

Running Head: DISSERTATION TITLE

Dissertation Title

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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

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July 2013

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DISSERTATION TITLE

Abstract

VIVITROL® is the first and only once-monthly, extended-release injectable medication for treating alcohol dependence. It was approved by the FDA in April 2006.

VIVITROL® targets the psychosocial and physical drivers of chronic unhealthy drinking

and is an effective adjunct to other treatments for alcohol dependence. However,

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adherence to substance abuse medication is a major concern, as high rates of

nonadherence limit the benefits that could be realized from this type of medication,

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assisted treatment. The current study was an adjunct to a larger study with the UCLA

Integrated Substance Abuse Programs and the Substance Abuse Prevention and Control

office (SAPC). Tarzana Treatment Centers, Inc. was asked by UCLA and SAPC to

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investigate whether VIVITROL® can be used to help improve treatment offered by Los

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Angeles County programs. The larger study with UCLA and SAPC aimed to track

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clients who have accepted VIVITROL® treatment in an effort to identify ways it can be

used more frequently in clinical practice. The goal of this specific adjunctive study was

to identify the characteristics of patients who are more likely to deny VIVITROL®

treatment in order to identify themes and barriers to treatment that might inform future

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recommendations for how to address these barriers.

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Chapter 1: Introduction

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The Problem

Alcohol dependence is understood as a neurobiological disease and 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), approximately 19 million adults (7.7%) in the United States abused or were dependent on alcohol in 2005 alone. 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 because alcohol dependence persists as a chronic medical disease that typically entails frequent relapses and poor adherence to treatment. In order to address the major problems associated with relapse and poor adherence, researchers have been increasing studies surrounding the use of pharmacotherapy or medication-assisted treatment for alcohol dependence (Swift, 2007).

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Background of the Problem

The primary interventions for addressing alcohol dependence are mainly psychosocial, or 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). Unfortunately, a vast number of patients fail to complete psychosocial treatment due to relapse or poor adherence (Swift, 1999), and evidence suggests

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psychosocial interventions used alone are not effective for everyone (Kenna, McGeary, & Swift, 2004).

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Post Hoc Analysis Results

Because the hypotheses were not supported, post hoc analyses were run involving Pearson correlations among all variables to determine whether there were any significant relationships. When post hoc analysis was conducted, some significant relationships were observed for all three hypotheses.

The results in Table 1 illustrate the significant correlations between the Urge to Drink score at baseline and in the second and third months (Hypothesis 1). The baseline Urge to Drink score and Urge to Drink score in the second month were significantly correlated, $r = .754, p < .01$. As the baseline Urge to Drink score increased, so did the Urge to Drink score in the second month. The baseline Urge to Drink score and Urge to Drink score in the third month were also significantly correlated, $r = .617, p < .05$. Moreover, the Urge to Drink score in the second and third months were significantly correlated, $r = .942, p < .01$. As the Urge to Drink score increased in the second month, it also increased in the third month. Additionally, there were significant correlations between negative affect and Urge to Drink scores in the second month, $r = .537, p < .05$, and in the third month, $r = .548, p < .05$.

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Table 1

Significant Correlations of Participants' UTD Baseline, Second-Month, and Third-Month Scores

		Time2	Time3
Baseline	Pearson Correlation	.754**	.617*
	Sig. (two-tailed)	.002	.019
	N	14	14
Negative Affect	Pearson Correlation	.537*	.548*
	Sig. (two-tailed)	.048	.043
	N	14	14

Note. *Correlation is significant at the 0.05 level (two-tailed). ** Correlation is significant at the 0.01 level (two-tailed).

The results in Table 2 illustrate the significant correlations found between the personality characteristics of negative affect and acting out, negative affect and hostile control, and health problems and suicidal thinking (Hypothesis 2). Negative affect and acting out personality characteristics were significantly correlated, $r = .675, p < .01$. As negative affect increased, so did acting out personality traits. Negative affect and hostile control were also significantly correlated, $r = .573, p < .01$. As negative affect increased, so did hostile control personality traits. Health problems and suicidal thinking were also significantly correlated, $r = .599, p < .01$. As health problems increased, so did suicidal thinking.

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Table 2

Significant Correlations of PAS Scores

		Acting Out	Hostile Control	Suicidal Thinking
Negative	Pearson Correlation	.675**	.573*	
Affect	Sig. (two-tailed)	.008	.032	
	N	14	14	
Health	Pearson Correlation			.599*
Problems	Sig. (two-tailed)			.024
	N			14

Note. *Correlation is significant at the 0.05 level (two-tailed). ** Correlation is significant at the 0.01 level (two-tailed).

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References

Alkermes. (2013). *VIVITROL* [Full prescribing information]. Waltham, MA: Author.

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American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.). Washington, DC: Author.

Anton, R. (2008). Understanding alcohol dependence, the brain, and VIVITROL®. *New England Journal of Medicine*, 359, 715–721.

Deleted: -

Anton, R., Moak, D., & Latham, P. (1996). The Obsessive Compulsive Drinking Scale: A new method of assessing outcome in alcoholism treatment studies. *Archives of General Psychiatry*, 53(3), 225–231.

Deleted: -

Anton, R., O'Malley, S., Ciraulo, D., Cisler, R., Couper, D., Donovan, D., . . . Zweben, A. (2006). Combined pharmacotherapies and behavioral interventions for alcohol dependence, the COMBINE study: A randomized controlled trial. *Journal of the American Medical Association*, 295(17), 2003–2017.

Deleted: -

Armor, D., & Polich, J. (1982). Measurement of alcohol consumption. In E. M. Pattison, & E. Kaufman (Eds.), *Encyclopedic handbook of alcoholism* (pp. 72–80). New York, NY: Gardner Press.

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Bottlender, M., & Soyka, M. (2005). Outpatient alcoholism treatment: Predictors of outcome after 3 years. *Drug and Alcohol Dependence*, 80(1), 83–89.

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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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