



A Pilot evaluation of the OurRelationship Program within Alcohol and other Drug Residential Treatment



Services in Australia

November, 2021



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Funding and Acknowledgement: Odyssey House Victoria and Deakin University Strategic Grant, Jointly Funded Research Fellow 2017-2021

(Dr Ashlee Curtis and Dr Ellie Mullins). Thank you residential services staff and clients for all the support and participation in making this possible. Thank you to our US collaborators for generously making this program available to us.



Report Citation: Staiger, Karantzas, Mullins, Gruenert, Bruscella, Romano, Curtis, Miller, Toumbourou, Long, Davies, Daws, Babineau, Doss & Christensen (2021). A pilot Evaluation of the OurRelationship Program implemented within Alcohol and other Drug Residential Services in Australia

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Executive Summary

Background

Those seeking treatment for Alcohol and other Drug (AOD) problems often report a high level of conflict in their intimate partner relationships. Further, relationship conflict may be a motivation for people to seek treatment for their AOD problems. Research indicates that problematic use of AOD contributes to and worsens relationship conflict, often leading to physical and psychological harm and dissolution. Furthermore, relationship conflict and distress can lead to relapse and increases in use of substances. Given that people who are accessing residential AOD treatment have often experienced high levels of intimate partner conflict, these programs are well placed to provide relationship therapy which focuses on strengthening positive relationship skills, reducing conflict, and improving relationship satisfaction, in addition to AOD treatment.

Aim of the pilot study

The aim was to pilot an existing evidence-based online relationship program (developed in the United States), known as OurRelationship, within residential AOD treatment settings, delivered in a group format. The study was the first ever application of the OurRelationship Program within AOD residential services, and within a group format. The following research questions were addressed:

- 1/ What was the feasibility and acceptability of facilitating an online couple relationship program in a group setting within a residential service for the treatment of AOD dependence?**
- 2/ How did clients experience the program: what were the benefits, challenges, and areas for improvement?**

Method

Evaluation Design

A mixed method approach was adopted which included clinical profile data using standardized measures, feasibility and acceptability data and qualitative data regarding client experiences of the program and their views regarding impact .

OurRelationship Program Description

OurRelationship is an online program designed to assist individuals and/or couples to manage relationship problems. The online program consists of three phases: Observe, Understand, and Respond. *Observe*: participants receive feedback and information about their relationship. *Understand*: supports participants to develop a “DEEP” (Differences, Emotions, External stress and Patterns of communication) understanding of the core problematic issue they face. *Respond*: assists participants to develop a skill-based plan to address their relationship problems.

Implementation

The program was conducted with clients who were in treatment for problematic substance use and who experienced conflict in their intimate partner relationship, either within a current relationship or a past

Intimate relationship. The program was modified so it could be delivered in a group format within a residential treatment service, without distorting the original online content. Group discussions were inserted into key points in the program to facilitate processing and personalizing content. There were two facilitators present for each group: one from Deakin University and the other from the residential services.

Participants

The sample consisted of 11 mixed gender groups, comprising 75 residents who were receiving treatment for substance use disorders and who had experienced a significant romantic relationship (either current or past). Participants were aged between 21 and 62 years ($M = 37.56$, $SD = 10.03$). In terms of the gender distribution, 44 participants were men (59%) and 31 were women (41%). Of the (number?) participants who commenced the program, 65 completed the program, yielding a retention rate of 87%. Care was taken to explain that this program addressed underlying relationship conflict, and not family violence.. Participants were assessed as unsuitable to participate in the program if there were current domestic violence safety issues, or because they could not distinguish relationship conflict from domestic violence.

Key findings

Clinical Profile of participants

Most group participants (82.7%) reported significant relationship dissatisfaction when considering the relationship they were focusing on for the OurRelationship program. Most reported experiencing some form of emotional abuse in the last 6 months of the relationship, and all participants had experienced or used emotional abuse at some stage of their relationship. Most participants (65.3%) had both physically assaulted and been assaulted by their partner, at some time in their relationship.

Feasibility

Agency staff and facilitators indicated that the program was feasible in terms of training, delivery, and time required. In services where there was a “champion”, it resulted in more groups being conducted and greater time commitment between sessions to address issues that arose from the groups. Again, 87% of participants who commenced, completed the program and session attendance rates were high: across all sessions, attendance the rate was 85%, with an average attendance per session of 91%). Focus group data indicated that demand for the program was high due to positive feedback about the program by participants among their peers, and the residential services currently lacking a specific program on improving intimate partner relationships.

Acceptability

Overall, participants found the program to be credible and acceptable, with 100% of participants saying they would recommend the program to others in residential rehabilitation, or to a friend in need of similar help. Program satisfaction was very high, with 67% of participants scoring 8/10 or above on overall satisfaction with the program.

Program experiences

Key themes and subthemes were identified from the focus groups, providing an understanding of the experiences of the group program.

Themes	Subthemes
Feel more confident to manage conflict	<p>Developed a better understanding of my relationship.</p> <p>More able to see from the other person's perspective.</p> <p>Learned new ways to manage conflict during an argument.</p> <p>Learned ways to recover after conflict.</p>
The program was emotionally challenging	Emotionally challenging and traumatic to reflect on difficult and conflictual past relationships.
Gained clearer perspective on future relationships	<p>More confident to end relationships when issues are irreconcilable.</p> <p>Greater awareness of preferred attributes in future partners.</p>

Conclusions

The high levels of relationship conflict, emotional, and physical abuse reported by participants within this study highlights that those in AOD residential services are a high needs/risk group who require specific tailored relationship skills to support them to improve their capacity to manage relationship conflict in the future. Feasibility and acceptability of the group program was very high indicating its strong potential to become embedded within residential AOD facilities. Whilst OurRelationship is traditionally completed online as a couple or individual (to allow for greater access), within this high needs cohort, the group facilitated format was considered essential as it enabled support from facilitators and peers at times where content was experienced as emotionally challenging, both outside of the allocated group time and during the sessions. The groups included mixed gender and sexual orientation enabling participants to hear about and understand different perspectives within a range of relationships.

