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TREATMENT

What Was Useful about That Session? Clients' and Therapists' Comments after Sessions in the UK Alcohol Treatment Trial (UKATT)

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Abstract — Aim: The aim of this study was to report and contrast the aspects of two therapies considered by clients and therapists to be most and least useful. **Method:** In the UK Alcohol Treatment Trial (UKATT), 742 clients were treated by 49 therapists with up to three sessions of motivational enhancement therapy (MET) or up to eight sessions of social behaviour and network therapy (SBNT). After each treatment session, clients and therapists were asked to independently complete two sentences, one inviting a statement about the 'most useful' and the other about the 'least useful' thing that had happened during the session. **Results:** The proportion of 'most useful' sentences completed was greater than the proportion of 'least useful' and equally so for MET and SBNT. The content of comments was significantly different for the two treatments: more comments on social aspects followed SBNT and more motivational comments followed MET, with larger numbers of comments following both treatments that were more general. Clients more often completed 'most useful' sentences than therapists and less often completed 'least useful' sentences. There were a number of differences in the content of their comments: notably more 'most useful' client comments about talking to their therapists, and more therapist comments about client engagement. **Conclusions:** MET and SBNT left distinct impressions on the participants immediately following treatment sessions, adding to the evidence that they are different treatments, and hence deepening the mystery about why outcomes following the two treatments were so similar [UKATT Research Team. (2005) *Br Med J* 331: 541–58].

INTRODUCTION

The present paper attempts to contribute to the understanding of process in the treatment of alcohol problems, using data from the UK Alcohol Treatment Trial (UKATT). The value of carrying out treatment process research alongside the study of outcomes has been stated both in the specialized field of the treatment of alcohol problems (Project MATCH Research Group, 1999) and in the psychotherapy field more generally (Orlinsky *et al.*, 1994). The present paper is also predicated on the idea that treatment participants—both clients and therapists—have insider knowledge of the change process that needs to be tapped if we are to understand what is going on (Orford, 2008). UKATT was designed to produce process data of a number of different kinds (UKATT Research Team, 2001). One was video recordings of therapists conducting all trial sessions: a random selection of recordings have been rated for treatment fidelity and quality (Tober *et al.*, 2008). In addition, short semi-structured interviews were held with clients immediately before treatment and 3 months and 12 months later: qualitative analyses of those data have been reported (Orford *et al.*, 2006a, 2006b). Measures of the client–therapist alliance and of motivational and social processes were also taken during treatment. The other kind of process measure included, and reported in the present paper, consists of brief comments recorded by both clients and therapists immediately after the completion of each trial session.

UKATT was a multi-centre randomized controlled trial comparing up to three sessions of motivational enhancement therapy (MET) and up to eight sessions of social behaviour and network therapy (SBNT) in the treatment of alcohol problems.

The trial included 742 focal clients recruited between the years 2000 and 2002 to five alcohol problem treatment services in three areas in England and Wales. They were treated by a total of 49 therapists. In the event, 82.5% of MET clients and 75.6% of SBNT clients received at least one session of the treatment to which they were randomized, and the average numbers of sessions received by them were 2.3 MET and 4.5 SBNT. Clients were followed up 3 and 12 months after randomization, with follow-up success rates of 95% and 83%. At both follow-up points, statistical improvements were recorded in both primary, alcohol-focused measures and secondary, general health and quality of life measures, but it was not possible to reject main effect null hypotheses and it was concluded that the two treatments were equally effective and cost-effective, based on follow-up data provided by focal clients (UKATT Research Team, 2005a, 2005b).

Immediately following each UKATT treatment session, both the client and the therapist were invited to state briefly what had been the most useful, and least useful, thing about the session just completed. The material so obtained yielded two kinds of data: (a) simple counts of the proportion of opportunities taken by participants to make such statements and (b) brief descriptions, amenable to content analysis, of what was thought to be most or least useful. The questions addressed in the analysis of those data were as follows:

1. What was the balance of positive and negative statements about treatment sessions?
2. What aspects of sessions were found most useful?
3. What aspects were found least useful?

