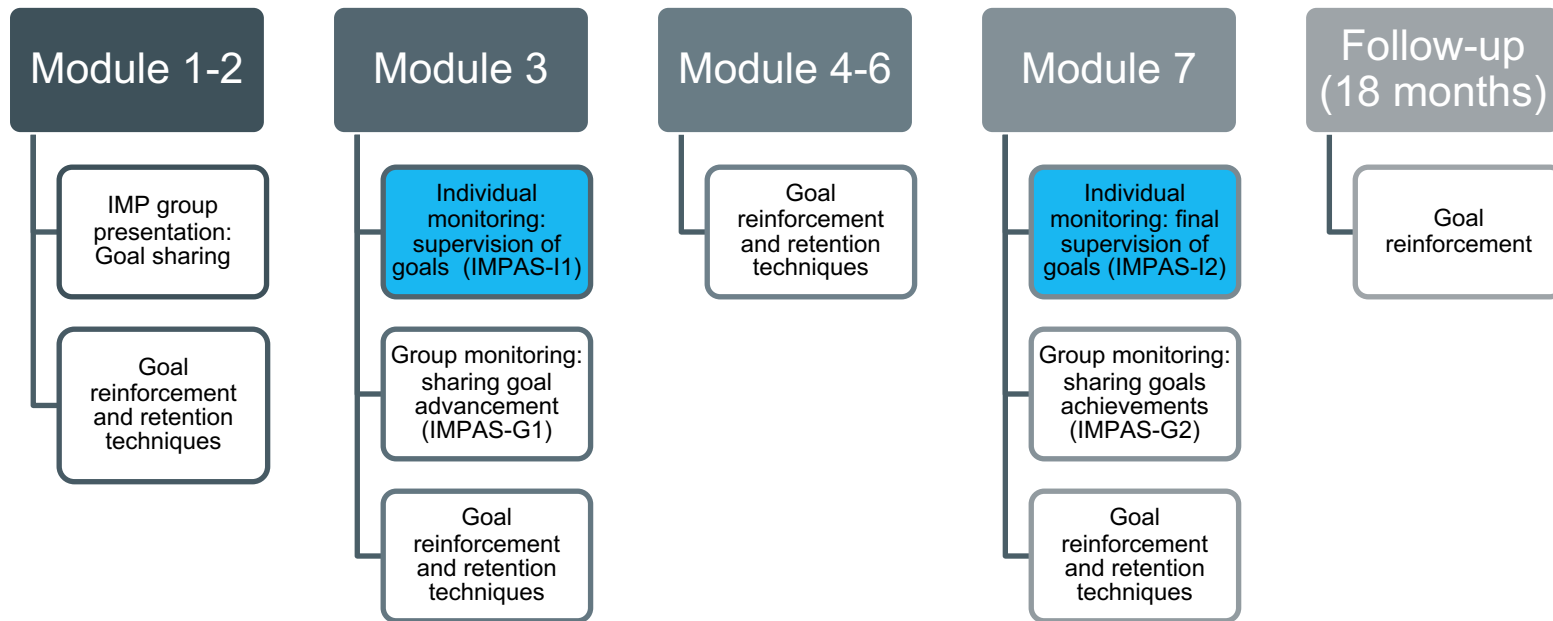
PHONE:



