

# COVAID

## *Control of Violence for Angry Impulsive Drinkers*

### ***What is COVAID?***

COVAID is a cognitive-behavioural treatment programme aimed at drinkers who are aggressive or violent when intoxicated. It is relevant for people who have repeatedly become aggressive or violent after drinking, including both those with and without criminal convictions. COVAID is designed primarily for young men who are binge drinkers, rather than those who are alcohol dependent, and who get into trouble on social drinking occasions.

COVAID stands for 'Control of Violence for Angry Impulsive Drinkers'. The main treatment target is to reduce **violence**, and COVAID addresses this through tackling the mediators of anger, impulsivity, and drinking.

COVAID is a structured, cognitive-behavioural treatment programme. There are three versions of COVAID. There is a single session COVAID which is used in recruitment to the main programme. This may also be used as a very brief intervention. There are two versions of the main treatment programme – an individual version and a group version.

The main treatment programme consists of 10 sessions each lasting approximately 2 hours. Sessions may occur between once and three times per week, meaning that the duration of COVAID is between 3 and 10 weeks.

COVAID is a comprehensively manualised intervention.

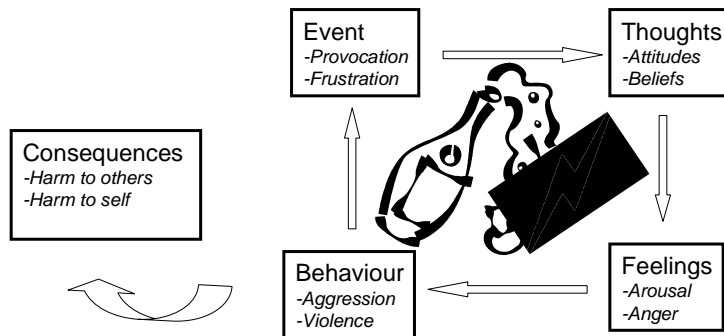
### ***The COVAID model***

COVAID is based on a model that describes an interconnected alcohol-aggression system: a precipitating event; how that event is appraised in light of a person's attitudes and beliefs; the emotional response; and the behavioural choice. In COVAID, consideration is given to the effects of alcohol on this system (see Figure 1).

#### *Events*

Violence that is alcohol-related is usually driven by anger in response to a frustration or a perceived provocation, hence central to COVAID is the systems approach to angry aggression described by Novaco. Here, the start point is an event that frustrates or provokes, which may be something that happens to a person or a thought or memory of an adverse event.

Figure 1. The COVAID model



### *Thoughts*

The event itself appraised in light of the person's beliefs and attitudes. Certain beliefs and attitudes may provoke anger, whereas others do not. A hostile attitude, the belief that aggression is a good way to solve problems, and the expectancy that alcohol leads to aggression are all examples of risky cognitions.

### *Feelings*

The event, filtered through the lens of the person's cognitions, may lead to physiological arousal which is experienced as anger. Anger arousal affects one's thinking by narrowing the response options available. Complex solutions to the precipitating events are not available, and simpler responses, such as violence, come to the fore.

### *Behaviour*

Aggression and violence may be immediately effective in removing the frustration or provocation, which explains why people repeatedly use these responses. However, there are other consequences in that aggression and violence are clearly harmful to both the victim and the perpetrator and there are better ways of handling situations.

### *Alcohol*

Alcohol can exacerbate problems in each part of the alcohol-aggression system. In the context of drinking, people are more likely to say and do provocative things, drinkers are more likely to perceive insult or provocation, emotions are more labile, and drink reduces access to complex problem solving behaviours. Hence, alcohol intoxication makes an outcome of aggression or violence more likely by exacerbating all parts of the alcohol-aggression system.

Participants are taught about this model to offer them a framework for understanding their behaviour and learning how to change it. COVAID assists people to control their aggression by identifying and coping with risky events, altering hostile attitudes and beliefs, teaching people how to manage angry arousal, helping people find less damaging solutions to difficult interpersonal situations, and changing their alcohol consumption.

### **COVAID Sessions**

- Pre-programme introduction**
- 1. Assessment and introduction**
  - 2. Explaining drunken aggression**
  - 3. Reducing the chances of violence**
  - 4. Managing anger and stress**
  - 5. Altering triggers**
  - 6. Weakening the beliefs about the effects of alcohol**
  - 7. High risk situations**
  - 8. Problem Solving**
  - 9. Coping with moods and emotions**
  - 10. Synthesis and evaluation**

### ***Is there evidence for the success of COVAID?***

To date, research indicates that COVAID leads to improvement on psychometric measures of anger control, impulsiveness, and controlled drinking self-efficacy. During COVAID, self-reported aggression and violence is low, and in the short-term COVAID participants are less likely to have a violent reconviction than non-completers<sup>1,2</sup>. Participants and practitioners find COVAID useful, as reported on BBC Radio Wales's current affairs programme, 'Eye on Wales' on 11<sup>th</sup> July 2005. COVAID is currently used by probation officers and criminal justice social workers.

### ***Who developed COVAID?***

The COVAID programme was developed by Professor Mary McMurrin and colleagues. Funding was by the Department of Health's National Programme for Forensic Mental Health Research & Development. Some funding was also provided by South Wales Police's *Tackling Alcohol-Related Street Crime*

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<sup>1</sup> McMurrin, M. & Cusens, B. (2003). Controlling alcohol-related violence: A treatment programme. *Criminal Behaviour & Mental Health*, 13, 59-76.

<sup>2</sup> McCulloch, A., McMurrin, M., & Worley, S. (2005). Assessment of clinical change: A single case study of an intervention for alcohol-related aggression. *Forensic Update*, 82, 4-9.

(TASC) project<sup>3</sup>, a Home Office funded initiative that includes a range of activities such as targeted policing, training bar staff, and making drinking environments safer.

Professor Mary McMurrin is both a Chartered Clinical Psychologist and a Chartered Forensic Psychologist, who has worked with offenders in a young offenders centre, a maximum security psychiatric hospital, a regional secure unit, and in the community. She is Professor in the Division of Psychiatry at the University of Nottingham, and her main research interests are in the assessment and treatment of alcohol-related violence, the treatment of personality disordered offenders, and motivating offenders to engage in therapy. She has published widely on offender treatment, and is co-author of the UK Correctional Service's accredited programme *Addressing Substance-Related Offending (ASRO)*. She is a former member of the Scottish Prison Service's Offender Treatment Programme Accreditation Panel, and HM Prison Service's Correctional Services Accreditation Panel.

### ***Who is responsible for COVAID training?***

The training programme designed to prepare practitioners for delivery of COVAID was developed by Steve Delight of ***delight training services***. As an organisation, *delight training* works across the public and private sectors. Steve in his own work has concentrated particularly over the last ten years on work within the criminal justice sector where he has worked alongside and developed nationally implemented training programmes for a range of accredited and non-accredited programmes, including ASRO, Problem Solving Skills Training, and Think First. These programmes have focused on a range of areas including general offending behaviour, substance misuse, and anger management, both in groups and one to one. Steve also trains professionals working in secure mental health services and in voluntary agencies. He trains in the UK, Norway, Sweden, and Australia.

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<sup>3</sup> Maguire, M., Morgan, R., & Nettleton, H. (2001). Early lessons from the Crime Reduction Programme: Tackling Alcohol-Related Street Crime in Cardiff (TASC Project). Home Office Policing and Reducing Crime Unit. Briefing Note 9/01. London: Home Office. (<http://www.homeoffice.gov.uk/rds/prgpdfs/brf901.pdf>)