4. Were there differences in those respects between MET and SBNT participants?
5. Were there differences in those respects between clients and therapists?

METHOD

Procedure

Immediately after the conclusion of each treatment session, the therapist handed the client a short questionnaire booklet plus an envelope addressed to the local trial researcher. The client was left to complete the questions on his/her own and was asked to place the completed booklet in the envelope and to seal the envelope and give it to a receptionist for later collection by the trial researcher. Meanwhile the therapist removed himself/herself to another part of the building and independently did the same thing. Two questions, in the form of sentences to be completed, were pertinent to the present paper, as follows: 'The most useful thing about today's session was…'; and 'The least useful thing about today's session was…'. They were preceded by the statement: 'Please complete either one or both of the following sentences to indicate what you think was most/least useful about the session that you have just taken part in'.

Analysis

Results were analysed in two ways. First, each post-session booklet was given a binary code to indicate whether or not the 'most useful' sentence stem had been completed, and a second binary code to indicate whether the 'least useful' sentence stem had been completed.

Secondly, content analysis of all completed sentences, extracted from the booklets, was carried out by one of two graduate psychologists. Sub-samples, of 20 client and 20 therapist forms in each case, were checked for coding reliability by one or both of two trial principal investigators. The two primary coders were not otherwise involved in the trial, and all coders as far as possible remained blind to whether the session referred to had been an MET or an SBNT session. The coding frame was based on one that had previously been used to code change attributions expressed in 3-month and 12-month follow-up semi-structured interviews (Orford *et al.*, 2008). Before coding the complete dataset, a pilot exercise was carried out using that coding frame to examine its suitability for use with the present data. The first six categories were designed to capture processes specific to one or other of the two trial treatments: the first three specific to SBNT (the social or 'S' codes), the other three specific to MET (the motivational or 'M' codes). Five further codes were designed to capture processes thought to be promoted by both treatments (the non-specific, general or 'G' codes). Very occasionally negative things were said in response to the 'most useful' sentence stem or positive things to the 'least useful' stem; they were ignored.

The pilot exercise confirmed the relevance of the six specific S and M codes (although coding of the full dataset showed that the third M code—thinking about what is important in life—was hardly ever coded and is therefore not shown in the present results). It was also confirmed that four of the five G codes were suitable for coding 'most useful' sentence completions on post-session forms (the exception was 'circumstances'—such as moving house or changing job—not surprisingly, of more relevance at follow-up than to treatment sessions *per se*). It was found necessary to add a number of new G codes since many of the post-session sentence completions referred to specific features of treatment sessions that were particularly salient immediately following the session itself (e.g. 'understanding aims' of treatment) that were not relevant at follow-up. When it came to coding 'least useful' sentence completions, many of the same codes were relevant. For example, 'belief in progress' might be positively referred to as the most useful aspect of a session, but lack of such belief might equally be referred to as the least useful aspect. Some codes were included to capture things that therapists, but not clients, often wrote about sessions: for example both positive and negative aspects of client engagement in treatment were often referred to by therapists (but scarcely ever by clients). As a result of the pilot exercise, a total of 18 'most useful' G codes were included and a total of 19 'least useful' G codes (although in practice only 14 and 15, respectively) were used more than occasionally and are included in the present results (10 codes were common to both sets). As we shall see, some of these supposedly general features of sessions turned out to be differentially associated with one or the other of the two treatments. See Tables 1 and 2 below for a listing of the codes and Appendices 1 and 2 for examples of coded sentence completions.

Agreement between pairs of coders was relatively high for the presence or absence of any 'most useful' social (SBNT-type) sentence completion, and the presence or absence of any 'most useful' motivational (MET-type) sentence completion (90%). Exact coding agreement was lower for 'most useful', including general, codes (65%) and least satisfactory for 'least useful', including general, codes (<50%).

A simple difference in proportions test is used to test the significance of differences between SBNT and MET participants, and also between clients and therapists. It is usual to take a difference in proportions greater than twice the standard error of the difference as significant. In view of the multiple tests carried out here, we take only those differences as significant that are greater than three times the standard error.