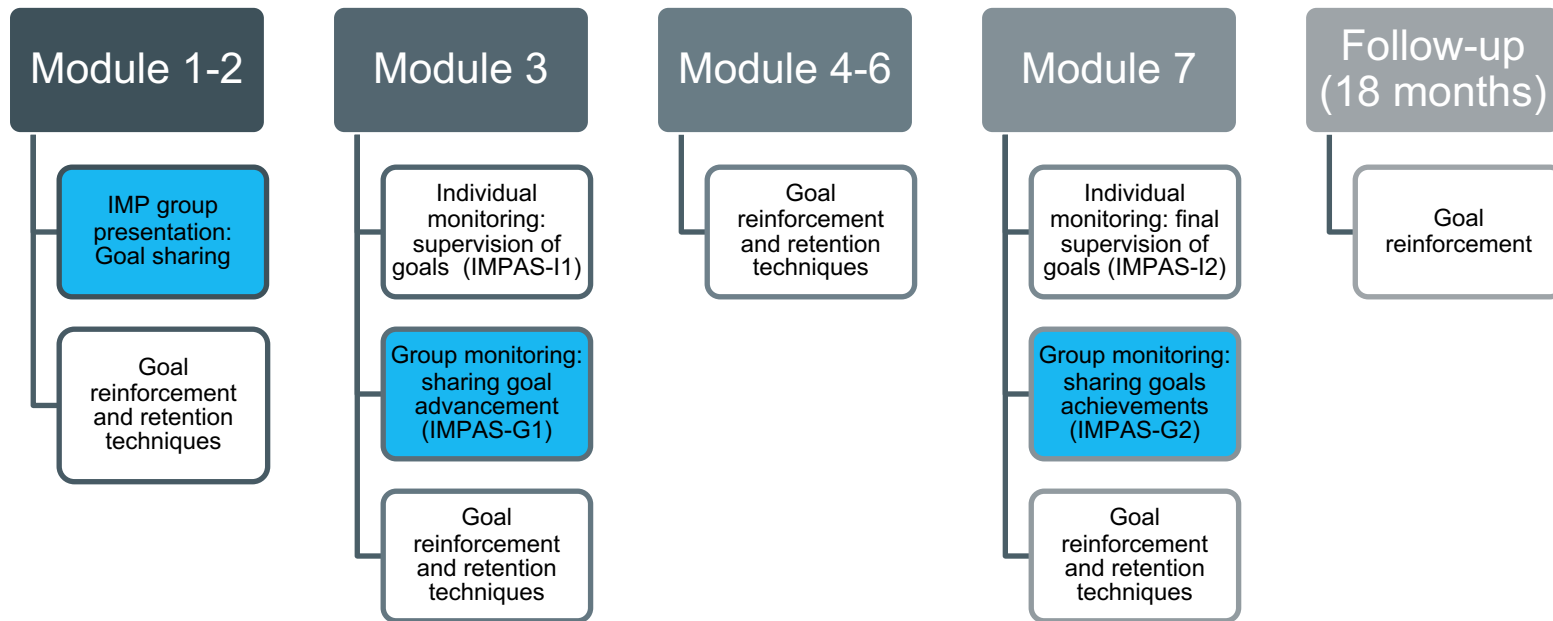
# The IMP: phase 2



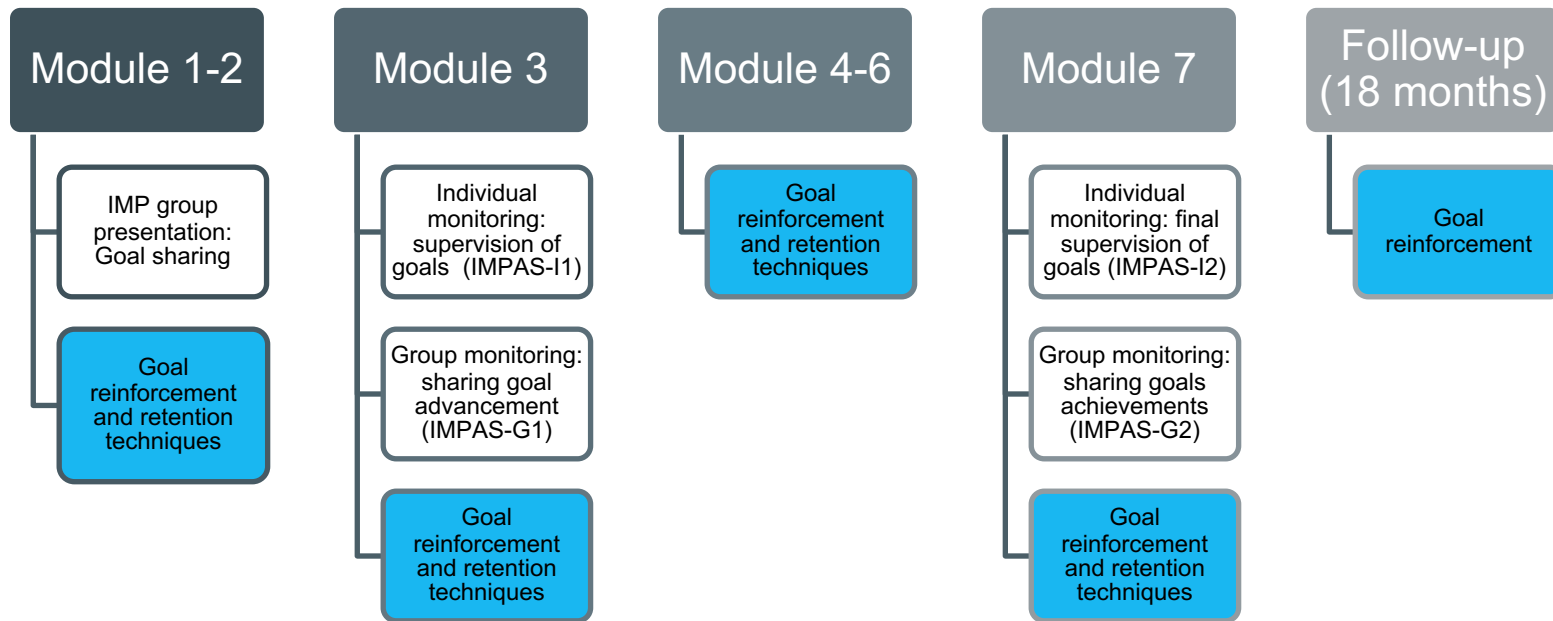
# The IMP: phase 2



# The IMP: phase 2



# The IMP: phase 2



# The Individualized Motivational Plan (IMP)

## Is the IMP effective? Results of RCTs

Standard plus IMP condition participants significantly **attended more program sessions**, finished the intervention in a **more advanced stage of change**, and had a **higher reduction in recidivism risk and self-reported physical violence** than Standard condition participants.

Standard plus IMP condition participants significantly showed **higher therapeutic alliance and pro-therapeutic behaviors** than Standard condition participants.

Standard plus IMP condition participants significantly showed **higher empathy** than Standard condition participants.



# The Individualized Motivational Plan (IMP)

## Is the IMP effective? Results of studies related to goal setting

Article

### Self-Determined Goals of Male Participants Attending an Intervention Program for Intimate Partner Violence Perpetrators: A Thematic Analysis

Manuel Roldán-Pardo<sup>1\*</sup> , Faraj A. Santirso<sup>1,\*</sup>,  
Cristina Expósito-Álvarez<sup>1</sup> , Magaly L. García-Senlle<sup>1</sup>,  
Enrique Gracia<sup>1</sup>, and Marisol Lila<sup>1</sup>

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Goal setting predicted lower dropout rates in IPV perpetrators, including those with substance use problems.



IMP-ADUPS

# IMP-ADUPs

Alcohol and/or other drug use problems (ADUPs): Factor that increases the risk of intimate partner violence (IPV)

1. 50% of participants in IPV intervention programmes have ADUPs.
2. ADUPs are a significant predictor of dropout.

In Spain IPV intervention programs are not adjusted to ADUPs (Group-based)





