
Appendix C: Therapist Selection, Training, and Supervision in Project MATCH

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Specifications of treatment in manuals is intended to define and differentiate psychotherapies, to standardize therapist technique, and to permit replication by other investigators. However, it is essential that manual-guided therapies be implemented by qualified therapists who are trained to perform them effectively. Project MATCH uses extensive procedures to select, train, and monitor therapists in order to promote delivery of study treatments that are specific, discriminable, and delivered at a consistently high level of quality. These include (1) selection of experienced therapists committed to the type of therapy they would be performing, (2) extensive training to help therapists modify their repertoire to meet manual guidelines and to standardize performance across therapists and across sites, and (3) ongoing monitoring and supervision of each therapist's delivery of treatment during the main phase of the study to assure implementation of study treatments at a high and consistent level.

Therapist Selection

All MATCH therapist candidates are required to meet the following selection criteria: (1) completion of a master's degree or above in counseling, psychology, social work, or a closely related field (some exceptions to this requirement were made in individual cases), (2) at least 2 years of clinical experience after completion of degree or certification, (3) appropriate therapist technique, based on a videotaped example of a therapy session with an actual client submitted to the principal investigator at each site and to the Yale Coordinating Center, and (4) experience in conducting a type of treatment consistent with the MATCH treatment they would be conducting and experience treating alcoholics or a closely related clinical population.

These criteria are intended to facilitate (1) selection of appropriate therapists for the training program, as training is *not* intended to train novice therapists, but to familiarize experienced therapists with man-

ual-guided therapy, and (2) implementation of MATCH treatments by experienced and credible therapists. For example, therapists selected for the Cognitive-Behavioral Coping Skills Therapy (CB) are experienced in cognitive and behavioral techniques; thus, the CB therapists are predominantly doctoral or masters-level psychologists. Therapists for the Twelve-Step Facilitation Program are predominantly individuals who have gone through 12-step recovery themselves, have been abstinent for several years, and are typically masters-level or certified alcoholism counselors. Therapists selected for the recently developed Motivation Enhancement Therapy (MET) have worked extensively with alcoholics and typically have experience in systems theory, family therapy, and motivational counseling.

Therapist Training

Training, supervision, and certification of therapists was centralized at the Yale Coordinating Center to facilitate consistency of treatment delivery across sites. Each therapist came to New Haven for a 3-day intensive training seminar, which included background and rationale for Project MATCH, extensive review of the treatment manual, review of taped examples of MATCH sessions, and practice exercises. Each therapist then returned to their clinical site and was assigned a minimum of two training cases, which were conducted following the MATCH protocol (e.g., weekly individual sessions, a maximum of two emergency and two conjoint sessions, truncated sessions for patients who arrived for a treatment session intoxicated).

All sessions from training cases were videotaped and sent to the Coordinating Center for review of the therapists' (1) adherence to manual guidelines, (2) level of skillfulness in treatment delivery, (3) appropriate structure and focus, (4) empathy and facilitation of the therapeutic alliance, and (5) nonverbal behavior. Yale Coordinating Center supervisors review all training sessions and provide weekly individual supervision to each therapist via telephone. Supplemental onsite supervision is delivered weekly by the project coordinator at each Clinical Research Unit.

Therapists were certified by the Yale Coordinating Center supervisors following successful completion of training cases. Therapists whose performance on initial cases was inadequate were assigned additional training cases until their performance improved. The average number of training cases was three, and therapists completed an average of 26 supervised sessions before certification.

Ongoing Monitoring

To monitor implementation of Project MATCH treatments, facilitate consistency of treatment quality and delivery across sites, and prevent therapist "drift" during the main phase of the study, all sessions are videotaped and sent to the Coordinating Center, where a proportion of each subject's sessions (one-third of all sessions for Cognitive-

Behavioral and Twelve-Step Facilitation, one half of all MET sessions) are reviewed by the supervisors. Telephone supervision is provided on a monthly basis by the Coordinating Center supervisors and supplemented with weekly onsite group supervision at each Clinical Research Unit.

All sessions viewed are rated for therapist skillfulness, adherence to manual guidelines, and delivery of manual-specified active ingredients unique to each approach. These ratings are sent monthly to the project coordinators at each site to alert local supervisors to therapist drift. Therapists whose performance deviates in quality or adherence to the manual are "redlined" by the Coordinating Center, and the frequency of sessions monitored and supervision is increased until the therapist's performance returns to acceptable levels.