RESULTS

The total number of MET sessions that were held during the trial was 800. Post-MET session forms were completed by clients on 646 (81%) occasions and by therapists on 661 (83%) occasions. For SBNT, the total number of sessions held was 1137, with post-SBNT session forms being completed by clients on 838 (74%) occasions and by therapists on 888 (78%) occasions. Of all 348 MET clients who attended at least one session in the trial, 296 (85%) completed at least one post-session form, as did their therapists in 278 (80%) of cases. Of the 242 SBNT clients who attended at least one trial session, 197 (81%) completed at least one post-session form, as did their therapists in 196 (81%) of cases.

Counts of 'most useful' and 'least useful' comments

First, the opportunity to make a 'most useful' statement was much more regularly taken than was the opportunity to make a 'least useful' statement. Secondly, clients more frequently

Table 1. Percentages of UKATT SBNT and MET clients' and therapists' post-session forms that mentioned social (S), motivational (M) and general (G) aspects of sessions as most useful

		Most useful			
		Clients		Therapists	
		SBNT	MET	SBNT	MET
		$N = 838$	$N = 646$	$N = 888$	$N = 661$
S1	Involvement of others	47.8[a]	3.7	77.0[a,b]	3.2
S2	Alternative social activities	11.7[a,b]	1.0	6.3[a]	0.0
S3	Communication	18.8[a]	0.3	25.7[a,b]	0.4
M1	Negative consequences	8.6[b]	18.6[a]	2.6	35.6[a,b]
M2	Feedback	1.0	23.3[a,b]	1.0	18.0[a]
G1	Talking to therapist	52.3[b]	44.9[b]	10.5	11.5
G2	Pleasurable activity	18.8[a]	2.0	14.7[a]	0.4
G3	Determination, commitment	17.3[b]	19.9	12.0	35.6[a,b]
G4	Future focus	37.6[a]	23.6	38.2	34.5[b]
G5	Belief in progress	27.4[b]	29.1[b]	15.7	14.0
G6	Examining relapse	19.8[a]	4.4	23.6[a]	3.2
G7	Medication, detoxification	4.1	2.7	5.2	5.0
G8	Session(s) structure	1.5	0.0	4.2	11.9[a,b]
G9	Client engagement	0.0	0.0	26.2[a,b]	6.1[b]
G10	Understanding aims	11.2[a]	2.4	8.4[a]	1.1
G11	Therapist answers or gave advice	8.6[a,b]	4.4[b]	1.6	1.1
G12	Explored feelings	6.6[a,b]	1.0	2.6[a]	0.0
G13	Summarizing	7.6	5.1	4.7	7.9
G14	Client turned up	1.0	0.0	7.3[a,b]	1.4

[a]Significantly greater than the equivalent figure for the other treatment (SBNT or MET) (difference in proportions $>3 \times$ standard error).
[b]Significantly greater than the equivalent figure for the other group (clients or therapists) (difference in proportions $>3 \times$ standard error).

Table 2. Percentages of UKATT SBNT and MET clients' and therapists' post-session forms that mentioned social (S), motivational (M) and general (G) aspects of sessions as least useful

		Least useful			
		Clients		Therapists	
		SBNT	MET	SBNT	MET
		$N = 838$	$N = 646$	$N = 888$	$N = 661$
S1	Involvement of others	19.7[a]	1.1	52.5[a,b]	1.8
S2	Alternative social activities	1.6	0.0	0.6	0.0
S3	Communication	0.0[a]	0.0	6.2[a,b]	0.0
M1	Negative consequences	0.8	3.3[a]	3.1	2.8
M2	Feedback	0.8	3.9[a]	0.0	5.1[a]
G1	(Difficulties in) Talking to therapist	4.7	2.8	21.1[b]	30.9[a,b]
G2	Pleasurable activity	0.0	0.0	0.0	0.0
G3	(Lack of) Determination, commitment	7.9	7.7	16.8[b]	16.1[b]
G4	(Lack of) Future focus	2.4	1.1	10.6[b]	6.5[b]
G5	Belief in progress	4.7	3.9	3.7	1.4
G6	Examining relapse	2.4	1.1	11.2[a,b]	6.0[b]
G7	Medication, detoxification	0.0	1.1	2.5[b]	3.2
G8	Session(s) structure	7.9	11.6	9.3	11.5
G9	(Lack of) Client engagement	0.8	0.0	11.2[a,b]	3.7[b]
G10	(Difficulty) Understanding aims	1.6	0.0	2.5[a]	0.5
G15	Negative remarks about client's behaviour	8.7[a]	3.9	18.6[a,b]	9.2[b]
G16	Repetitiveness	4.7[b]	6.1[b]	1.9	1.4
G17	Research requirements	7.1[a]	3.3	5.0	11.1[a,b]
G18	Other problems	2.4	1.1	18.6[a,b]	6.9[b]
G19	Inappropriate treatment	7.1[a]	2.8	14.9[b]	10.6[b]