Recommendations

Participants made several recommendations for future program implementation, which included:

- Greater diversity in the videos, i.e., same sex relationships, range in socio-economic status, ethnicity.
- More AOD related content, i.e., video and written scenarios.
- Program delivered over several weeks, with time in between sessions to process information.
- More information provided to participants about the program, prior to commencement.
- In addition to the primary facilitator, continue to use a trusted co-facilitator from the residential treatment service.
- A focus on developing new and health relationships

A Pilot evaluation of the OurRelationship Program within Residential Substance Use Services in Australia

Background to the Project

Positive intimate partner relationships can increase overall satisfaction and happiness and are associated with disease resistance, and reduced levels of stress and mental illness (Coulter & Malouff, 2013). However, relationship conflict, including social undermining, disagreement, arguments, and negative social interactions, if left unaddressed, can become highly detrimental to the individual and the couple (Coulter & Malouff, 2013; Farrelly, Sherry, Kehayes, & Stewart, 2019). Problematic use of alcohol contributes to and worsens relationship conflict, often leading to relationship dissolution (Dowling & Morgan, 2018; Farrelly et al., 2019). Marshal (2003) conducted a review of 60 studies that tested the relationship between alcohol use and one of three relationship functioning domains: satisfaction, interaction, and violence. They found that alcohol use was detrimental to relationship functioning, in all three relationship functioning domains, serving as a chronic stressor that contributes to relationship dysfunction and subsequent dissolution. Consistently, a longitudinal study by Boden, Fergusson, and Horwood (2013) found that the odds of relationship breakdown were 2.23 times higher for those where one person reported alcohol abuse or dependence symptoms, than those without. Additionally, where an individual perceives their partner as having an alcohol use problem, they may experience increased conflict, relationship dissatisfaction and reduced level of commitment (Farrelly et al., 2019). Like alcohol use, other drug use in either or both partners can increase relationship conflict. A meta-analytic review of 285 studies found that drug withdrawal and craving symptoms were more strongly linked with relationship conflict than substance intoxication alone (Cafferky, Mendez, Anderson, & Stith, 2018). Furthermore, a qualitative study including 14 men and their female current or previous partners indicated that increased relationship conflict was often linked with intoxication, and irritability and agitation when withdrawing or craving drugs (Radcliffe et al., 2019).

Residential AOD programs are well placed to provide programs focused on reducing relationship conflict and improving relationship satisfaction, in addition to AOD treatment. Residential stays in Victorian AOD residential rehabilitation programs are generally between three to 18 months (Odyssey House Victoria, 2016; Windana, 2019), with the average being approximately five months. This provides sufficient time to undertake a relationship conflict focused program. Victorian government guidelines recommend that AOD programs support clients to increase social skills (Victoria State Government, 2018). Despite the association between AOD use and relationship conflict (Dowling & Morgan, 2018; Farrelly et al., 2019),

intimate partner relationship programs/therapy are not routinely provided within AOD treatment (Victoria State Government, 2018).

Our team has completed a meta-analysis on the effectiveness of relationship education or relationship therapy programs in reducing relationship conflict and aggression as well as improving relationship satisfaction and skills. We have also conducted a meta-analysis examining the impact of Behavioural Couple Therapy (BCT) in enhancing relationship quality and mental health and reducing substance use for those individuals and/or couples reporting risky alcohol use. Our meta-analysis into the effectiveness of relationship education (RE) programs in the community ($k=32$, $n=25,757$) identified such programs as having large effect sizes on outcomes such as relationship satisfaction ($d=.73$) and relationship skills ($d=.92$). Furthermore, RE programs were found to reduce physical and psychological relationship abuse ($d=.61$ and $d=1.25$ respectively) in those who reported moderate to severe relationship aggression prior to entering relationship education. Our meta-analysis into the effectiveness of BCT for participants characterized by substance use problems ($k=24$, $n=1,325$) found moderate effect sizes for AOD outcomes (percentage days abstinent $d = .35$) and improvements in mental health ($d = .53$).

When considering available programs to deliver in residential rehabilitation internet-based relationship intervention programs were reviewed for suitability. Benefits of online programs include their greater accessibility, decreasing barriers to treatment (Roddy, Stamatis, Rothman, & Doss, 2020). A number of relationship education/therapy internet-based programs have been developed to improve relationship quality, with positive results and increased reach (Nowlan, Roddy, & Doss, 2017), including the Prevention and Relationship Education Program (Braithwaite & Fincham, 2007; Braithwaite & Fincham, 2009; Markman, Stanley, & Blumberg, 2010) and OurRelationship (Doss, Benson, Georgia, & Christensen, 2013). It is beyond our scope to conduct a comprehensive review of these programs; see papers by Nowlan et al. (2017) and Rhoades (2015) for further information. We chose to adapt the OurRelationship (OR) program, given its effectiveness data (Doss, Cicila, Georgia, Roddy, & Nowlan, 2016; Doss et al., 2020; Roddy, Knopp, Georgia Salivar, & Doss, 2020) and the ability for one partner to independently work through the relationship problems, rather than requiring both partners to complete the program (Doss et al., 2013). This was beneficial given that most of those in residential rehabilitation were not in a current relationship. The OR program has been delivered to over 5000 couples in the United States with distressed people and those characterized by low income and social disadvantaged experiencing a seven times reduction in alcohol use and mental health problems, and a seven times improvement in their relationships over a one-year period (Doss et al., 2016; Doss et al., 2020; Roddy, Knopp, et al., 2020).

Project Aim

The aim of this pilot project was to examine the feasibility and acceptability of conducting a group-based delivery format of the online 'OR' relationship therapy program (see www.ourrelationship.com) for clients in residential treatment for substance dependence.

OR has yet to be examined within the context of individuals who are in treatment for substance use. This pilot addressed these gaps by trialling the OR program within the residential services of: Odyssey House Victoria (OHV), Odyssey House New South Wales (OHNSW), Windana, and Cyrenian House residents in Australia.

The following research questions were addressed:

1/ What was the feasibility and acceptability of facilitating an online relationship program in a group setting within a residential service for the treatment of substance dependence?

2/ How did clients experience the program: what were the benefits, challenges and areas for improvement?

Method

Evaluation Design

A mixed method approach was utilised. This involved surveys which included standardized measures of relationship functioning, mental health, AOD, levels of previous relationship aggression and substance use. These were completed pre and post the OR group. Focus groups were conducted at the end of the intervention to understand clients' experiences of the program and any recommendations for further modifications.

Participants

A total of 75 participants commenced in the OR group program across 11 separate groups. 65 participants (males = 59%; female = 41%) completed the program, with groups ranging from four to nine in size. Participants were aged 21 to 62 years ($M = 37.56$, $SD = 10.03$).

Eligibility Criteria

To be eligible to participate in the OR program, all clients must have been:

- Currently in or have previously been in a significant romantic relationship for at least 6 months duration
- Currently or have previously experienced conflict in their intimate partner relationship
- Over the age of 18 years
- Able to speak and read English

Clients were deemed ineligible to participate if they:

- Were assessed as emotionally unstable by the senior clinician at the service
- Were assessed as being in a current or past high-risk family violence situation.

