14.1 Adjust directiveness to client resistance

Findings Drilling down to what actually happened during therapy has shed light on why in Project MATCH, alcohol patients prone to react angrily drank less after non-directive motivational therapy, while the least angry patients did better in 12-step facilitation and cognitive-behavioural therapies.

Results from all five outpatient clinics suggested this was at least partly because motivational therapy was better at handling resistance to treatment, presumably because therapists avoided directive, resistance-provoking responses ◤ *Links*. Only at another MATCH clinic in Providence could researchers test this account against analyses of videos of counselling sessions. These showed that clients with a moderate to high tendency to react angrily drank less in the year after treatment when their therapists had avoided being directive, while less anger-prone patients did best when given more of a lead ◤ study ❶. On average, motivational therapists had been less directive than cognitive-behavioural therapists, explaining why these therapies had differentially affected more or less angry patients.

A second report (study ❷) was based on observations not just of therapists, but of their clients. In the first therapy session, raters assessed clients' reluctance to relinquish control and tendency to react against direction. Across all three therapies, the more directive therapists had been, the more often and the more heavily highly 'reactive' patients drank after therapy. It seemed particularly important to avoid confronting reactive patients, trying to unilaterally set the agenda, asking closed-end questions, or offering interpretations of resistance rather than 'rolling with it'.

In context Similar findings have emerged from other studies. One also assessed therapist style directly from session videos. These showed that regardless of the therapy they were in, alcohol patients prone to defensively resist attempts to influence them drank least when the therapist had been non-directive, most when they had tried to take the lead. For patients willing to accept overt influence and direction, the reverse was the case. A similar picture emerged from a clinic where cocaine was the dominant drug problem. Patients confident in their abilities to initiate positive change were better able to resolve their drug, family, social and psychiatric problems after a relatively unstructured therapy which allowed them to set the agenda. These patients seem likely to be the ones most prone to react against being directed. In contrast, people who felt unable to control their lives did better in highly structured therapy which left little room for them to take the lead. More depressed clients also did best in the more structured therapy and worst when required to take the initiative, again, potentially related to their tolerance for direction.

Practice implications Services should consider adopting a non-directive therapeutic style with clients characterised by anger or defensiveness or who like to take control, and more structured and directive approaches with clients who welcome being given a lead. The ability to make this judgment and adjust accordingly could be one way in which empathic therapists with good social skills improve outcomes. In other cases, it may be best to match the therapist's style to the client's reactions. Recordings of early counselling sessions or patient post-session reactions (such as brief measures of 'therapeutic alliance') can be used to check whether things are working out. If not, clinical supervision can be used to encourage a more suitable therapeutic style or to switch client allocation. Among the therapist behaviours particularly to look out for are offering interpretations, confronting resistance, and initiating topics rather than leaving clients to set the agenda. These are neither 'good' nor 'bad' in themselves, but good or bad for different patients.

LINKS Nugget 9.3 • Nuggette 5, issue 12 • *Project MATCH: unseen colossus*, issue 1

Featured studies ❶ Karno M.P. *et al*. "What do we know? Process analysis and the search for a better understanding of Project MATCH's anger-by-treatment matching effect." *Journal of Studies on Alcohol*: 2004, 65(4), p. 501–512 AC ❷ Karno M.P. *et al*. "Less directiveness by therapists improves drinking outcomes of reactant clients in alcoholism treatment." *Journal of Consulting and Clinical Psychology*: 2005, 73(2), p. 262–267 AC

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Thanks to Maeve Malley of Drug and Alcohol Services for London for her comments.