

MEET THE MATCH MAKERS

The Leeds Addiction Unit held a conference – *Meet The Match Makers* – earlier this year to discuss the findings of Project Match with the whole of the Project Match team. The results are shown to the left, but the team added memorable comments...

“We should have listened to the clinicians all along!” – Kathleen Carroll, director of psychotherapy research and associate professor of psychiatry at Yale University School of Medicine.

“When people affiliate with AA during treatment, they do better” – Carlo DiClemente, professor and chair of the Department of Psychology at University of Maryland.

“The cost implication where 12-step facilitation produces 16.1% more abstinent days than MET is very important” – Richard Longabaugh, professor of psychiatry and human behaviour, and training director, at the Brown University School of Medicine.

“Client motivation pre-treatment predicted outcomes” – DiClemente.

“Clinicians: as long as you are giving one of these three treatments, you need not worry about matching!” – Longabaugh.

WORLD’S MOST EXPENSIVE RESEARCH RELEASES THREE-YEAR OUTCOME RESULTS

The end of this year sees the three-year outcome results of Project Match – Matching Alcoholism Treatments to Client Heterogeneity – which has spent 10 years evaluating three different treatment methods for 1,726 alcoholic outpatients in the US, to see if it could match the right client to the right treatment. Costing over \$27million, it is the world’s biggest such trial.

All three treatments were abstinence-based: 12-Step Facilitation, Cognitive Behavioural Therapy and Motivational Interviewing. The first-year outcome results startled everyone – there was not much difference between the three therapies (for details see *Addiction Today/ACW* July/August 1997). But differences have appeared when looking at longer-term sobriety. To be exact, the outcomes were evaluated 37 to 39 months after treatment. The highlights are as follows.

Overall outcomes. As in the one-year follow-up, there were few differences among the three treatments – but TSF did show a slight

advantage over both MET and CBT.

The reductions in drinking observed in the first year after treatment were sustained over the following three years: almost 30% of the subjects were totally abstinent in months 37 to 39. Those who did report drinking remained abstinent an average of two-thirds of the time.

Social networks. After one year, there was no matching effect. But after three years, clients whose social networks were more supportive of drinking derived greater benefit from TSF treatment than from MET.

Among subjects in the highest third of this variable, TSF participants were abstinent 16.1% more days than MET clients. This result has vital cost implications.

At the lower end of this variable, MET clients had 3% more abstinent days.

Anger. The most consistent interaction was client anger. As predicted, clients high in anger fared best in MET. Conversely, clients low in anger performed better after treatment in TSF and CBT than in MET.

Psychiatric severity. The outcomes here changed over time until month 15 when CBT was producing the best results and TSF the worst – then from month 15 onwards, TSF produced the best results. A significant matching effect of the first year has disappeared.

Of 21 client attributes used to test the matching theory, only 11 turned out to be predictors of outcome – that is, to have prognostic value – at three years. Of these, **readiness to change** and **self-efficacy** emerged as the strongest predictors of long-term drinking outcome.

Reporting: Deirdre Boyd



MALE OR FEMALE THERAPIST?

A very useful byproduct of Project Match, revealed by its team at the *Meet The Match Makers* conference in Leeds University, was whether successful outcomes were influenced by gender of therapist and client. The following were its conclusions (NB: the combinations apply to first-stage treatment)...

Best outcomes: female clients with female therapists

Joint second-best outcomes: male clients with female therapists, male clients with male therapists

Worst outcomes: female clients with male therapists.

It is also interesting to note that “all three therapies – Cognitive Behavioural Therapy, Motivational Interviewing and 12-Step Facilitation – induce similar process activities in the clients”, according to Carlo DiClemente of Project Match. Project Match, incidentally, received 400 refusals by clients to attend the aftercare programme(s) it had selected. These clients preferred to attend the aftercare recommended by, and often part of, their first-stage centre. The cost of all three therapies ended up being very similar, when attendance was taken into account.