

President's Column

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Project MATCH and SMART Recovery[®]

On December 17, 1996, the first year results of Project MATCH, the largest psychotherapy study ever conducted, were released. MATCH stands for Matching Alcoholism Treatments to Client Heterogeneity, and was funded by the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the U.S government agency primarily responsible for alcohol research. MATCH tested the assumption that different types of "alcoholics" would fare better in some treatments than others (i.e., the assumption that treatment should be matched to the individual, or that "one size does not fit all").

Subjects were randomly assigned to one of three treatments, which aimed to help participants 1) benefit from AA participation (Twelve Step Facilitation [TSF]; 12 individual weekly sessions), or 2) avoid relapse (Cognitive Behavioral Therapy [CBT]; 12 individual weekly sessions), or 3) mobilize personal resources for change (Motivational Enhancement Therapy [MET]; 4 individual sessions). Subjects were also assessed on 10 variables: level of alcohol-related activities, level of cognitive impairment (presumably caused by drinking), conceptual level (did the individual think simply or more complexly?) gender, degree of "meaning seeking" about life, motivation to change, level of psychiatric problems, level of sociopathy (the tendency to act impulsively and selfishly but not feel guilty about it), support for drinking (from family and peers), and a composite score based on degree of genetic influences on drinking and level of physical dependence on alcohol.

To simplify greatly, the results (from 1,726 patients treated by 80 therapists in 30 research centers at a cost of \$27 million spent over 8 years) were disappointing. At one year after treatment, there was only one (minor) "match": patients with low psychiatric severity who attended TSF had somewhat more days abstinent than those who attended CBT. Otherwise, all types of patients in all three treatments fared about as well. Dr. Enoch Gordis, Director of NIAAA, stated that "these findings are good news for treatment providers and for patients who can have confidence that any one of these treatments, if well-delivered, represents the state of the art in behavioral treatments [for alcohol problems]."

What is the significance of this study for SMART[®]? Keeping in mind that SMART[®] incorporates elements of both CBT and MET, the results suggest (but do not directly prove) that SMART[®] participation could be as effective as 12-step participation for a wide range of individuals. The results also argue against any treatment provider (or other authority) insisting that someone first participate in 12-step based treatment or 12-step groups, and be allowed to participate in SMART[®] compatible treatment or SMART[®] groups only if the 12-step based treatment or 12-step groups were unsuccessful.

Why no matching effects? For starters, probably the most significant matching that could occur, between available treatments and patient desires regarding those treatments, was eliminated (as it commonly is in randomized clinical trials). In order to participate in the study, every subject agreed to be placed in any of the three treatments (by random assignment).

Obviously, these subjects had no strong preferences about the treatments. Milder preferences may have been outweighed by the advantages of receiving a free, professionally-delivered research treatment. However, in normal clinical practice (where one usually pays for treatment), preferences are a major factor. So the study only shows that if one has no strong preferences between these three treatments, they appear to work equally well. How well one of the treatments would work if someone strongly preferred another, is not addressed by this study. Much evidence from other studies, however, suggests that pushing someone into undesired treatment may not be helpful, and is possibly harmful.

Will the results of Project MATCH have a positive impact? Probably not immediately. In 1990 the National Academy of Sciences released a massive study on alcohol problems, conducted by a "blue ribbon" committee of experts. On page 488 the study stated: "Indeed, in many regards, a total reorientation in our thinking about 'alcoholism' is required--a shift away from the conception that all alcohol problems involve a chronic progression that can only be deterred through a single treatment approach." Yet according to data released in January, 1997, 93.1% of U.S. treatment programs still use a 12-step approach, and SMART[®] has been able to identify only six treatment programs around the country that offer treatment that would be fully compatible with SMART[®] attendance. If you identify others, let us know!

There are at least two ironies about this study. The NIAAA press release of 12/17/96 states that "the [three] treatments were selected in part for their distinctiveness and in part because each had demonstrated effectiveness." Yet the formal scientific report (published in the Journal of Studies on Alcohol, and available by calling NIAAA at 301-443-3860) on page 24 states that "Project MATCH represents the first demonstration in a randomized clinical trial, controlling for other treatment factors, of comparable outcomes from a 12-step based approach and other treatment methods." The irony is that many people may view the MATCH results as showing that the two other treatments might be as good as 12-step based treatment, but the reality is that MATCH is the first demonstration that 12-step based treatment might be as good as cognitive behavioral and motivational enhancement treatment (which have substantial research support). What the NIAAA release apparently declined to state was that the primary rationale for including TSF was its applicability to standard U.S. practice, not its demonstrated comparable effectiveness. The second irony is that, because of the effort to collect so much data on each subject, to keep subjects involved to the end of the study, and to provide exemplary treatment, subjects received more time, attention and a higher quality of treatment than alcohol patients typically receive.

Consequently there are significant questions about the applicability of the results to the treatment matching that might occur in typical treatment.

Nevertheless, Project MATCH provides no support for the idea that patients ought first to attempt 12-step based treatment or 12-step groups before considering other treatment or support group options. SMART[®] encourages anyone who might benefit from addictive behavior treatment (or support group attendance) to make informed decisions, to participate in options that appear to be most suitable to one's goals and values, and to revise one's personal recovery program in the light of ongoing experience.

With luck the results of Project MATCH will help enlighten both professionals and the public, and will lead to an era when individuals will have readily available the full range of treatment and support group options.