## Protocol Outline

Protocol Title: Enhancing Engagement in a Stopping Violence Programme

Protocol Version: 1

Protocol Date: October 2015

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**Abstract**

Outcome for group treatment for violence is hampered by high rates of nonattendance and treatment dropout, low motivation or readiness to change, problems in the establishment of a therapeutic alliance, and limited engagement in treatment activities such as homework assignments. As a brief pre-treatment intervention MI can improve treatment engagement, particularly for individuals with lower motivation levels. Furthermore MI maybe particularly well suited for those mandated to attend stopping violence programmes who may not yet be committed to active personal change. Previous research on MI as a preparation for stopping violence programmes has reported mixed results. It is also difficult to draw conclusions from previous research due to methodological issues which the current study aims to address.

The aim of study is to evaluate the effectiveness of MI as a brief (2 sessions) pre-treatment intervention to enhance treatment engagement in a group stopping violence programme for men who have been mandated to attend. The research will be conducted at He Waka Tapu, a kaupapa Māori non-governmental organisation, which is contracted to provide group stopping violence programmes for offenders referred via the Community Probation Service or the Courts. In this pilot study, participants (n=20) who have been mandated to attend a stopping violence programme at He Waka Tapu will receive 2 sessions of MI as a prelude to the stopping violence group, and their data will be compared to a control group of participants (n=20) who have also been mandated to attend the stopping violence group who do not receive MI (i.e., current standard practice).

Whether group treatment was initiated, and the number of group sessions attended will be the primary outcome measures. Secondary measures will include: self-ratings of importance and confidence in stopping violence, readiness to attend the group treatment programme, and help-seeking behaviour; and staff ratings of engagement in group homework exercises.

**Background**

Motivational Interviewing is “a collaborative conversation style for enhancing a person’s own motivation and commitment to change” (Miller &Rollnick, 2012, p.12), and therefore maybe particularly appropriate for mandated clients for whom motivation to change may be low. More than 200 controlled trials over more than 25 years have demonstrated the efficacy of MI in helping people to change risky or unhealthy behaviour in a range of settings, including substance abuse treatment, mental health treatment, medical and public health settings, and criminal justice.

As a brief pre-treatment intervention MI can improve treatment engagement, particularly for individuals with lower motivation levels. Meta-analyses have shown that MI significantly increases clients’ engagement in treatment and their intention to change (Lundahl, Tollefson, Brownell & Burke, 2010), and MI may work best as a prelude to further treatment (Burke, Arkowitz & Dunn, 2002). Furthermore MI maybe particularly well suited for violent individuals, such as those mandated to stopping violence programmes who may not yet be committed to active personal change (Murphy & Baxter, 1997).

Meta-analysis of group treatment for violence (Babcock, Green, & Robie, 2004) has found a number of factors may account for reduced outcome. These include high rates of session nonattendance and treatment dropout (e.g., Brown, O’Leary, & Feldbau, 1997; Cadsky, Hanson, Crawford, & Lalonde, 1996; Chen, Bersani, Myers, & Denton, 1989; Gondolf & Foster, 1991; Hamberger & Hastings, 1989), low motivation or readiness to change, problems in the establishment of a therapeutic alliance (Taft, Murphy, Musser, & Remington, 2003), and limited engagement in treatment activities such as homework assignments (Taft, Murphy, King, Musser, & DeDeyn, 2003).

Thus, MI may be a useful prelude or preparation for stopping violence treatment programmes to enhance motivation or readiness to change, treatment involvement, and session attendance. Previous research on MI as a preparation for stopping violence programmes have reported mixed results (McMurran, 2009). It is also difficult to draw conclusions from this previous research, however, as there have been a number of different outcome measures used across studies, ranging from number of sessions attended, measures of readiness to change, and recidivism. Additionally, previous research in this area has also been hampered by a common problem in MI research, which is a lack of reporting of data on the integrity of the MI interviewing provided, leaving it uncertain as to the level of skilfulness of the MI provided. Furthermore, previous research has failed to distinguish between MI focused on changing a particular behaviour (motivation for change), and MI for treatment engagement and adherence (motivation for treatment). Zuckoff (2015) points out that MI for treatment includes not only consideration of motivation for change (i.e., changing the risky or unhealthy behaviour), but also should include consideration of additional factors that might influence engagement in treatment as a way of changing the particular behaviour. Zuckoff (2015) identifies these as: practical (e.g., cost, access, time) and symptom (e.g., low energy, anxiety) barriers; negative perception of the proposed treatment (e.g., too long or demanding); negative past treatment experiences (e.g., didn’t work, felt disrespected or not understood); negative attitudes to help-seeking (e.g., threat to privacy, guilt about accepting help) or cultural attitudes about treatment (e.g., stigma, perception as culturally inappropriate or insensitive); and negative relationship expectations (e.g., expecting others to act in authoritarian, manipulative, or intrusive ways).

**Study Aims, Significance, and Hypothesis**

The aim of study is to evaluate the effectiveness of MI for treatment engagement, as a brief (2 sessions) pre-treatment intervention, to enhance treatment engagement in a group stopping violence programme for men who have been mandated to attend.

The research will be conducted at He Waka Tapu, a kaupapa Māori non-governmental organisation, which is contracted to provide group stopping violence programmes for offenders referred via the Community Probation Service or the Courts. He Waka Tapu report that currently only about 50% of those mandated to attend the stopping violence programme do attend, and this is a common pattern nationwide with other stopping violence providers. This means that approximately 50% of those who have been identified by the Courts or the Community Probation service as in need of assistance with regards to stopping violence, do not receive any treatment, and more still leave the treatment programme early before getting the full ‘dose’ of treatment.