Procedure

All clients that were interested in the program needed to have their clinician complete a referral form for them, to assess suitability. In order to ensure clients were emotionally stable enough to participate, service managers determined that those who were in the latter stages of their treatment program were most suitable. This meant participants had been in the residential services for at least three months prior to participating in the program. The referral forms were de-identified and the facilitator and project lead reviewed each referral to confirm eligibility. All eligible clients were asked to complete a consent form and an online pre-assessment prior to beginning the OR program. At the end of the program, all participants completed an online post assessment. Ethical approval was provided by the Deakin University (2019-195). All participants were provided with information about the study in the form of a Plain Language Statement, and they signed a consent form prior to participating in the study and were free to withdraw consent at any time.

Training Facilitators: Facilitators were trained to deliver the OR program in residential services at Odyssey House Victoria and New South Wales, Windana, and Cyrenian House. In addition to this, the program was co-facilitated by a clinician based at Deakin University. Please refer to Table 1 for an overview of the number of facilitators trained.

Table 1: Number of clinicians trained to facilitate the OurRelationship program

Site	Number of clinicians trained
Odyssey House Vic (3 sites)	10 clinicians
Windana (2 sites)	3 clinicians
Odyssey House NSW	2 clinicians
Cyrenian House	3 clinicians
Deakin University	5 clinicians
	Total = 23 clinicians

The OurRelationship Program

The program is based on Integrative Behavioral Couple Therapy (Christensen & Jacobson, 1998); a gold-standard couple therapy approach developed over the last 30 years (Christensen & Doss, 2017). It is a

self-directed online program comprised of 8 hours of education/activities divided into three sections: (1) Observe, (2) Understand, and (3) Respond.

Observe: individuals answer questions and receive personalised feedback on the current state of their relationship and aspects of their personality, to identify the core issues of concern.

Understand: individuals are led through a series of activities to achieve a more accurate understanding of their relationship, focusing on helping them understand differences and similarities between themselves and their partner, how they experience and manage their emotions, how external stressors impact their relationship, and how patterns of communication affect relationship interactions and conflict management.

Respond: this section teaches strategies to respond during conflicts and how to recover from conflict. Strategies focus on balancing acceptance with self-change and developing more effective communication strategies within their relationship. The program concludes by providing the individual with tailored algorithmic feedback related to their situation and improvements that they have made.

Adaptation of the program for a group setting

Two key adaptations were made to the relationship program. Stakeholder feedback from clinicians and residents indicated that group discussion was integral to their ability to share, perspective take and integrate key learnings. In this respect, the online material was completed individually by each resident but at key points the group would come together for a relevant discussion led by the residential facilitator. Secondly, a service audit indicated that 80-90% of residents were not in a current romantic relationship. In response to this, the second program adaptation was to ask participants to draw on a recent significant past romantic relationship. Three different formats of the group program were piloted across the sites to assess which program format was the most acceptable and feasible.

Measures

Demographic variables. All participants completed a demographics questionnaire that included questions regarding age, gender, cultural background, relationship status, relationship length, nature of the relationship, and language spoken at home.

Depression Anxiety Stress Scale 21 (DASS-21). Emotional wellbeing was measured using the DASS-21. It has good internal consistency for the three subscales: depression (0.91), anxiety (0.81) and stress (0.89). The measure contains seven items per subscale, utilising a 4-point Likert-scale. Items include “I found it difficult to relax” (Lovibond & Lovibond, 1995).

Couples Satisfaction Index 32 (CSI-32). Relationship satisfaction was measured using the CSI-32, which has excellent reliability (0.94) and validity (0.98). The measure consists of 32 items on a 6-point Likert scale, such as: “My relationship with my partner makes me happy” (Funk & Rogge, 2007). CSI-32 scores can range from 0 to 161. Scores falling below 104.5 suggest notable relationship dissatisfaction (Funk & Rogge, 2007).

Perceived Relationship Quality Components (PRQC). Relationship quality was assessed using the PRQC, which is an 18-item measure comprised of six subscales, all of which show good reliability. The six subscales include satisfaction (.91), commitment (.96), intimacy (.86), trust (.78), passion (.86), and love (.89), and are each made up of three items (e.g., “how satisfied are you with your relationship”) scored on a 7-point Likert scale. Alternatively, global relationship quality scores can be computed by aggregating across all 18 items (Fletcher, Simpson, & Thomas, 2000).

The Multidimensional Measure of Emotional Abuse (MMEA). Relationship conflict (psychological) was measured using the MMEA, identifying participants’ experiences of both experiencing and using emotional abuse in their romantic relationship (either past or current relationship). The 27-item measure uses a 7-point Likert scale, with questions measuring frequency of emotional abuse. The table below outlines the four subscales and examples of items. All subscales are comprised of either six or seven items. The MMEA has good internal consistency, with alphas ranging from 0.85 to 0.92 (Murphy & Hover, 1999). The items can be scored for whether the action has ever occurred in the relationship (i.e., occurrence), or for frequency. For this report, we have focused on the occurrence of each type of emotional abuse, rather than the frequency.

Table 2: MMEA subscales

Subscale	Emotional abuse type	Example subscale item
Restrictive Engulfment	Isolate and restrict one’s partner, and display jealousy	“Got angry because the other person went somewhere without telling him/her”
Denigration	Humiliating or degrading	“Called the other person worthless”
Hostile Withdrawal	Creating tension concerning relationship stability	“Acted cold or distant when angry”
Dominance/ Isolation	Threats, destruction of property, and fear producing actions	“Stood or hovered over the other person during a conflict or disagreement”

Conflict Tactics Scale-2 (CTS-2). Relationship conflict (physical) was measured using the 24 item, 8-point Likert scale physical assault subscale of the Revised Conflict Tactics Scale (Straus, 1979). It is the most common assessment of relationship conflict used in research and has good internal consistency (alphas ranging from 0.90 to 0.94) (Chapman & Gillespie, 2018). The scale measures frequency of physical assault, with each item listing an act of physical assault, such as: “I slapped my partner”. Each item also includes the corresponding item: “my partner did this to me”, measuring participant experience of physical assault by their partner (Straus, 1979).

Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST). Participant drug and alcohol (AOD) use prior to entering residential rehabilitation was measured by the ASSIST-Lite, commonly used in clinical and substance use/abuse research settings (Ali, Meena, Eastwood, Richards, & Marsden, 2013). The ASSIST-Lite provides a risk severity score of either low (not requiring intervention), moderate (experiencing negative impacts from substance use) or high (likely substance dependent) (Harland, Ali, Henry-Edwards, & Gowing, 2019). AOD use was only measured at pre-program given participants are located within a residential AOD treatment service in which they are not permitted to consume alcohol or other drugs.