### Risk Factors and Treatment Needs of Batterer Intervention Program Participants with Substance Abuse Problems

Cristina Expósito-Álvarez<sup>1</sup>, Marisol Lila<sup>2</sup>, Enrique Gracia<sup>1</sup>, and Manuel Martín-Fernández<sup>2</sup>

<sup>1</sup>University of Valencia, Spain; <sup>2</sup>Autonomous University of Madrid, Spain

#### A B S T R A C T

The aim of the present study was to identify the main risk factors and treatment needs of batterer intervention program (BIP) participants with alcohol and drug abuse problems (ADAPs), beyond issues strictly related to their substance abuse, taking into account four sets of variables: sociodemographic (i.e., age, educational level, income, employment, and immigrant status); personality disorders and psychological adjustment (i.e., clinical symptomatology, personality disorders, anger, impulsivity, and self-esteem); social-relational variables (i.e., community support, intimate support, stressful life events, and perceived social rejection); and violence-related variables (i.e., family violence exposure, perceived severity of intimate partner violence against women [IPVAW], ambivalent sexism, risk of future violence, physical and psychological intimate partner violence, motivation to change, and stage of change). The study was based on a sample of 1,039 male IPVAW offenders court-mandated to a community-based BIP. Results from comparisons between BIP participants with and without ADAPs were interpreted in terms of effect sizes to highlight the most salient differences. Differences with moderate effect sizes were found for clinical symptomatology, anger trait, anxiety disorder, depressive disorder, stressful life events, motivation to change and stage of change. Differences with large effect sizes were found for impulsivity, antisocial disorder, borderline disorder, and aggressive disorder. Several intervention strategies are proposed to guide and adjust interventions to risk factors and treatment needs of BIP participants with ADAPs.



