THE ACQUISITION OF KNOWLEDGE FOLLOWING A THIRTY-DAY PSYCHOEDUCATIONAL CHEMICAL DEPENDENCE RELAPSE PREVENTION PROGRAM

AN ABSTRACT OF

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This study was undertaken to determine whether there was an increase in acquired knowledge for participants enrolled in a four-week relapse prevention program compared to participants enrolled in a traditional treatment program for chemical dependence. The independent variables in this study were patient group and time when evaluated. The dependent variable was the number of correct responses for each subject on a 49-item true/false/don't know test.

Thirty nine adults participated in the study. Of these, 19 were enrolled in the relapse prevention program and formed the experimental group, and 20 were enrolled in traditional treatment and formed the control group. The instrument used was a 49-item true/false/don't know questionnaire administered to the two groups at the beginning of treatment and 30 days thereafter. The questionnaire consisted of two modules developed by Miller and Gorski (1989). Findings were analyzed using a 2 X 2 mixed ANOVA to analyze the number of correct responses; Cronbach's alpha was used to determine the reliability of the instrument.

The first research hypothesis was supported. The 2 X 2 ANOVA revealed that the average knowledge acquisition score ($\bar{x}$ = 32.66; S.D.= 8.1) of patients enrolled in the relapse prevention program was significantly higher than the average knowledge acquisition score of patients enrolled in the traditional program ($\bar{x}$ = 24.45; S.D. = 8.9) [$F(1,37) = 12.868$, $p \leq .05$]. The second hypotheses was also supported. The 2 X 2 ANOVA showed that the average post-test knowledge acquisition score ($\bar{x}$ = 32.08; S.D. = 8.77) was significantly higher than the average pre-test knowledge acquisition score ($\bar{x}$ = 24.82; S.D. = 8.74) [$F(1,37) = 55.14$, $p \leq 05$. The third hypothesis was not supported as the results of the mixed factorial indicated that patients in both groups improved their knowledge scores by approximately the same amount between pre- and post-test [$F(1,37) = 2.67$, $p \geq .05$]. Computed on the pre-test scores the Cronbach's alpha of .54 suggests that only 25% of the variability in the response measure was explained by the independent variable, type of treatment. Therefore, changes in the average knowledge acquisition score between the pre- and post-test might reflect the

instability of the instrument rather than the effectiveness of the intervention program.

The results of this study suggest that various intervention programs increase knowledge and, therefore, the principles and educational process of the relapse prevention program do not have to be limited to a particular model. Rather, treatment can be based on individual and facility needs. The limitations of this study were that subjects were not randomly assigned to the two treatment programs, subjects in the traditional treatment program had a drop-out rate that was twice that of the relapse prevention program, the data collectors were not monitored, and the questionnaire lacked evidence of reliability. The nursing implications of this study suggest a greater emphasis should be placed on relapse prevention in treatment programs. Nursing can also integrate the principles of relapse prevention for other chronic diseases such as diabetes, cardiac illness, and chronic lung disease.