A collaboration between DrugScope, Alcohol Concern, the National Addiction Centre and the editor Mike Ashton devoted to communicating ‘what works’ research findings to British practitioners and policy makers. Findings is supported by grants from the J. Paul Getty Jr. Charitable Trust and Alcohol Research UK.

The matrices were commissioned by the Substance Misuse Skills Consortium.

Further information at [http://findings.org.uk](http://findings.org.uk) or from [editor@findings.org.uk](mailto:editor@findings.org.uk)
A funnel of increasing select(subject)ivity

From a library of about 17,000 documents
Via a hyper-selection of two or three seminal studies, key studies, reviews and guidelines – the matrices
Finally to one sample seminal study
Stage 1: the library

A library of about 17,000 documents, the largest live drug and alcohol library in Britain, housed in a back room in Tottenham.

All relevant to evaluating interventions to prevent or reduce drug or alcohol use or problems in the UK.
Stage 2: the Effectiveness Bank

An accumulating selection now of about 900 documents whose findings have been described and usually analysed and commented on, mainly chosen for their combination of rigour and relevance. These analyses are uploaded to a database which serves the Effectiveness Bank site. Each analysis looks something like ...
Stage 3: the matrices

“A godsend for practitioners and commissioners”

“Just awesome”

“Brilliant”

“You are a freaking legend”

“A real tour de force. Brilliant”

“Wow – this is terrific stuff”

“Wow!! This is simply too good”
<table>
<thead>
<tr>
<th>Organisational level</th>
<th>A Interventions</th>
<th>B Practitioners</th>
<th>C Management/ supervision</th>
<th>D Organisational functioning</th>
<th>E Treatment systems</th>
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<td>5 Safeguarding the community</td>
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</table>
Where available, each cell includes links (or links to corresponding Effectiveness Bank analyses) to a few:

**Seminal** studies from the past of lasting relevance

**Key** studies; usually more recent studies of particular importance

**Reviews** of the research on this topic

**Guidance** on practice based on the research

**Searches** for other relevant documents on the Effectiveness Bank web site
Matrix Bites

“Let me take you by the hand ...”

A weekly cell-by-cell ‘bite-size’ introduction to the Alcohol and Drug Treatment Matrices, cumulating to a year-long foundation course on the evidence base for treatment and allied interventions. Each offers an overview of the cell, shows you where to start with it, and highlights a particularly crucial study. To stimulate further learning and discussion, each also points to further reading on some key questions.
Now we can have a look at the **Alcohol Matrix**

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<td>3 Medical treatment</td>
<td>Medical interventions and treatment in medical settings</td>
<td>Impact of the practitioner in medical settings and treatments</td>
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Organised caring transforms alcohol clinic (1970): Remarkable series of US studies from the late 1950s proved that an alcohol clinic's intake and attendance can be transformed by being responsive to need and systematically and caringly keeping in touch with patients.

Identifying rapport-generating counsellors (2002): From responses to written counselling scenarios it was possible to identify which counsellors would best generate retention-enhancing rapport at a Finnish outpatient alcohol clinic.

Walk in their shoes (2008): Getting staff to simulate being a new client helped halve waiting times and extend retention in non-medical services. See also this extension (2012) to the programme and this account (2007) of the 'walk-through' procedure.

Matching resources to needs (2005): Automatically linking assessed problems at treatment intake to local services transformed assessments from redundant paperwork into a practical route to needed services.


The power of the welcoming reminder (2004): In seemingly mundane tasks like reminding patients of appointments and checking how they are doing after they leave, individualised and welcoming communications characterise retention-enhancing services.

Staff development toolkit ([UK] National Treatment Agency for Substance Misuse, 2003).

Competencies and training needs for Scotland's substance misuse workforce (NHS Health Scotland, 2011): Desired competencies for staff dealing with alcohol and drug problems at all levels including criminal justice settings.


Clinical supervision and professional development of counsellors ([US] Substance Abuse and Mental Health Services Administration, 2009).

MORE This search retrieves all relevant analyses. For subtopics go to the subject search page and hot topics on why some treatment services more effective than others, matching alcohol treatments to the patient, and individualising treatment.
Stage 5: a single entry

**Organised caring transforms alcohol clinic** (1970): Remarkable series of US studies from the late 1950s proved that an alcohol clinic's intake and attendance can be transformed by being responsive to need and systematically and caringly keeping in touch with patients.