Project Findings

A total of 11 groups (75 participants) participated in evaluation of the group version of the OR program.

Table 3 provides an overview of the different sites that have participated in the program.

Table 3: Overview of all group programs

Group Number	Number of participants commenced (N = 75)	Number of participants completed (N = 65)	Delivery Format	Group Structure	Organisation	Site
1	9	8	Face to face	6 x 2 hour weekly sessions	OHV	Lower Plenty
2	8	8	Face to face	2 days, 3 sessions per day	Windana	Maryknoll
3	6	5	Telehealth	6 x 2 hour weekly sessions	Windana	Ballarat
4	7	7	Telehealth	4 x 3 hour weekly sessions	Windana	Maryknoll
5	5	4	Telehealth	6 x 2 hour weekly sessions	OHV	Lower Plenty
6	6	5	Telehealth	4 x 3 hour weekly sessions	Windana	Maryknoll
7	6	5	Telehealth	6 x 2 hour weekly sessions	OHV	Lower Plenty
8	7	7	Telehealth	4 x 3 hour weekly sessions	Windana	Maryknoll
9	9	7	Telehealth	6 x 2 hour weekly sessions	OHV	Bairnsdale
10	6	5	Telehealth	4 x 3 hour weekly sessions	OHNSW	Eaglevale
11	6	4	Telehealth	4 x 3 hour weekly sessions	Cyrenian House	Perth

Demographics

Participant demographics, including age, gender, cultural background, as well as relationship status and length are reported in Table 4. **If clients were not in a current relationship they reported relationship information from their most recent and/or significant relationship**

Table 4: Demographics of participants

	All participants N = 75	Participants that finished the program N = 65
Age		
Mean (years)	37.6	37.4
SD (years)	10.03	10.2
Minimum (years)	21	21
Maximum (years)	62	62
Gender		
Female	31	28
Male	44	40
Relationship Status		
In a current relationship	8	5
Not in a relationship	67	60
Relationship Status (Current Relationship)		
Steady dating	1	0
Defacto/Engaged/Married	7	5
Relationship Length (Current Relationship)		
Mean (years)	9.8	9.4
Minimum years	2.2	5
Maximum years	23	18.2
Relationship Length (Past Significant Relationship)		
Mean (years)	5.7	5.7
SD (years)	5.6	5.7
Minimum (months)	3	5
Maximum (years)	25	25
Cultural background		
Non-Indigenous Australian	50.7%	53.6%
European/UK	26.6%	27.5%
Indigenous Australians	8%	5.8%
Latin American	2.6%	1.4%
Southeast Asian	1.3%	1.4%
African	1.3%	1.4%
Pacific Islander	2.6%	1.4%
Did not report	6.9%	7.5%

Relationship data

Relationship Satisfaction

The group participants' mean score on relationship satisfaction was significantly below this threshold, suggesting that the group participants were largely dissatisfied with their relationship (either current or past relationship). Specifically, 82.7% of the group participants reported notable relationship dissatisfaction, with the remaining 17.3% reporting satisfaction with their relationship.

Table 5: Couple satisfaction (prior to intervention)

Measure	Mean	SD
Couple Satisfaction	8.73	5.16

Note: N = 75

CSI-4 scores falling below 13.5 suggest notable relationship dissatisfaction.

Relationship Quality

As shown in Table 6, the group participants reported moderate levels of relationship quality, at a global level, as well as across all six subscales of relationship satisfaction, commitment, intimacy, trust, passion and love. The group participants scored somewhat lower than a recently surveyed Australian community sample, collected across similar time points.

Table 6: Relationship quality descriptive statistics for group participants (either their current or past relationship)

	Mean	SD
Relationship Satisfaction	3.42	1.60
Commitment	4.73	1.74
Intimacy	4.16	1.46
Trust	4.16	1.83
Passion	4.06	1.75
Love	4.83	1.88
Relationship Quality Global	4.23	1.36

Note: N = 75

Australian community sample scores on global relationship quality (N = 515): Mean = 5.85, SD = 1.00.

Depression, Anxiety, and Stress

As shown below in Table 7, the group participants' average DASS-21 scores at pre-intervention were substantially higher than Australian adult norms across all subscales (Crawford, Cayley, Lovibond, Wilson, & Hartley, 2011).

Table 7: Depression, Anxiety, and Stress (DASS-21) pre-intervention

	Mean	SD	Average Severity Level
Depression	10.53	9.04	Mild
Anxiety	7.76	7.69	Mild
Stress	13.87	7.96	Normal

Note: N = 75

Australian adult normative data on the DASS-21: Depression (M = 5.14), Anxiety (M = 3.48), Stress (M = 7.98).

Alcohol and other drug use

The table below outlines the group participants' AOD use in the three months prior to entering residential rehabilitation. Upon entering residential rehabilitation, all participants met criteria for a substance use disorder.

Table 8: Group participant substance use in the three months prior to entering residential rehabilitation.

Substance type	Participant used substance within 3 months prior to entering residential rehabilitation	ASSIST-Lite results		
		Low risk	Moderate risk	High risk
Alcohol	77.3%	28%	18.7%	52%
Tobacco	77.3%	21.3%	17.3%	60%
Cannabis	48%	50.7%	32%	16%
Amphetamine-type stimulant*	64%	34.7%	10.6%	53.3%
Unprescribed sedative/sleeping medication	57.3%	41.3%	33.3%	24%
Opioid**	28%	70.7%	13.3%	14.7%
Other***	24%	-	-	-

* Including ice, MDMA/ecstasy, cocaine or stimulant medication not as prescribed

** Including heroin or an opioid containing medication not as prescribed

*** Including hallucinogen, inhalant, or any other psychoactive substance

Note: N = 74, 1 participant did not answer these questions

Emotional Abuse in current/previous relationship

All residents reported using at least one type of emotional abuse towards their partner during their relationship (either current or past relationship), and all residents reported experiencing at least one type of emotional abuse towards their partner. Two residents reported not using any type of emotional abuse towards their partner in the last 6 months of their relationship (either current or past relationship). All residents reported experiencing at least one type of emotional abuse in the last 6 months of their relationship.