[a]Significantly greater than the equivalent figure for the other treatment (SBNT or MET) (difference in proportions $>3 \times$ standard error).
[b]Significantly greater than the equivalent figure for the other group (clients or therapists) (difference in proportions $>3 \times$ standard error).

took the opportunity to make a 'most useful' statement than did therapists (73% of clients' forms versus 56% of therapists' forms) (although virtually all clients and therapists made such a statement on at least one post-session form) and were much less likely than therapists to respond to the opportunity to make a 'least useful' statement (15% clients' forms versus 38% ther-apists'). Thirdly, MET and SBNT provoked 'most useful' and 'least useful' comments in equal proportions from clients and also in equal proportions from therapists: the ratio of 'most useful' to 'least useful' client comments was 4.57 for MET and 5.43 for SBNT; the ratios for therapist comments were 1.51 for MET and 1.49 for SBNT.

Content analysis

Social and motivational categories. The first five rows of Tables 1 and 2 provide the details of the proportion of 'most useful' and 'least useful' comments made by clients and their therapists that were coded into each of three social (S) categories and into each of two motivational (M) categories (the third motivational category is not shown because the figures in none of the columns reached 5%). As explained above, S and M categories were those thought, *a priori*, to be features of SBNT and MET, respectively. The pattern of 'most useful' comments (Table 1) is in accordance with those assumptions, all 10 SBNT–MET differences being significant in the expected direction. Particularly notable was that just over three-quarters of SBNT therapists' comments about what was most useful referred in one way or another to the useful involvement of family members or friends of the focal client, and the same was true for nearly half of clients' comments. SBNT therapists were also somewhat more likely than clients to refer to useful aspects to do with communication, but clients were somewhat more likely than therapists to refer to alternative social activities. MET clients and their therapists were more likely than their SBNT equivalents to refer to motivational 'most useful' aspects of sessions, with MET clients more likely than their therapists to refer to feedback of test results and therapists more likely to refer to the discussion of the negative consequences of clients' drinking.

It was not necessarily expected that there would be an equivalent pattern of 'least useful' comments, and with one notable exception very few negative comments were coded in the five social and motivational categories shown in Table 2. The exception was the high proportion of SBNT therapists' 'least useful' comments (just over half) that were about the involvement of family members and friends, with a lower but still very significant proportion of SBNT clients (nearly one-fifth) making similar comments.

General categories. The remaining rows of Tables 1 and 2 show the proportion of SBNT and MET clients and therapists' post-session comments that fell into each of the 14 'most useful' and 15 'least useful' general categories (4 further categories are excluded from the table because figures in none of the columns reached 5%). The following points can be made in the way of summarizing these complex tables.

Most useful (Table 1)

Overall. Four G categories each received at least 10% of the 'most useful' comments from both clients and therapists: G1, talking to the therapist (much more commonly referred to by clients in both treatment groups compared to therapists—in fact more clients' comments were coded here than for any other single social, motivational or general category); G4, future focus (the largest general category for therapists, and an almost equally large group for clients); G5, belief in progress (more frequently stated by clients); and G3, determination and commitment.

Client–therapist differences. Clients, when commenting on what had been 'most useful', were more likely than therapists to refer to: G1, talking to their therapist; G5, belief in progress; and G11, therapist advice or answering. Therapists were more likely to refer to G8, the structure of the session(s); G9, client engagement (quite often referred to by therapists, particularly SBNT therapists, but never by clients); and G14, the fact that clients had turned up at all.

