

# Introduction

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The goal of this manual is to provide a compendium of strategies for enhancing client compliance to psychosocial treatments, as well as therapist compliance with treatment protocols, in treatment and research programs involving alcohol-using populations. The authors recognize multiple determinants of compliance and emphasize methods of enhancing treatment programs to meet the needs of a variety of clients, thereby improving compliance.

The volume consists of two parts. Part 1 is directed to both clinicians and clinical researchers, with points of particular interest to researchers shown in italics as research notes. In this section, Kabela and Kadden focus on strategies for enhancing client compliance throughout treatment. These are, for the most part, generic client compliance strategies that can be used across a range of treatment types and modules. Particular types of treatment approaches also have specific strategies for enhancing compliance. (Examples of treatment-specific compliance enhancing techniques can also be found in the Project MATCH treatment manuals—Vol. 1-3 of the Project MATCH Monograph Series).

Part 2 focuses on strategies for enhancing therapist compliance in treatment delivery through the use of treatment manuals and careful supervision of the therapists delivering the intervention. Both are important ingredients in ensuring that the therapies are of high quality, evaluable, and consistent. Thus the concept of “compliance” is equally relevant to the behavior of the therapist and the client. Carroll and Nuro review the development and use of manuals as a clinical tool. By defining exactly what clients and therapists should be complying with, treatment manuals have revolutionized the field of treatment research and made it easier to define and therefore monitor compliance by both clients and therapists. Witte and Wilber draw upon the experience of Project MATCH and provide a range of strategies for promoting therapist compliance with treatment protocols through close therapist supervision.

Many of the strategies described in this manual were used in Project MATCH, a multisite collaborative study sponsored by the National Institute on Alcohol Abuse and Alcoholism (NIAAA). The primary goal of Project MATCH was the evaluation of client-treat-

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ment interaction, that is, whether treatment outcomes can be improved by matching particular types of clients to particular types of treatments. Because of a number of special considerations regarding matching research, achieving adequate treatment compliance by both clients and therapists was particularly critical. The study also required that treatments be as distinct as possible in order to determine whether different clients will respond to different treatments; that treatments be delivered as described in the protocol and client be exposed to a sufficient dose of their treatment; and that attrition remain low in order to maintain adequate power to detect matching effects.

Overall, treatment compliance was unusually good in Project MATCH, with clients completing approximately 75 percent of their scheduled treatment sessions (see table). Rates of compliance were fairly consistent across treatments, reflecting, among other factors, the careful efforts of the therapists to deliver high quality therapy that engaged the clients. It is important to recognize, however, that while the investigators emphasized compliance throughout the planning and implementation of Project MATCH, the project was not a study of compliance per se. While the strategies presented here are drawn from experience with Project MATCH and several other clinical trials, comparatively few have been evaluated empirically. Thus, it is not possible to state whether these strategies actually improved compliance, whether

Treatment compliance in Project MATCH: Session attendance by treatment		
	Treatment weeks <sup>1</sup>	# Treatment sessions <sup>2</sup>
<b>Outpatient study</b>		
Cognitive-Behavioral Treatment (n=300)	9.28 (4.02) <sup>3</sup>	8.28 (4.18)
Motivational Enhancement Therapy (n=312)	8.50 (4.24)	3.29 (1.18)
Twelve Step Facilitation (n=334)	8.30 (4.35)	7.49 (4.08)
<b>Aftercare study</b>		
Cognitive-Behavioral Treatment (n=258)	8.21 (4.62)	8.08 (4.51)
Motivational Enhancement Therapy (n=256)	7.99 (4.66)	3.11 (1.36)
Twelve Step Facilitation (n=240)	7.81 (4.73)	7.31 (4.56)

1 Range is 0 to 12.  
 2 Range is 0 to 12 for CBT and TSF, 0 to 4 for MET.  
 3 Standard deviation in parentheses.

the high rates of compliance were related to other factors, or whether other strategies would have produced the same or better results. Moreover, it is not certain which particular strategies may have enhanced or even diminished compliance. Experimental research in this area is needed and would be likely to have broad clinical utility, as strategies that enhance compliance are also likely to enhance outcomes.

We describe these strategies merely as suggestions to clinicians and as ideas for enhancing adherence to particular treatment regimens by therapists in research settings. We believe but do not guarantee that these strategies will actually improve compliance.