Table 10: Group participant experiences of emotional abuse during their relationship

		Restrictive Engulfment	Denigration	Hostile Withdrawal	Dominance / Isolation
Ever during their relationship	Used	96%	84%	100%	85%
	Experienced	95%	80%	97%	79%
At least once during the last 6 months of their relationship	Used	91%	71%	9%	72%
	Experienced	91%	72%	91%	72%

Note: N = 75

Physical Assault in current/previous relationship

Most participants reported physically assaulting their partner and being assaulted by their partner at least once in the last six months of either their current or past relationship. However, beyond reporting frequency of physical and psychological abuse, the pilot study did not explore the context and details of these reports. This is because intimate partner violence was not the focus of the study and residential services providing additional support for those who had experienced intimate partner/family violence. Finally, the group facilitators were mindful of the need to set clear boundaries around addressing issues of intimate partner violence and maintained language that did not attribute blame to victim survivors and to collude with those who enacted violence. The primary focus of the relationship program is on the underlying relationship patterns and dynamics that drive relationship functioning. Individuals who had been in an abusive relationship in the past did not focus on that relationship during the program (the issues were dealt with in the wider therapeutic program), to ensure that attending the program did not trigger a trauma response or self-blame.

Table 11: The prevalence of the resident's use and experience of physical assault in the last six months of their relationship

	Assaulted partner and experienced physical assault by partner	Did not assault partner and was not assaulted by partner	Assaulted partner, but did not experience assault by partner	Was assaulted by partner, but did not assault their partner
Overall	65%	23%	3%	9%
Males	57%	30%	4%	9%
Females	77%	13%	0%	10%

Note: N = 75

Acceptability

Overall, the group participants found the program to be acceptable and satisfactory, with 100% of the residents stating that they would recommend the OR program to other residents at the residential service. The residents stated that they would recommend the program to others because it helped them to gain insight and perspective into their own behaviour in relationships, to understand their part in the relationship and understand previous disagreements with their partner, and it explores different ways to deal with conflict. In addition, the residents stated that the program was educational, useful, and informative, and that the format was easy to learn in. One resident stated that the program ties in neatly with what they learn in residential rehabilitation, and it adds an extra layer related to cohabiting and sharing a life with a partner.

The table below outlines anonymous program feedback which was provided by the group participants. All items were scored between 0 (most negative) to 10 (most positive) e.g., Satisfaction: extremely dissatisfied to extremely satisfied; Relationship skills: not at all to definitely; Relationship conflict: not at all likely to extremely likely: items relating to each of the topics in the OR program: not at all to definitely.

Table 12: The group participants responses to the anonymous feedback survey

Item	Mean	SD
How satisfied were you with the program?*	7.98	1.35
Did the program teach you new relationship skills?	8.43	1.79

How likely are you to make changes in the way that you manage conflict in partner relationships?	8.54	1.44
How much did the following topics give you new knowledge about your partner relationships:		
Differences and similarities	7.25	2.17
External stressors	7.62	2.00
Emotions	7.83	1.97
Patterns of communication	8.10	1.57

N=63, 2 participants did not provide responses to these questions, Scales are from 0 to 10, * N = 54

Overall, the group participants were very satisfied with the program. On a scale from 1 to 10, 13.8% scored 10 on the measure, and 67.3% of participants scored 8 and above for this item.

The majority of participants stated that the program taught them new relationship skills, with 33.3% of participants scoring 10/10 (definitely) for this item. 75.4% of participants scored 8 and above for this item. Most of the participants stated that they were likely to make changes to the way that they manage conflict in their partner relationships, with 33.3% of participants selecting 10 (extremely likely) and 75.4% of participants scored 8 and above.

Feasibility

Residential Service feasibility. Agencies were able to accommodate the OR program into their existing residential rehabilitation schedules and had staff members available to attend facilitator training and group sessions. Aspects that reduced feasibility at an agency level included internet connection and audio difficulties; these were identified by facilitators and clients as a logistical consideration.

Facilitator feasibility. Facilitators indicated that the program was feasible to co-facilitate, however when participants missed sessions due to other commitments, additional time was required of the facilitator to ensure the participant had completed the content prior to the next session. Whilst this was an additional time commitment, facilitators were able to assist participants to complete the tasks in a timely manner.

Client feasibility. Of the 75 recruited participants, 65 completed the OR group program (87%). Session attendance rates were high; on average, each session had 91% of group participants present. Participants missed sessions due to other commitments and those who missed a session managed to catch up on the material between sessions.

Demand. Focus group data from both residential rehabilitation sites indicated that demand for the program was high due to the residential rehabilitation sites currently lacking any similar program on intimate partner relationships. Multiple participants endorsed that learning to manage intimate partner conflict was an important need for them. Additionally, OR was identified by multiple participants as a useful addition to the residential rehabilitation program.

"...I learnt different things because it was actually about my past relationship. We don't really look at that here [at the residential rehabilitation centre] ... we'll work on friendships and living in the community together. But we don't really go into the intimate relationships at all" (Participant 1).

Participants recommended the program for individuals in later stages (level 3 or seniors) of their rehabilitation programs, due to the emotionally challenging nature of the content. This endorsed the decision made by residential rehabilitation management about who could be invited to participate.

Delivery Format Feedback

The group format of the OR program was first piloted at Odyssey House Victoria's Lower Plenty site. It consisted of six two-hour long sessions, with sessions delivered once per week. The second group program completed all six sessions across two half days, with sessions 1-3 conducted on the first day, and sessions 4-6 conducted on the second day. Group participants reported in the focus group after program completion, that this format was too onerous, and that they would have preferred to have the program content more spaced out. This would provide time to think and consolidate their learning in between sessions. As a result, a third format of the program was piloted in subsequent groups, in which participants completed four three-hour long sessions, each delivered weekly over four weeks. For the majority of the sites, this was the preferred delivery format.

Qualitative Feedback from Clients

Experiences of the program

Thematic analysis was conducted on focus group data to understand participant experiences of the group program and new understandings and attitudes they may have developed towards intimate partner relationships. Relevant themes and sub-themes identified from the focus groups are outlined below. All responses from participants can be found in Appendix A.

Table 13: Themes and subthemes from the focus groups.

Themes	Subthemes
Feel more confident to manage conflict	Developed a better understanding of my relationship. More able to see from the other person's perspective. Learned new ways to manage conflict during an argument. Learned ways to recover after conflict.
The program was emotionally challenging	Emotionally challenging and traumatic to reflect on difficult and conflictual past relationships.
Gained clearer perspective on future relationships	Ending relationships when issues are irreconcilable. Greater awareness of preferred attributes in future partners.

Feel more confident to manage conflict.

Developed a better understanding of my relationship. The group assisted participants to better understand their relationships, including learning about themselves, their partner, and how the similarities and differences between themselves and their partner impacted their relationship conflict.

"...That's a really important part of it, to get that understanding of who I am but also who my partner is. And like understanding the differences and the similarities..." (Participant 9).

Specifically, communication within their relationship was identified as an area of new knowledge.

"...avoidance was a big part on both sides... we avoided talking about our feelings, avoided getting into arguments, so when we did argue, it was the same response on both sides, and we would get heightened and we'd huff away, and never come back and actually talk about what was going on" (Participant 15).