Between-treatments differences. SBNT clients and therapists were more likely than their MET counterparts to refer to G2, pleasurable activities; G6, examining relapse; G10, understanding the aims of the therapy; and G12, exploring feelings (a little used category and scarcely ever used by MET clients and therapists). MET therapists were more likely than SBNT therapists to refer to G3, client determination and commitment (one of the largest MET therapists' categories), and G8, session(s) structure.

Least useful (Table 2)

Overall. 'Least useful' comments were less often made, particularly by clients. But the following categories received at least 5% of such comments from both clients and therapists: G3, (lack of) client determination and commitment; G8, session(s) structure; G15, negative remarks about clients' behaviour; and G17, research requirements.

Client–therapist differences. Several categories were significantly more often used when coding therapists' 'least useful' comments than was the case for clients: G1, (difficulties in) talking to the therapist; G3, (lack of) client determination and commitment; G4, (lack of) future focus; G6, examining relapse; G7, medication/detoxification; G9, (lack of) client engagement; G15, negative comments on clients' behaviour; G18, problems other than drinking; and G19, the treatment being inappropriate. The only category where clients' 'least useful' comments exceeded therapists' was G16, repetitiveness.

Between-treatments differences. The only category of 'least useful' comments that showed a consistent variation by treatment type was G15, negative comments about clients' behaviour, which was a type of negative comment significantly more often made by both SBNT clients and therapists compared to their MET counterparts. SBNT therapists were more likely than MET therapists to refer to G6, examining relapse; G9, (lack of) client engagement; and G18, the existence of problems other than drinking. MET therapists on the other hand were more likely to refer to G1, (difficulty) talking to the therapist, and G17, research requirements. SBNT clients were more likely than MET clients to refer to G17, research requirements, and G19, treatment being inappropriate.

DISCUSSION

It is important to be clear how this part of the UKATT process analysis fits with others. The data were limited to brief comments made by clients and therapists immediately on completion of treatment sessions. They were asked for their personal views about what had been most and least useful in the session. It was not an attempt to recall what had actually taken place or whether the therapists had been successful in delivering their assigned treatment: that was done in UKATT by rating video recordings of therapists conducting the sessions (Tober *et al.*, 2008). Nor was it an exploration of what clients or therapists believed was effective in assisting client change: clients' views on the factors responsible for change were collected in UKATT in the form of semi-structured interviews at 3- and 12-month follow-ups, and the data have been analysed using qualitative (Orford *et al.*, 2006b) and content analysis (Orford *et al.*, 2008)

methods. The present results may be treated as simply an indication of what the therapy participants found to have been most salient about treatment sessions immediately after they left those sessions.

The good rate of return of the post-session forms should be noted: over 75% were returned, and over 80% of all clients who attended at least one session, and over 80% of their therapists, completed at least one form. Early on in the trial, some therapists expressed reluctance to take the time to fill in these forms, so it was gratifying to find that in practice the response rate had been so good.

One of the attractions of offering respondents the opportunity to complete straightforward sentences, one inviting comments on the most useful aspects of a session and the other inviting comments on the least useful aspects, is the simplicity of analysing the results in terms of the balance of the comments made. By that means it was possible to show that both clients and therapists more often took the opportunity to mention most useful rather than least useful aspects. The balance of therapists' responses was considerably less in that direction than was the case for clients, but the balance was virtually identical for clients who received MET or SBNT and for therapists who delivered MET or SBNT. It is perhaps not unexpected that the usually grateful recipients of a service should be less critical than those who deliver it. But the equivalent results for the two forms of treatment are interesting. Despite the contrasts between the two treatments in their theories and methods (UKATT Research Team, 2001; Tober *et al.*, 2008), there was no difference between how they were viewed by the participants in these terms as they emerged from the treatment sessions. This is at least in keeping with the outcome results of the trial, which suggested no difference in effectiveness (UKATT Research Team, 2005a).

