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► [Network support for drinking: an application of multiple groups growth mixture modeling to examine client-treatment matching.](#)

Wu J., Witkiewitz K.

Journal of Studies on Alcohol and Drugs: 2008, 69(1), p. 21–29.

Reanalysis of the huge US Project MATCH alcohol treatment trial confirms that patients with pro-drinking social circles gained greater remission in drink problems when 'matched' to a therapy focused on generating a social circle (in the form of AA) with the opposite characteristics.

Abstract The current study re-examined the Project MATCH (Matching Alcoholism Treatments to Client Heterogeneity) hypothesis that individuals with high network support for drinking would have the best treatment outcomes if they were assigned to twelve-step facilitation (TSF). Drinking consequences, as measured by the Drinking Inventory of Consequences, was the primary outcome measure. Growth mixture models with multiple groups were used to estimate the drinking consequence trajectories of 952 outpatients during the 12 months following treatment for each of the three Project MATCH treatment conditions. Growth factors within latent trajectory classes were regressed on network support for drinking to assess whether treatment condition moderated the relationship between network support for drinking and drinking consequences over time. Three latent classes were identified, representing low ($n = 154$, 16.2%), medium ($n = 400$, 42%), and high ($n = 398$, 41.8%) levels of drinking consequences. Classes did not differ across treatment groups. Greater network support for drinking predicted more drinking consequences over time but only for clients assigned to cognitive-behavioural therapy and motivational enhancement therapy, not TSF. This study provides further support for one of the original Project MATCH matching hypotheses: clients with social networks supportive of drinking had better outcomes immediately after treatment if they were assigned to TSF. Because the original Project MATCH studies found this matching effect only at the 3-year follow-up, these results add validity to the network support for drinking matching effect. The study also provides additional evidence that accounting for heterogeneity in alcohol treatment outcomes is important for accurately estimating treatment effectiveness.

 **Drug and Alcohol FINDINGS** The huge US [Project MATCH](#) study of psychosocial therapies for [dependent](#)

drinkers discovered that **patients** whose close social circles were laden with drinkers and people supportive of drinking drank less when therapy focused on engagement with 12-step groups (typically AA) than after therapies without this focus. It made sense: this option rebalanced their network towards people who were at least trying not to drink and supported abstinence. Curiously, this effect emerged three years after therapy, but not in the first year, and the analysis did not test if it extended to drink-related psychological and social problems as well as drinking itself. The current analysis aimed to tie up these loose ends. Its innovation was to segregate patients in to three groups based on patterns in the remission of **drinking problems**. About 1 in 6 started with relatively few problems which rapidly subsided to a sustained low level. The rest divided evenly in to patients with severe problems which gradually remitted, and those whose moderately severe problems improved during therapy, then stayed about the same. Depending on their social networks, these patients responded differently to the therapies. As expected, after the two non-12-step therapies, patients with pro-drinking networks experienced worsening drink-related problems. The 12-step option countered this influence; as with drinking itself, patients improved just as well in terms of drink-related problems regardless of whether they started treatment with a pro- or anti-drinking social circle. Bottom line: when a patient's closest friends/family drink and support drinking, help them recruit a social circle with the opposite characteristics. When they already have this, it's best to focus instead on the reasons (such as motivational or skills deficits) why they nevertheless drink excessively.

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