Participants gained a stronger understanding of how emotions and external stress impacted on their relationships.

"I... realiz[ed] I wasn't in touch with my emotions and never took into consideration [how] external stressors in my life and my partner's life just added to everything" (Participant 16).

"I notice that I keep a lot of my emotions hidden with my husband... hiding those emotions is to my detriment" (Participant 9).

Seeing the other person's perspective. Multiple participants outlined that they learned to perspective take, aided by the relatability of the OR video scenarios, and were able to apply this to their own relationships.

"Seeing from the other person's perspective, especially in the video case studies – a few of those I actually saw myself and my ex in that scenario and it was so close to exactly how it played out that it was quite scary at times. Rather than me always thinking that she was just neurotic and argumentative, I can now see a lot of the other side of the coin" (Participant 2).

"What experiences possibly led up to making him behave the way that he did? It just opened my mind to thinking about all that..." (Participant 7).

However, one participant found it challenging to take their partner's perspective.

"I found it hard to speak for [my partner's] part in things. I found that really difficult, 'how do you think your partner felt about this?' Well we didn't communicate so I really had no idea on how to answer that. And maybe if those questions could be worded a little different, it might be more effective" (Participant 15).

Learned new ways to manage conflict during an argument. Participants identified that they better understood how they and their partner behaved during conflict, and how to communicate more effectively during future conflict. One participant identified that their actions sometimes increased conflict.

"I could see how the fact that I reacted a certain way just antagonized the situation, and how I can do things differently, how I can change my reactions and the way I deal with things, is going to impact a massive amount on the way the situation flows" (Participant 2).

Another participant identified that using more assertive communication may be beneficial.

"It made me realise, things that I made okay that I shouldn't have, and where I should have voiced myself more" (Participant 1).

Participants who focused on their current relationship, as opposed to past relationships, reflected on how their approach to managing conflict has changed in their current relationship.

"I'm now more patient and I can listen to her more and understand more, and try to find a solution and how we can move forward, because before ... we didn't find a solution and it was all very complicated... So now we have better communication... And I can hear more now, I'm listening" (Participant 3).

Additionally, participants gained specific strategies from the program to best communicate with their partner during conflict, including speaker and listener skills.

"Just listening and then saying what we heard from that person so that they know that I've got a good understanding of what they've spoken about, so they don't feel unheard and like I'm just... jumping in and just saying what I want to say" (Participant 14).

Learned new ways to recover after conflict. Multiple participants discussed gaining a new understanding of the impact of recovery speed after an argument and how it can lead to further conflict if differences in recovery speed are not understood or managed.

"I recover quick from a fight, but [my partner] is different, she wants a bit of time... I need to respect that I made a mistake and she needs time, and I need to wait until she recovers... and when she's ready we talk about it" (Participant 3).

"...everybody's different with their speed of recovery. That's something I never noticed in the past and I think if I'd have known that, it would've saved me a lot of grief" (Participant 13).

The program was emotionally challenging

Emotionally challenging and traumatic to reflect on difficult and conflictual past relationships. Multiple participants identified that it was difficult to reflect on a past relationship, particularly when they identified traumatic aspects within the relationship.

“The hard thing was probably taking my mind back to that time, because it was quite traumatic for me” (Participant 1).

“I focused on quite a troubled relationship ... so it was quite confronting for me and challenging for me” (Participant 7).

Gained clearer perspective on future relationships.

Ending relationships when issues are irreconcilable. Participants identified that in addition to increasing their skills to resolve conflict, they would now be better able to identify when they would want to end a relationship.

“...these are the warning signs that if this can't be resolved or addressed, it's time that relationships end. The relationship I was in took a long time to actually resolve and end... I should've got out of it before, because we just weren't compatible really. And now I would be able to see the signs and being able to either fix that and move on, or not fix it and move on...” (Participant 4).

Greater awareness of preferred attributes in future partners. Partner selection was identified by many participants as an important aspect, including selecting partners who are compatible, with desirable traits, as well as setting and maintaining expectations early in the relationship.

“...Being more careful of who I'm with next time... making sure I'm a bit more compatible, like the emotional side, the communication side, I think I'll be very wary of someone who doesn't like to talk or open up... it's important to have that connection and be able to feel heard. It's definitely given me some standards of what to expect...” (Participant 1).

“Setting expectations from the beginning, so being clear about what I want and being clear about what the other person wants in the relationship. And also not letting things slide” (Participant 7).

Overall, participants identified new insights about their personal relationships, as well as skills to better manage conflict in future. They named challenging aspects of the program, as well as suggesting improvements. Participants acknowledged that the mixed gender groups enabled non-partnered participants to hear about and understand different perspectives within relationships. Participants also expressed future thinking about relationships, including partner selection, and consideration of when they may decide to end a relationship, deeming it irreconcilable.

Discussion

Consistent with existing research (Coomber et al., 2019; Curtis et al., 2019; Dowling & Morgan, 2018; Farrelly et al., 2019; Mayshak et al., 2020; Radcliffe et al., 2019), the relationship profile of the participants showed a level of relationship conflict present in those with significant AOD use disorders. The level of reported mutual partner abuse was high, with all participants reporting both being emotionally abused by their partner, and emotionally abusing their partner. The majority also reported both physically assaulting their partner and being assaulted by their partner. Overall, the relationship profile is one of high levels of dissatisfaction, emotional abuse, and physical violence, higher than the general population, suggesting the importance of relationship therapy and skill development for this population. These results were not surprising, given the interaction that exists between heavy substance use and relationship conflict (Coomber et al., 2019). Residential AOD services in Australia do not routinely, if ever, provide programs specific to intimate partner relationships (Victoria State Government, 2018). The high levels of relationship conflict experienced by participants of this study emphasized the need for a specific program within AOD residential rehabilitation, to support their clients to better manage and reduce occurrence of relationship conflict and intimate partner violence.

Feasibility and acceptability

This study considered feasibility and acceptability of the OR Program within an AOD residential service. Feasibility testing is important for new programs, as it allows understanding of whether the program can be successfully implemented in the group format, and acceptability allowed understanding of participant reactions to the program (Tickie-Degnen, 2013). Feasibility and acceptability were both high, suggesting that the program is a salient option within the residential rehabilitation program. The case study further illustrated that a relationship focused program would be beneficial, feasible, and acceptable within an AOD residential rehabilitation, complimenting and value-adding to other residential rehabilitation group programs.