Clicking on the title brings up in this case the Findings analysis from the Effectiveness Bank database; in other cases it will be the abstract from the journal's web site or the full original document if available.
The entry refers to a remarkable series of studies begun in the late 1950s at the emergency department and alcohol clinic of Massachusetts General Hospital in Boston. When we unpack it we encounter not just remarkable studies, but a remarkable man.
The alcohol clinic was run by Morris Chafetz, later to become founding director of the US National Institute on Alcohol Abuse and Alcoholism. This is him with his wife of 65 years.
To envisage and conduct such remarkable studies required a remarkable person capable of seeing humanity where others saw dirty drunks.

“At that time ... people with alcohol problems were reviled,” said Howard Blane, Chafetz’s co-author and colleague. “Criminalised ... put in hospitals ... left to lie in the streets ... very little in the way of humane treatment.”

Chafetz was not immune: “I did not think much of alcoholic people. I did not like them.”

“Having experienced the extent of my own prejudices and my own ignorance of the issue, I was bound and determined to turn the country around and to treat alcoholics as ill human beings who needed treatment, not as bad people who should be ignored and neglected.”
On one occasion, he proposed that schools teach children how to drink responsibly, starting with heavily diluted sherry in grade school. “Alcohol is here to stay, and people must learn to develop a healthy attitude toward it.”

He emphasized scientific findings showing the health benefits of moderate drinking, opposed total abstinence as a social ideal, and promoted the Mediterranean approach to alcohol consumption: in company, with food and never with the goal of intoxication.

Some thought him to close to the alcohol industry.
Massachusetts General Hospital in Boston
Typically the ‘skid-row’ alcoholics seen by the hospital’s emergency department were in crisis, dirty, disturbed and disturbing. Worst of all they refused to be patients, refused treatment. The effect was to evoke outright hostility and rejection on top of underlying moralising and punitive attitudes. The implicit message from the carers was ...
You are not wanted!
Not surprisingly most left as soon as they could, rejecting referral to the alcohol clinic. This looked a decidedly unreachable moment and an intractably treatment resistant set of patients from hell but ...

Less than one per cent of these alcoholics subsequently sought treatment at the hospital's outpatient alcoholic clinic, despite the nominal policy of offering such treatment to all alcoholics admitted for emergency care.
A miracle!
You are not wanted!
You are not wanted!

Another miracle!
Usual care

93 referred from emergency department

5 came to the alcohol clinic

1 (really none) came at least five times

Treatment catalyst teams

100 referred from emergency department

65 came to the alcohol clinic

42 came at least five times
Usual appointment process:

100 called

21 came to the alcohol clinic

0 came at least five times

Same-day personal contact:

100 called

62 came to the alcohol clinic

27 came at least five times
Replacing the letter with a phone call to the unit had a similar impact. Within a week of discharge, 22 of the 50 called patients returned for outpatient care but just four of the 50 who were not called.

THE DOCTOR’S VOICE:
POSTDICTOR OF SUCCESSFUL REFERRAL OF ALCOHOLIC PATIENTS 1

SUSAN MILMOE AND ROBERT ROSENTHAL

Harvard University

HOWARD T. BLANE AND MORRIS E. CHAFETZ

Massachusetts General Hospital

IRVING WOLF

Boston University

0 physicians discussed their experiences with alcoholics in tape-recorded interviews. Feelings and attitudes conveyed in doctors’ speech were related to their success in referring alcoholic patients for treatment to a special clinic. 10 judges (5 male, 5 female) rated the interview material presented normally (unfiltered tape recording); 10 rated it in a “tone-only” condition (content-filtered tape recording); and 10 rated it in a “content-only” condition (typed transcript). Doctors judged less angry in the tone-only condition and more anxious in the normal condition were more successful in referring alcoholics for further treatment.

