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Efficacy of a Novel Continuing Care Program for Alcohol Dependence:  
Alcohol Therapeutic Interactive Voice Response (ATIVR)

Alcohol dependent patients have shown a high relapse rate following treatment. Post-treatment, continuing care programs have been shown to prolong therapeutic effects. In particular, effective programs are those that have components of close monitoring of substance use, and therapeutic behaviors, and accessibility. The majority of continuing care programs described in the literature have been clinician-delivered, face-to-face or telephone-based. This study tested the efficacy of Alcohol Therapeutic Interactive Voice Response (ATIVR), a continuing care program delivered by automated telephone. ATIVR is designed to prevent relapse to heavy drinking after a course of Cognitive Behavioral Therapy (CBT). ATIVR provides the following features: daily monitoring for substance use; targeted daily feedback based on daily self-report; skills encouragement; access to coping skills review session, and monthly messages from the CBT therapist. Participants (n= 81) were randomized to four months of ATIVR vs. usual care. Assessments were scheduled at pre-ATIVR, 2-months, and 4-months to review drinking behavior. At the end of treatment, we found no significant differences between ATIVR and usual care groups on the alcohol-related outcome measures. However, this may be because a substantial portion of participants had not quit drinking during treatment. For this reason, a subgroup comparison was conducted on the subset of participants who were abstinent at the end of CBT (n=34). This subgroup represents patients for whom continuing care in general, and ATIVR in particular, is most appropriate. The subgroup analysis showed non-significant advantage of ATIVR on all drinking-related outcomes. These findings suggest that the ATIVR was more efficacious for relapse prevention than usual care for individuals who successfully achieved abstinence with outpatient CBT.