The study addresses some of the limitations in previous research to evaluate more clearly the effectiveness of MI as a pre-treatment intervention for engaging in stopping violence treatment programmes. The MI will be provided by three experienced MI practitioners. In order to provide a measure of treatment integrity, all MI sessions will be audio-recorded and 25% of these will be randomly sampled to be evaluated using the Motivational Interviewing Treatment Integrity (MITI) 4.2.1 (Moyers, Manuel & Ernst, 2014) by an independent coder experienced in MITI coding. Additionally, outcome measures distinguish between MI focused on changing a particular behaviour (motivation for change), and MI for treatment engagement and adherence (motivation for treatment).

It is hypothesised that MI will be effective as a pre-treatment intervention leading to enhanced engagement of mandated clients in the stopping violence groups. If MI proves to be an effective in increasing attendance and engagement in the stopping violence group, and attendance at the group leads to reductions in violent behaviour then there are potential significant benefits to the participant, whānau, hapū and iwi.

**Study Design**

The study is a pilot study comprising a randomised controlled design in which participants will be randomised (n=20) to either standard intake assessment or standard intake assessment plus MI (n=20). The MI will be provided by three experienced MI practitioners, two of whom are members of the MI Network of Trainers (and international organisation committed to promoting high-quality MI practice and training). In order to provide a measure of treatment integrity, all MI sessions will be audio-recorded and 25% of these will be randomly sampled to be evaluated using the Motivational Interviewing Treatment Integrity (MITI) 4.2.1 (Moyers, Manuel & Ernst, 2014) by an independent coder experienced in MITI coding.

A meta-analysis by Lundahl et al. (2009) identified 34 studies that measured treatment engagement. The advantage varied from 5% to 15% for samples receiving MI compared with those in a no treatment condition. Samples receiving MI were slightly but not significantly advantaged over those who received an alternative active intervention (d= 0.12; roughly a 5% difference in success rate).

A power calculation suggests that this study has 80.0% power to detect an effect size of 0.221

The study will comprise men who have been mandated to attend a stopping violence programme at He Waka Tapu. They will have been referred for a group stopping violence programme via the Community Probation Service or the Courts. Hence the inclusion criteria are men who have been referred by the Courts or the Community Probation Service to attend. There are no exclusion criteria as we want the study samples to be as much like the population who attend the stopping violence groups. Participants will be recruited until a total of 20 per group (intervention and control) have been obtained. Because the primary measure is attendance, drop-out will not be an issue in terms of analysis.

**Study Procedures**

Men referred to a stopping violence group by the Courts and Community Probation Service will be invited to participate in the research. An invitation and information sent will be sent out by He Waka Tapu through their standard contact with referred clients. The men will then be contacted by a He Waka Tapu staff member to ask if they are willing to participate in the research. If they agree, they will be randomised to assessment only or assessment plus MI.

The first MI session will occur after the initial intake interview. The second MI session will occur 1-2 weeks later, before the group programme commences.

Whether group treatment was initiated, and the mean number of group sessions attended are the primary outcome measures. Secondary measures include: self-ratings: on the Change Questionnaire (Miller & Johnson, 2008), in which participants are asked to rate the importance, commitment, and ability to change a specific behavior (reducing violence) on a scale of 0-10; the readiness for treatment (0-10 scale); of helping seeking and the frequency of this from other sources; and the Homework Compliance Scale (Primakoff, Epstein & Covi, 1986), on which group facilitators (who will be blind to condition) will rate the degree of homework compliance for each participant on a 7 point scale when the participant finishes the group treatment.

The participants will complete self-rating questionnaires

* Pre- (T1) and post-assessment (T2) for the control group, and pre-assessment (T1) and at the end of the pre-treatment MI sessions (T2) for the intervention group.
* When they finish the group treatment (T3).

The questionnaires will be completed as follows:

* Control group – as part of the usual assessment session undertaken at He Waka Tapu before entry into the group – the questionnaire (T1 and T2) will be distributed and collected by the He Waka Tapu staff member who undertakes these assessments
* Intervention group – the questionnaire will be distributed and collected by the He Waka Tapu staff member who does the assessments (T1) and the MI practitioner at the end of the second MI session (T2).
* For all participants when they finish the group (T3) either as part of the completion of the group, or if they terminate the group early, they will be followed up by a He Waka Tapu staff member as asked to complete the final questionnaire.

The results of this study are unlikely to have the risk of stigmatising participants. The research has been developed and will be written up in collaboration with He Waka Tapu, and has been approved by the Māori Research Committee at the University of Canterbury.

**Safety Monitoring Plan**

It is unlikely but possible that the MI sessions may result in mental or emotional distress. As per standard MI practice, the sessions will be managed so that any distress has decreased prior to the end of the session. Participants will also be able to contact the He Waka Tapu staff member who did the initial assessment should they require further assistance. Additionally, participants will be monitored from assessment to the end of the group treatment as per standard practice at He Waka Tapu.

# Analysis Plan

Descriptive statistics will be used to explore the data. Although this is a small pilot study inferential analysis is appropriate given the previously stated power and effect size calculations. An independent groups t-test will be used to detect the treatment difference between groups. Results from hypothesis testing will be treated as preliminary and interpreted with caution.

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