The content analysis was more time consuming and challenging. Good inter-coder reliability was established for the treatment-specific categories (those designed to reflect MET-like motivational responses and SBNT-like social ones) but was less satisfactory for 'most useful' non-specific general categories, no doubt partly because of the comparatively large number of such categories. In the case of the 'least useful' non-specific general categories, reliability was lower still and results should be treated as suggestive only.

There was clear evidence that SBNT and MET were distinctive treatments in the sense that both clients and therapists, after treatment sessions, responded with significantly different proportions of types of 'most useful' sentence completions. This result fits well with the analysis of videotapes of therapists during sessions (Tober *et al.*, 2008) and qualitative and content analysis of reports of 3- and 12-month follow-up semi-structured interviews with clients (Orford *et al.*, 2006b, 2008). We now have very convincing evidence that MET and SBNT were distinctive treatments: what therapists did during sessions was distinct; comments both clients and therapists made at the end of treatment sessions were distinct; and what clients said at follow-up about what had facilitated change was also distinct. It is therefore all the more intriguing why outcomes following SBNT and MET were so similar.

Although, as might have been expected, there were very few 'least useful' things said by participants that were either MET-like or SBNT-like, there was one clear exception. Just over half of all SBNT therapist post-session forms, and one-fifth of SBNT client forms, expressed a negative view about the involvement of other people in treatment. Although SBNT clients and therapists appeared, on balance, to be considerably more positive about the involvement of others than they were negative, it was evidently the case that involvement of family members and friends (a core ingredient of SBNT) was a mixed blessing. Work subsequent to UKATT, using SBNT in the treatment of substance problems where misuse of illicit drugs was the main concern, has also shown that gaining the involvement of family and friends, although generally viewed positively, is often problematic—sometimes because recruitment of network members is difficult and sometimes because interaction in sessions involving network members is difficult for therapists to handle (Williamson *et al.*, 2007). Analysis of videotapes of therapists during UKATT sessions suggested that compared to MET, SBNT was, '... likely to contain more essential items that are also unique...' (Tober *et al.*, 2008). Experiences are therefore suggesting that SBNT—a relatively new form of treatment compared to MET—presents therapists with more problems than does MET. That is perhaps not surprising since on average SBNT therapists are responsible for holding sessions that involve twice as many 'clients' (i.e. focal clients and their attending family members or friends). The sometimes problematic nature of SBNT, coupled with the apparent distinctiveness of SBNT and MET in practice, further deepens the mystery about why outcomes are so similar following these two treatments.

Bearing in mind the caveat about inter-coder reliability, the frequent use of 'most useful' sentence completions that were coded into one of the general non-specific categories offers support for a view of therapy process that emphasizes factors that are general to several different forms of therapy rather than specific to any one form. For clients, the most commonly coded and general category was 'talking to the therapist'. In fact, positive aspects of the relationship with a therapist were as often referred to as were positive SBNT-like sentiments for SBNT clients and as often as positive MET-like sentiments for MET clients (therapists were much more likely to refer to negative aspects of the way they talked to clients, which seemed to reflect self-criticism of their techniques). Other frequently used categories for coding general things that both clients and therapists said about what was useful in sessions were: 'future focus' 'belief in progress' (clients especially) and 'determination, commitment'. Some 'most useful' general codes captured things that some therapists, but not clients, said; for example, positive comments on the degree of client engagement in a session, and even the fact that the client had turned up at all!

The use of general codes also showed up some distinctions between MET and SBNT, suggesting that these features might more correctly have been designated as either SBNT-like or MET-like. Both clients and therapists who participated in SBNT were more likely than MET clients and therapists to mention positive aspects of sessions that were coded as 'encouraging pleasurable activities', 'examining relapse' and 'understanding the aims of therapy'. For MET therapists 'client determination and commitment' was a comparatively large category, used significantly more often than was the case for SBNT therapists.