Article

### More Likely to Dropout, but What if They Don't? Partner Violence Offenders With Alcohol Abuse Problems Completing Batterer Intervention Programs

Marisol Lila, PhD,<sup>1</sup> Enrique Gracia, PhD,<sup>1</sup> and Alba Catalá-Miñana, PhD<sup>1</sup>

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# Food for thought

1. In your country, how do you usually deal with the dual problem of violence/alcohol and drugs consumption?
2. In your programme, do you work with participants with substance use problems? Are there any exclusion criteria linked to problematic use?
3. If you work on this risk factor, how do you do it (simultaneously, in parallel, sequentially...), what strategies and measures do you take?

# IMP-ADUPs

IMP-ADUPs: implementation of an individualised motivational plan (IMP) for each participant with ADUPs, in which the reduction of alcohol and other drug use is established as a priority goal for change, as a key factor for the reduction of violence.

In addition:

1. Specific training for facilitators on these issues (15 h.).
2. Sharing of goals linked to ADUPs in three group sessions (beginning, middle and end of the intervention).
3. Adaptation of intervention sessions to include specific content, exercises and examples linked to ADUPs.
4. Referral to specialised services for the treatment of addictive behaviours where considered necessary.

# IMP-ADUPs

## RCT results

### **ALCOHOL CONSUMPTION.** *AUDIT*

Significantly greater reduction ( $p = .007$ ;  $\eta^2 = .07$ ) for the experimental ( $M_{T1} = 6.3$ ;  $M_{T2} = 4.1$ ) group than for the control group ( $M_{T1} = 4.2$ ;  $M_{T2} = 4.5$ ).

ADUPs sub-sample: Control group:  $M_{T1} = 6.8$ ;  $M_{T2} = 6.9$ . Experimental group:  $M_{T1} = 10.5$ ;  $M_{T2} = 5.6$  ( $p = .007$ ;  $\eta^2 = .16$ )

### **ACTIVE PARTICIPATION.** *Percentage of homework completed*











Control group = 34%; Experimental group = 50%

# DD study case: setting his goal

- **Phase 1.** Discussion of objectives
- **Phase 2.** Labelling the achievement
- **Phase 3.** Indicators of achievement
- **Phase 4.** Staging progress
- **Phase 5.** Define interventions and closure

NAME: \_\_\_\_\_ GROUP: \_\_\_\_\_ DATE: \_\_\_\_\_

**SELF-DETERMINED GOAL:** \_\_\_\_\_

How would I notice that I am getting worse?	How am I doing now?	What would I do differently?	What would I do differently?	How do I know that I have achieved my goal?
				
What should I do if it gets worse?	What am I doing now?	What do I have to do?	What do I have to do?	How will the Programme help me to achieve this goal?
VALUE 	VALUE 	VALUE 	VALUE 	VALUE 

MY ACCOMPANYING PERSON IS: \_\_\_\_\_ PHONE: \_\_\_\_\_

# DD study case: setting his goal

## Phase 1. Discussion of objectives

1. **Discussion** of needs or problems that can be **changed**.
2. **Meeting points** between personal **needs** and intervention **objectives**.
3. Linking personal objectives with **programme** content.

## Phase 2. Labelling the achievement

1. Translate the discussion of the participant's needs into a **positive and relevant label** that serves as a self-determined goal.
2. Self-determined goals should be **clear, brief** and **positively** formulated.

*'Getting out of the drug world'*

# DD study case: setting his goal

## Phase 3. Indicators of achievement

1. An indicator of achievement is any specific and observable behaviour, situation or skill that can be used to **quantify the goal** to be achieved.
2. Indicators are used to **check the participant's progress** towards the goal.
3. To establish them we can use tools such as the **projection** into the future. The objective is for them to assess how their behaviour would be if they had achieved their goal.

### How do I know that I have achieved my goal?

To be able to enter a centre. Have a normal life. Have a partner who does not use drugs. Change friendships. To look for a job, not to steal.