Delivery of the program content over a period of 6 days was more feasible than over 2 days as it allowed time to process the information, particularly given that most participants identified the content as emotionally challenging. Based on the challenging nature of the program, it was recommended that participants receive support from peers and residential rehabilitation staff. This is an important consideration when planning and facilitating a relationship program: to allow sufficient time and to have suitably trained facilitators available to provide emotional debriefing and support to participants. After the first two groups were conducted, and due to COVID-19 restrictions, the program transitioned to being delivered in an online format as opposed to in-person. Given that the program is already designed

with online delivery in mind, it was not a challenge to adapt the delivery. This shift however, highlights the versatility of the program.

Experiences of the program

To understand participant program experiences, the following key themes were identified: feeling more confident to manage conflict, the program was emotionally challenging, and gaining clearer perspective on future relationships.

Feeling more confident to manage conflict

Following completion of OR, many participants reported being better able to understand their relationship from multiple perspectives; a factor that has been associated with increased relationship satisfaction (Cahill, Malouff, Little, & Schutte, 2020). Additionally, they expressed that they believe that they would better manage conflict in future relationships, consistent with prior research (Georgia, Knopp, Roddy, Morland, & Doss, 2020; Roddy, Knopp, et al., 2020). It is well established that those with problematic substance use generally experience a high prevalence of conflict and violence in intimate partner relationships (Gilchrist, Radcliffe, McMurrin, & Gilchrist, 2015). Consistently, participants reported high levels of mutual abuse, both physical and emotional, which their substance use may have contributed to (Australian Institute of Health and Welfare, 2019; World Health Organisation, 2013). However, it is also recognised that those with problematic substance use often lack conflict resolution skills (Flanagan et al., 2018). Therefore, the OR program, alongside AOD treatment, may assist those in AOD residential rehabilitation to reduce their level of conflict in future relationships by targeting both intimate partner conflict alongside AOD treatment, potentially preventing future instances of intimate partner violence (VicHealth, 2007).

Additionally, relationship conflict can lead people to increase their substance use or to relapse, maintaining substance use problems (O'Farrell & Schein, 2011). Conversely, improving relationship quality and reducing conflict may lead to reduced risk of relapse and increased recovery (O'Farrell & Schein, 2011). Studies have shown that attending couples therapy, where one or both individuals have an alcohol problem, not only improves the relationship but reduces alcohol consumption (Meis et al., 2013; O'Farrell, Schumm, Murphy, & Muchowski, 2017). Therefore, supporting participants to better manage relationship conflict may strengthen relationships and reduce the risk of relapse (O'Farrell & Schein, 2011).

The program was challenging

Participants reported that the program was emotionally challenging due to the process of reflecting on past relationships, most of which involved high levels of conflict and abuse. The case study participant raised that he felt shame when reflecting on his past relationship. When shame responses are pervasive, persistent or severe, they have potential to become detrimental for the partners individually and for the relationship (Epstein & Falconier, 2011). Completing group therapy has been found to offer support and understanding to counteract isolation, redevelopment of trusting peer relationships, a sense of interpersonal safety and validation of traumatic experiences, which in turn, decreases shame and stigma (Schwartz, Barkowski, Strauss, Knaevelsrud, & Rosendahl, 2019). OR supported participants to share their stories about their relationships in a trusted group setting, often speaking about the relationship for the first time since being in residential rehabilitation, and specifically, discussing the more challenging and distressing aspects of the relationship. Therefore, the approach of implementing the OR program in a group formation may have supported participants to reduce their levels of shame and distressing emotion relating to the relationship.

OR is traditionally delivered as either an or parallel couple online program to support greater access (Doss et al., 2013). However, within this cohort, where most of the relationships involved abuse, the group facilitated format was an important component. It allowed for support from facilitators and peers at times where content was emotionally triggering, both outside of the allocated group time and during the sessions. Additionally, the group found having a trusted residential rehabilitation facilitator present to be beneficial, further increasing the level of trust and interpersonal safety.

Gained clearer perspective on future relationships

Despite most participants reporting high levels of abuse, conflict, shame, and guilt about past relationships, OR provided participants with a sense of hope and optimism about future relationships. Specifically, many participants reported that they had an increased awareness of their partner trait preferences and standards of their future partner's behaviours (i.e., communication and conflict management). They indicated they believed this better prepared them for future partner selection, upholding standards, and ending relationships where standards are no longer being met. Relationship difficulties can arise where standards are not achieved, or if partners endorse extreme or unrealistic standards (Wunderer & Schneewind, 2008). Research indicates that expected standards within a relationship, alongside positive coping processes, are associated with increased relationship satisfaction (Wunderer & Schneewind, 2008). Therefore, where participants uphold personal standards within their relationships and implement conflict resolution skills, they are more likely to experience improved relationship satisfaction and reduction in relationship conflict.

Overall, whilst emotionally challenging, the OR program was viewed by participants as being highly beneficial, particularly as they gained conflict resolution skills and an ability to develop a deeper understanding of themselves, their partner and their relationships. It was deemed to be a feasible, acceptable and complimentary addition to their existing treatment within residential rehabilitation.

Study limitations and strengths

This evaluation was limited by the absence of a control group and post-program follow-up. The embedding of the intervention within an AOD treatment setting reduced the potential to confidently attribute benefits to the intervention. This was not, however, the focus of the pilot study. The strengths of the design were that it enabled an evaluation of the acceptability and feasibility of implementing the intervention in the treatment setting. Pre-program participant details, retention and user experience data provided important preliminary data, warranting future studies to evaluate participant impacts using more rigorous designs.

Recommendations and areas for improvement

Participants made several suggestions for areas of improvement which included:

- More AOD related content in the context of relationship conflict, i.e., video and written scenarios.
- More information provided to participants about the program, prior to commencement.
- Focus on future relationships and what to look for in a healthy relationship given majority were not in a relationship
- Greater heterogeneity in the videos (i.e., same-sex relationships, cultural relevance in the Australian context)

Finally, the team indicates that it is important to conduct evaluations with a larger sample and a longitudinal RCT design to test the effectiveness outcomes.

Conclusion

In conclusion, the adaptation of the OR program to a group format within residential AOD treatment was found to be both feasible and acceptable. OR was particularly well suited to this group due to the ability for one partner to independently work through the relationship problems. The OR program was viewed by participants as highly beneficial, particularly as they gained conflict resolution skills and an ability to develop a deeper understanding of themselves, their partner and their relationships, and clearer

perspectives on what they desire in future relationships. The OR program was determined to be a valuable addition to existing treatment within AOD residential services.

