Dissertation Title

John Doe

John Doe University

A clinical research project presented to the faculty of John Doe University in partial fulfillment of the requirements for the degree of Doctor of Psychology in Clinical Psychology

July 2013

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DISSERTATION TITLE

Abstract

VIVITROL®, the first and only once-monthly, extended-release injectable medication for treating alcohol dependence, was approved by the FDA in April 2006. VIVITROL® targets psychosocial and physical drivers of chronic unhealthy drinking and can be effectively used for treating alcohol dependence. However, because VIVITROL® and other medication assisted treatments require adherence to realize their full benefits, alcohol dependency treatment programs are reluctant to offer this treatment method to patients who have demonstrated non-adherence to substance abuse medication. The current study investigated the efficacy of VIVITROL® in improving alcohol dependency treatments offered by Los Angeles County and was an adjunct to a larger study by the UCLA Integrated Substance Abuse Programs and the Los Angeles County Substance Abuse Prevention and Control office (SAPC) that aimed to track clients receiving VIVITROL® treatment in an effort to identify ways the medication could be used more frequently for clinical practice. A goal of the current study was to identify the characteristics of patients who were more likely to refuse or cease VIVITROL® treatment in order to identify traits of and barriers to their treatment. The findings of this study can be used to inform future recommendations on how to address these barriers and improve treatment efficacy.

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Table of Contents

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DISSERTATION TITLE

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Chapter 1: Introduction

The Problem

Alcohol dependence is a neurobiological disease that is the third leading cause of depression and death in the United States (Krishnan-Sarin, O'Malley, & Krystal, 2008). According to the Substance Abuse and Mental Health Services Administration (2006), about 19 million adults (7.7%) in the United States abused or were dependent on alcohol in 2005 alone. During that period, only 1.6 million people reported receiving treatment for alcohol dependence, and even fewer reported receiving medication assisted treatment (Substance Abuse and Mental Health Services Administration, 2006). Interest in alcohol treatment continues to grow as alcohol dependence persists as a chronic disease for many, typically entailing poor adherence to treatment and frequent relapses. Because of the major problems associated with relapse and poor adherence, there has been increasing research surrounding the use of pharmacotherapy, or medication assisted treatment, for alcohol dependence (Swift, 2007).

Background of the Problem

Currently, the most common interventions for addressing alcohol dependence are primarily psychosocial treatments, also known as non-medication assisted treatments. These include substance abuse counseling; spiritually based approaches, such as Alcoholics Anonymous (Cutler & Fishbain, 2005; Williams, 2005); and, more recently, motivational interviewing (Lundahl & Burke, 2009). Despite the prevalence of these

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Comment [E 8]: This introductory paragraph is quite short. Consider expanding your discussion of alcohol dependence, with the aim of providing a rationale for why your study is important. You might mention, for example, the social costs of alcoholism or provide a sense of the history of the disease using more recent (or more historical) data as a point of comparison with the 2005 data. You should also introduce the topic of your study and its objectives. At present, you mention medication-assisted treatment only briefly.

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modes of treatment, evidence suggests that psychosocial interventions used alone are not universally effective (Kenna, McGeary, & Swift 2004): A large number of patients relapse and fail to adhere to or complete psychosocial treatment.

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Post Hoc Analysis Results

Since the hypotheses were not supported, post hoc analysis was conducted by calculating Pearson product-moment correlations among all variables to determine if there were any significant relationships. This analysis revealed significant relationships for all three hypotheses.

The results in Table 1 illustrate the significance of correlation between the baseline UTD score and UTD scores in the second and third months (Hypothesis 1). The baseline UTD score and UTD score in the second month were found to be significantly correlated, $r = .754$, $p < .01$, and indicated a positive relationship between baseline and second-month UTD scores. Analysis of the relationship between the baseline third-month UTD scores also showed a statistically significant result, $r = .617$, $p < .05$. Furthermore, there was a significant correlation between UTD scores in the second and third months, $r = .942$, $p < .01$, which showed a positive relationship between the second-month and third-month scores. Additionally, post hoc analysis found a significant correlation between negative affect and UTD scores in the second month, $r = .537$, $p < .05$, and in the third month, $r = .548$, $p < .05$.

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Table 1

Significance of Correlation of Participants' Baseline, Second-Month, and Third-Month UTD Scores and Negative Affect

	UTD Score	
Measure	Month 2	Month 3
Baseline UTD Score		
r	.754**	.617*
p (two-tailed)	.002	.019
Negative Affect		
r	.537*	.548*
p (two-tailed)	.048	.043

Note. UTD = Urge to Drink. *N* = 14.
*Correlation is significant at the 0.05 level (two-tailed). ** Correlation is significant at the 0.01 level (2-tailed).

The results in Table 2 illustrate the significance of correlation between three pairs of personality characteristics (Hypothesis 2): negative affect and acting out, negative affect and hostile control, and health problems and suicidal thinking. Negative affect and acting out personality characteristics were found to be significantly correlated, r = .675, p < .01, indicating a positive relationship between negative affect and personality traits for acting out. Negative affect and hostile control were also significantly correlated, r = .573, p < .01, such that personality traits for hostile control increased with negative affect. A similar statistically significant positive relationship was found between health problems and suicidal thinking, r = .599, p < .01.

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Table 2

Significance of Correlation of PAS Scores

Variable	Acting Out	Hostile Control	Suicidal Thinking
Negative Affect			
r	.675**	.573*	
p (two-tailed)	.008	.032	
Health Problems			
r			.599*
p (two-tailed)			.024

Note. PAS = XXXXX. *N* = 14.
*Correlation is significant at the 0.05 level (two-tailed). ** Correlation is significant at the 0.01 level (two-tailed).

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Cannon, D., Keefe, C., & Clark, L. (1997). Persistence predicts latency to relapse following inpatient treatment for alcohol dependence. *Addictive Behaviors*, *22*, 535–543.

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