"It wasn’t what he said; it was the way he said it." Investigators are paying increased attention to the intuitively long-recognized ability of people to pick up and utilize what Kaufman (1954) referred to as “expressive" cues in the language of others, and to the importance of these expressive cues as cues to personality and feeling states. The literature on nonverbal communication in speech has been reviewed by Kramer (1963), Mahl and Schulze (1964), and Starkweather (1961). For example, speech disruptions have been related to situational anxiety (e.g., Dilmore, 1956; Eldred & Price, 1958; Feldstein, Benjamin, & Jaffe, 1961; Kael & Mahl, 1958; Mahl, 1958), and reliable “global” judgments have been related to emotions in speech (e.g., Davitz, 1954; Davitz & Davitz, 1959a, 1959b). An important area for research has been emotion judged from “content-filtered” speech, in which a tape is rerecorded through a low-pass filter to remove high-frequency sounds and thus render the words themselves unrecognizable. Starkweather (1956) found that content-filtered voices of hypertensives were judged to be higher on dominance than similarly presented voices of nonhypertensives. Kramer (1964), however, has observed that one of the problems in most studies which correlate paralinguistic ratings with independent variables is the weakness of the latter. Another difficulty is that studies of emotion in speech have primarily utilized speech elicited in an experimental situation in which the speaker is asked to "act out" the emotion in one way or another. An unpublished study by Starkweather (cited by Kramer, 1963), in which 12 clinical psychologists rated excerpts from the Army-McCarthy hearings, seems to be one of the first in which emotional content was rated globally in completely spontaneously elicited speech. Soskin and Kaufman (1961) demonstrated that listeners could agree to a significant extent about the emotional content of content-filtered spontaneously elicited speech samples gathered in a variety of situations—but they had no independent variables to which the ratings were related.

The purpose of the present study was to relate emotion communicated in spontaneous
Nine of the 15 emergency doctors who a year before had referred patients in the referral study were asked, "What has been your experience with alcoholics?" Their responses were taped. The recordings were later transcribed and filtered to remove emotional tone.
Anger-Irritation

Normal recording

Filtered leaving emotional tone

Transcript

Sympathy-Kindness

Normal recording

Filtered leaving emotional tone

Transcript

Anxiety-Nervousness

Normal recording

Filtered leaving emotional tone

Transcript

Matter-of-factness-Professionalism

Normal recording

Filtered leaving emotional tone

Transcript

Positive correlations green, negative black. Strong colours statistically significant; others $r=0.4$ or more.
His studies exemplified important themes of continuing relevance:

1. Caring and organised persistence are complementary
2. Is a crisis at least a ‘reachable moment’?
3. Initial contacts are critical
4. Don’t blame the patient; take responsibility; change your approach
5. Addiction is a relationship ‘disease’; we can change it by changing ourselves and how we relate to the addict
6. This also means changing the social environment which relates to the addict outside the clinic
One of the gems we hope you will find in the **Alcohol Matrix**

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1. **Screening and brief intervention**
   - Identifying and advising people not seeking help for their drinking but who might benefit from it ... more
   - Effectiveness of alcohol screening and brief intervention
   - Impact of the practitioner in brief interventions
   - Role of management and supervision in screening and brief intervention
   - How organisational functioning affects impacts of screening and brief intervention
   - Local, regional and national systems for implementing screening and brief intervention

2. **Generic and cross-cutting**
   - Affecting medical and psychosocial treatments and criminal justice work ... more
   - Aspects of interventions relevant both to therapy and medical treatment
   - Impact of the practitioner across therapy and treatment
   - Role of management and supervision across treatment and therapy
   - How organisational functioning affects treatment and therapy
   - Influence of treatment systems on impacts of therapy and treatment

3. **Medical treatment**
   - Treatment in a medical context involving medical care, usually medications ... more
   - Medical interventions and treatment in medical settings
   - Impact of the practitioner in medical settings and treatments
   - Role of management and supervision in medical treatments and settings
   - How organisational functioning affects impact of medical treatment
   - Influence of treatment systems on impacts of medical treatment

4. **Psychosocial therapies**
   - ‘Talking therapies’ in which human interaction is the main active ingredient ... more
   - Psychosocial therapies: general principles and specific interventions
   - Impact of the practitioner in psychosocial therapies
   - Role of management and supervision in psychosocial therapies
   - How organisational functioning affects impact of psychosocial therapies
   - Influence of treatment systems on psychosocial therapies

5. **Safeguarding the community**
   - Funded or ordered to safeguard the wider community, or studies of these impacts ... more
   - Effectiveness of treatment intended to safeguard the community
   - Impact of the practitioner in criminal justice and allied work
   - Role of management and supervision in safeguarding the community
   - How organisational functioning affects treatment’s impact on the community
   - Influence of treatment systems on treatment’s impact on the community
Visit the Matrices page of the Effectiveness Bank web site for more on the Matrices and links to related articles, presentations, and a video of the developer explaining their genesis and construction.

http://findings.org.uk/matrices.htm
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