Reading and Understanding Research Reports (Adapted from Locke)
EXAMPLE

Do not just repeat what is in the article. Answer in your own words. Show me that you understand the article.

1. **Citation.** Provide a complete reference using APA style.

   Jones, C.A. (2009) Long-term effects of alternative approaches to addiction management. *Addiction* 74(3), 476-489.

2. **Purpose and Objectives.** What were the purposes or objectives for the study?

   The authors wanted to test whether a family-based program to narcotic addiction management is more effective than the commonly used 12-step approach, with an emphasis on long-term management.

3. **Relationship to Existing Body of Knowledge.** What do the authors say about how the research will add to the existing body of knowledge?

   Most addiction management research has followed participants for short periods of time, compared to the lifelong nature of addiction management. Few studies of long-term management involve comparisons of different programs. There is a large body of literature that evaluates alternatives in a clinical setting where conditions are tightly controlled and short-term. However, these treatments often cannot be replicated outside the clinical setting. Very few studies therefore provide much guidance about the long-term efficacy of non-clinical treatment approaches. The authors also cite literature showing that addiction is a "family problem" – not just an individual problem. Narcotic addition affects the entire family. This seems to be a sort of vicious cycle. One adult's addiction results in economic and emotional problems for all members in a family. This usually leads to dysfunctions in the family, often including divorce. The growing dysfunction in the family, in turn, causes the addicted person to turn to drugs more and more. It is a downward spiral. Therefore, these authors think that a family-based program of treatment in which the two adult partners in the family both learn how to manage the addiction is a better approach to long-term addiction management than programs like the 12-step that focus just on the addicted individual.

4. **Participants/Sampling.** Describe who was studied and explain how the sample of participants was selected.

   The study included only individuals who have sought treatment for addiction and who are married or cohabitate with an adult partner. The second criterion for participation is because one of the approaches included in the study is family-based. All individuals who met these criteria who requested treatment for addiction during a six-week period at a major help center in Atlanta, GA were asked if they would participate in a study comparing two ways of managing addiction. They were all informed that they would be randomly assigned to the traditional 12-step program or to an alternative which would require that their adult partner also participate in the treatment program. 75% of those approached agreed to participate.

5. **Steps in the Study.** In the order performed, what were the main procedural steps in the study?

   Participants were randomly assigned to two groups. One group took part in a traditional "12 steps" addiction management program. The other group participated in a program that emphasizes family management. Addiction management was assessed every two weeks during the first six months of the study and every four months in the second six months. Participants and their partners were contacted every six months for the subsequent nine years to assess the degree to which they succeeded in maintaining addiction management.

6. **Data.** What data were collected?

   During the first year of the study, urine samples were taken every two weeks. In addition, participants completed the Addiction Management Inventory each time they were contacted (every two weeks, four weeks, or four months). It consists of a set of 12 questions that measure the participant's confidence in his/her ability to resist

resorting to drug use under typical situations that lead to loss of control. Examples are "When you are under stress, how strong is your urge to take a narcotic drug?" with answers of very low, low, moderate, strong, and very strong. Another is "When you find yourself in a situation where narcotic drugs are being used, how difficult do you find it to refuse to participate?" The answers are not difficult, somewhat difficult, moderately difficult, difficult, and very difficult." One question also asks how many times have you taken narcotic drugs in the past two weeks? Partners completed a similar questionnaire (the Addictive Behavior Indicator Inventory), but the questions asked about typical indicators of the urge to take narcotics that partners commonly observe. Partners were also asked whether they knew of any incidents (how many) when the participant resorted to narcotic use. Both partners filled out the Family Life Satisfaction Scale once a year (including at the beginning of the study). This scale measures how satisfied the two partners are with each other and with their relationship.

7. **Analysis.** What kinds of data analysis were used? Be specific. What specific questions were they designed to answer?

   The number of positive urine samples was compared for the two groups, using a t-test. This was done to provide a physical measurement of recidivism in the two groups. Change in scores on the two inventories was measured over time. The article says that the researchers used "repeated matched pair t-tests using the standardized z scores for each group" for this analysis. I do not understand exactly what this means, but from what I read I believe this means that they used some sort of adjusted score, not just the raw difference in scores, for these tests after the first comparison at Time 1 and Time 2. The point of this test, according to the article, was to find out if the two treatments were equally effective over time. Apparently, most addiction management tends to be high in early stages of treatment, but can become more "hit and miss" over time, and often ends up in more and more recidivism over time. Since they wanted to compare long-term effectiveness, it was important to make these matched comparisons, using these adjusted scores, many times. The family satisfaction scores were analyzed the same way. The purpose of this was to see if the family-based program would increase satisfaction with family life more than the 12-step program.

8. **Results.** What did the author(s) identify as the primary results (products or findings produced by the analysis of data)? Results are specific to a study.

   Both approaches were equally effective in addiction management for the first six months, and they were nearly equally effective after one year. However, after three years, there was a significant difference. The family-based program was more effective at every time after three years. The scores for family life satisfaction were the same for both groups at the start, but even after just one year scores were higher (better) for the family-based approach.

9. **Conclusions.** What conclusions did the authors draw? What did the author(s) assert about how the results in item 8 responded to the purpose(s) established in item 2? Conclusions, unlike results, are statements about the general or theoretical knowledge created by a study.

   Family-based addiction management programs are rare, but this study shows that a family-based approach can stop the downward spiral of addictive behavior – damage to the family – family dysfunction – more addictive behavior. It is true that this kind of program means that the adult partner to the addict must care enough to become involved in the treatment program. However, the greater success of the approach over the long term is very important. More family-based programs should be tested (there are others besides the one tested in this study). It is especially important that people who were in the 12-step approach would "fall off" their management, then come back into the 12-step program. So even when they did well over the years, there were periods when the same destructive processes for the family occurred. The authors say that it is not just that the family-based program was more effective, but that these "repeated shocks" to the family were many fewer.

10. **Cautions.** Do the authors raise any cautions about the study itself or about how the results can be interpreted and applied? Do you have any reservations of your own?

The authors point out that they were unable to maintain contact with 34% of the original participants over the 9 years of the study. The people who "disappeared" may have reverted to consistent use of narcotic drugs. Therefore, the "success rate" may be over-estimated for both of the programs. They do say that there was a difference in this drop-out rate for the two groups. A higher percentage of people in the 12-step program dropped out than in the family-based program, but the difference was not significant. I wondered if they should have put some limits on how long partners had been together. It seemed to me that people who have been together a long time – even when one person is an addict – would be more "used to" dealing with addiction in the family. They might be more satisfied, even when there is still a major addiction problem, than people who have not become used to dealing with this problem.

11. **Discussion.** What interesting facts or ideas did you get from the report? Highlight the major value of the report in your estimation.

    For me, the most important thing was the discussion about how addiction destroys families and the "vicious downward spiral" it produces. I think the difference in family life satisfaction between the two approaches is very important. I had never thought about this much, but it seems to me that an approach that decreases the kind of destruction that addiction causes in families should receive more attention and be used more.