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Appendix A

Short answers from participant's anonymous written feedback forms

Item	Responses
Please list a few of the new skills you have learnt: (n = 38)	<ul style="list-style-type: none"> • How to communicate • To not avoid, express myself better • Communication, listening, not taking control • Make time to talk when things come up, practise listener speaker skills, recognise recovery time • Accepting and embracing differences, Active listening and being open to others even if I don't agree, not to get consumed in their motive it's what I do with the information that counts, stick to my values and be assertive in my communication • Greater understanding, more compassion, timing of conversation • Communication styles, taking their stress into consideration • Listener/speaker. Come from non-judgemental place. To be understanding of patterns, differences and similarities, and external stressors. Makes me want to disclose my hidden emotions. Similar to work done at residential rehabilitation. • I learnt to take into consideration of the other halves external distractions. I learnt when having an argument that both sides need to be taking into account with background and emotional state. • Speed of recovery after an argument, speaker/listener skills, how to approach topics gently, hidden emotions • Understanding people don't need sorry, that I need time alone to process arguments, understanding hidden emotions

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- How to approach certain situations and how to communicate effectively. Also learnt some of the communication traps.
 - How to identify my hidden emotions and how to see from partners perspective
 - Active listening, different response style, respond rather than react
 - Healthy communication, to be aware of high risk situations, how to deal with conflict
 - Talk about what is really going on. Make sure my partner feels heard before I share my concerns. To paraphrase. Not get defensive.
 - To summarise what I have heard to make my partner feel understood/heard. To explore external stress, emotions and differences when in a relationship/argument. To talk things through calmly. To mention I feel like we are slipping into old patterns. Can we take a break!
 - What's underneath my hidden emotions. Also to look at the bigger picture. E.g., differences and similarities.
 - DEEP active listening. External stressors.
 - That it's more than okay if a conversation gets heated to come back to it later. To recognize how important it is to compromise and own my point in things. How to identify external stressors and communicate what they are in a healthy way
 - Active listening, deep listening. Not react to feelings (be defensive). That I will be honest about my feeling/fears more. Recite back what feeling came up for my partner.
 - Emotional honesty. How to deal with/manage conflict. How to healthily handle conflict.
 - I have learnt to take the time to listen and to practice patience and humility and care and concern.
 - More skills on communication styles and more awareness into how conflict can arise and each others point of view of situations also how to make resolution after a disagreement.
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- I learnt more about how there's always two sides to every story. Understanding that what have made me attracted at the beginning is what I struggled with at the end. That I could have been more compassionate and understanding. That I was social and he was not.
 - To not question my partner and share my hidden emotions. That to not take in my external stressors into an argument. To acknowledge our differences and similarities.
 - Communication. Other centeredness. Active listening.
 - What I do in a conversation/argument. Where it's come from. How I can re approach conflict later.
 - New patterns of communication. How to address my core issue. Awareness around my emotional honesty.
 - Recognising patterns of communication. Accepting fundamental differences. The importance of emotional honesty (not really a skill but anyway)
 - Not to avoid. Talk about it when both of us are ready. To feel my hidden emotion
 - Communication patterns was a big one, and also the way people react differently to things
 - Be honest in the moment if can't to come back to it later. Not to avoid. Be understanding.
 - To practice active listening. To identify hidden/surface emotions
 - Listening to my partner point of view. Waiting 24 hours after argument to re-visit it.
 - Listen to hear not to respond. Everyone's different in processing and recovery time.
 - Patience
 - Listening, being understanding

In what ways will you manage
conflict differently?
(n = 40)

- Express my emotions more, communicate better when I have time away
 - Being more present, listening, more caring
 - Using above skills and practicing empathy and different perspectives
 - I will be more able to change the things that I can and dwell less on the other person's behaviour
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- Actively hear the other party and gather all evidence/facts before I respond (be objective). Seriously learn to agree to disagree
 - Assess my tone and delivery prior to conflict resolution, approach the situation at the right time, listen more and make sure I respect what I have heard
 - When heightened walk away and talk about it when I'm calm
 - Try and look at the situations from a outside view always. Allow my partner to finish talking before I speak
 - Be more accepting to other factors than the conflict itself
 - I will find out what sort of day and mood the other half is in before sitting down and connecting.
 - I'll manage conflict differently by letting one person be the speaker & the other the listener & reverse roles. I have a better understanding of the speed of recovery of arguments and with that better understanding will assess situations better in future.
 - I will listen more effectively
 - Understand the feelings that they felt during the argument and acknowledge them.
 - Listen more, respond calmly and assertively
 - Listen openly, don't judge, respectful communication
 - I will listen and not get defensive. I will try to understand my partners patterns of communication. I will paraphrase and make sure they feel heard. I will make sure I understand what they need from me. Then I will ask for what I need.
 - I will not be accusatory. Instead, I will look at the evidence that suggests I'm right or wrong. I will voice in the moment what I need. E.g., space or honesty. I will explore deep understanding rather than getting heightened.
 - The way I handled conflict, the way I react to it, I guess what I do with the conflict. I'll listen to the person more and try to talk it out first instead of going straight into an argument.
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- I will own my point in things. Respect differences in recovery times. I will be sure to describe hidden emotions. I will let my partner know how external stressors affect me.
 - Listen more. Explore my hidden emotions. Pause and repeat what my partners concern is back to her.
 - I will actively listen and always be honest and open about how I am feeling, whether positive or negative, no matter how uncomfortable.
 - I will be more considerate of others feelings and opinions, and also emotionally regulate.
 - Don't bring my emotions into it and work towards understanding where he is coming from and listen and talk about resolution but also be understanding that he might take a bit longer to recover
 - I won't get defensive, stand-offish and I won't start a conversation on the defense
 - Listen. Accept our differences. Not to be a detective. To acknowledge my hidden emotions.
 - I'll be calmer. I'll choose more wisely. I'll be more confident. I'll listen and compromise.
 - My approach, to be more reasonable, to be more open in my conversation
 - Listen. Accept. Respond.
 - I will be aware of my own tendencies to avoid and challenge these. I will accept my partner's differences. I will explain to them clearly how their behaviour makes me feel. I will acknowledge their external stressors.
 - To a friend get advice and wait til both parties are ready to solve our problem
 - I'll be okay with letting some time go before feeling I have to fix it/say something. And I won't judge my partner by the way in which he reacts
 - Walk away and come back to it later. See what's going on with the other person. External stressors. Be aware I'm not bringing my so.
 - Not avoid it. Not be passive. Be proactive when it arises and address issues as they happen. Take responsibility for my part.
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- I will take it slowly, have compassion and take the time to listen and have understanding
 - I'll sit down and have a conversation and be emotionally honest
 - Be more understanding and compassionate
 - Listen and not react
 - Managing my timing of addressing issues better
 - Will be open to seeing things from their perspective
 - Communication and understanding
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