The degree to which the therapist directs the therapeutic process is emerging as an important influence on outcomes. FINDINGS has previously reported research showing that more directive approaches help depressed clients or those who feel unable to control their lives, but that clients at the other ends of these dimensions, or those who are defensively reactive, do better in less directive therapy \( \notin \) Links.

In line with these findings, an analysis from one of the Project MATCH clinics has found that a lower level of therapist directiveness was why motivational therapy worked better than cognitive-behavioural for alcohol-dependent patients prone to react angrily. • Researchers analysed how therapists behaved using the study's video recordings and related this to outcomes in the succeeding year. Across the three therapies trialed in the study, patients prone to react angrily drank more often and more heavily if their therapists had been relatively directive (eg, closed-end questions, teaching, confrontation) whereas less angry patients drank less often. As expected from the nature of the therapies, cognitive-behavioural therapists were significantly more directive than motivational therapists (interestingly, 12-step therapists were not). This difference in style accounted for much of the advantage of motivational therapy for angry patients. Overall, the therapist's directiveness was more clearly related to outcomes than which therapy they practised.

Nugget 9.3 • Project MATCH: unseen colossus, issue 1

All these findings converge on the position that patients who are likely to react against direction and who see themselves as in charge of their own lives do better when the therapist allows them to take the lead, but that opposing types of patients benefit from more of a steer.

O 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