# DD study case: setting his goal

## Phase 4. Staging progress

1. It consists of **breaking down self-determined goals** into more manageable objectives to foster motivation and the prospect of achievement.
2. It provides a measure in **qualitative** (personal feeling) and quantitative terms (frequency of occurrence of behaviours) of the progress the participant makes.
3. Our goals are graded in **four levels**:
  - First level: current situation (reinforces awareness).
  - Second level: first indicator of change.
  - Third level: intermediate step
  - Fourth level: backtracking (possibility to set individual interview).



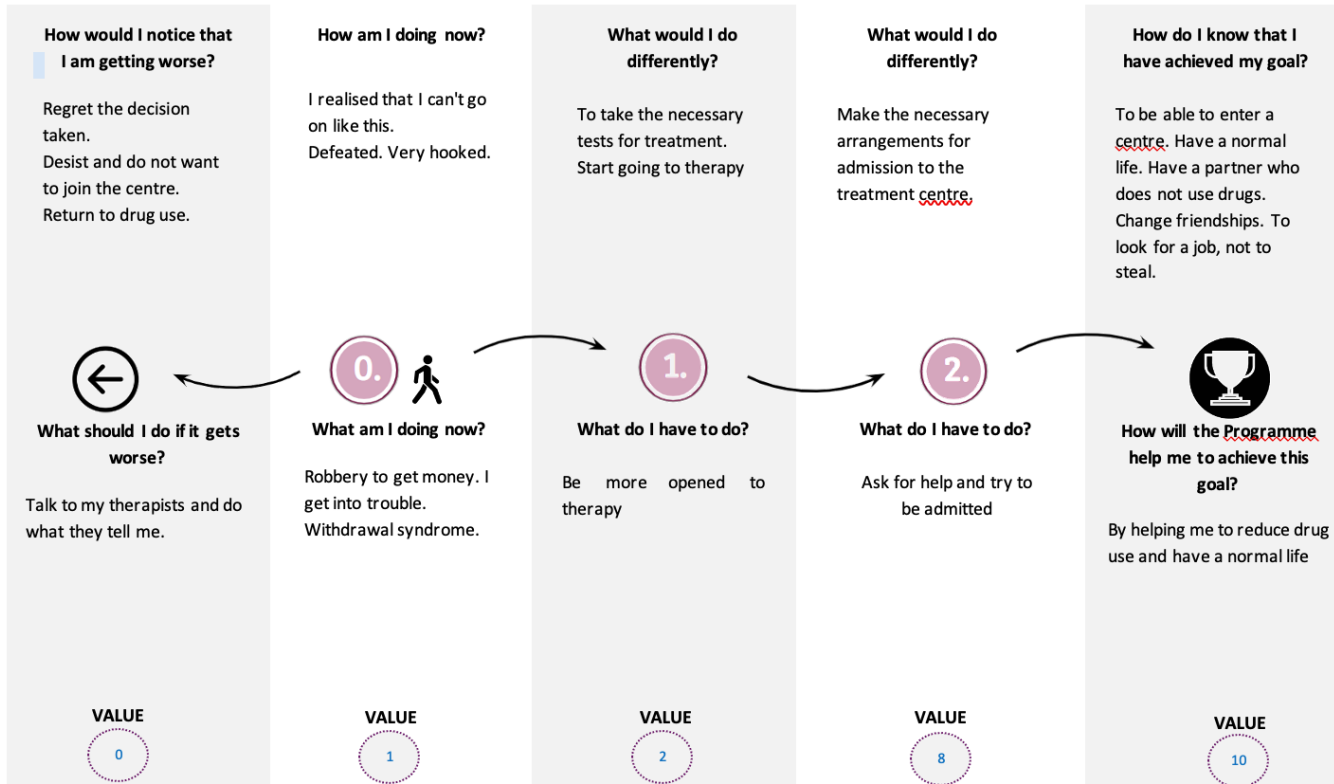
# DD study case: setting his goal

## Phase 5. Define interventions and closure

1. Provide the participant with an **overview** of the work to be done and how the Programme can help him achieve their goals.
2. Encourages the participant's **adherence** to the contents of the programme.
3. Reinforce the importance of the **tasks and activities** in session as useful exercises to achieve their goal.
4. They have to be written in a **clear** and **precise** language and **adjusted** to the participant.

# D.D. Self-determined Goal

**SELF-DETERMINED GOAL:** Getting out of the drug world



THANK YOU VERY MUCH FOR  
YOUR ATTENTION AND  
PARTICIPATION!

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CONT=EXTO

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