The present results have wider implications for understanding processes of addictive behaviour change. We believe they provide an intriguing insight into those aspects of psychosocial

treatments for alcohol problems that are found to be most salient by clients and therapists. At the same time they may help explain the finding of equivalence of outcomes following the two contrasting forms of treatment used in UKATT and following different treatments for alcohol problems in other studies (Project MATCH Research Group, 1997; Anton *et al*., 2006) as well as in psychotherapy generally (Luborsky *et al*., 2002). The present results are in line with a common-factors, non-technological view of addiction change that places most emphasis on general processes such as the raising of consciousness about the need for change, the formation of a good relationship with a helping person, the consolidation of commitment to change and the realization of the benefits of change (Wampold, 2001; Moos, 2007; Orford, 2008).

APPENDIX 1. 'MOST USEFUL' THINGS ABOUT THE SESSION: CATEGORY DEFINITIONS AND EXAMPLES

Social

S1: Involvement of others in behaviour change. Realizing there is support from others. Presence of another in session.

> . . . to be able to include people and allow them to help me rather than shut them out (client)/. . . client's brother attended and challenged client's assertion that he is 'alone' (therapist).

S2: Developing alternative social activities (includes job).

> . . . talked about meeting new people (client)/. . . client planning to enquire about college course (therapist).

S3: Better communication or communication skills.

> . . . bringing together husband's and wife's views (therapist)/. . . client acknowledging difficulties with communication (therapist).

Motivational

M1: Thinking about negative consequences (or pros and cons) of drinking. Discussing concerns or negative consequences. More aware of problems.

> . . . talking about the damage that alcohol can do to your health and the way it affects your thinking (client)/. . . being made aware of the consequences of continuing drinking at the level I am (client).

M2: Influence of therapist feedback (e.g. liver test results, questionnaire feedback).

> . . . finding out how many units I consumed over a week; I didn't realise it was so many (client)/. . . BAC [blood alcohol concentration] feedback (therapist).

General

G1: Talking to therapist, someone listens to client. Client can speak openly, honestly. Reporting back to therapist or health worker (non-directive).

> . . . I just felt really relieved to get talking about things that have happened over the past two weeks, and it was helpful to know that she understood what I have been through (client)/. . . I got a lot off my chest and I said a few things that I couldn't tell anyone else; I got upset a bit (client).

G2: An activity or hobby (but not social). Alternative ways of coping. Increasing pleasurably activities. Realizing need to occupy mind.

> . . . I am learning that there are activities I can do to help and take some time up (client)/. . . agreement re the need for alternate activity, to make changes to routine, and the benefit of doing so (therapist).

G3: Expression of determination or commitment. Clear decision to change. Client taking responsibility. Having more control over choices and decisions. Feeling stronger. Client recognising that he/she can control drinking/abstinence.

> . . . it was a very positive session and I feel confident that I will be able to keep off drink, hopefully without any relapse (client)/. . . able to elicit motivational statements (therapist).

G4: Future focus. Has action plans. Client having a clear target to aim for (e.g. drinking goal).

> . . . going through the plans which were set up and which stopped me drinking for 10 weeks with only one small drink lapse (client)/. . . establishing a short-term goal (therapist).

G5: Client's belief that things are improving or therapy is beneficial, feeling more positive. Positive feedback from therapist.

> . . . that I realized I do not need to drink so much and I am a much happier person for not drinking (client)/. . . the client's optimism (therapist).

G6: Examining relapse, problems leading to drinking, relapse prevention.

> . . . actually positively identifying high risk events very specifically (client)/. . . exploring lapse/relapse, high risk situations planning (therapist).

G7: Medication, antabuse, detox.

> . . . client considered medication to help (therapist)/. . . client agreeing to have a detox (therapist).

G8: Structure of session or sessions.

> . . . continuity of the sessions (client).

G9: Client engages with treatment/therapist.

> . . . client seems to agree more with this treatment approach as mood lifts (therapist)/. . . a cooperative spirit (therapist).

G10: Aims/understanding of sessions/programme.

> . . . definition of the therapy on offer and an agreed understanding of what path to take to aid me (client)/. . . explaining the therapy (therapist).

G11: Client got answers to questions. Therapist advice (directive).

> . . . being advised to a very high standard (client)/. . . [therapist] is confident and listens and advises (client).

G12: Exploration of feelings, client able to express emotions.

> . . . better understanding of feelings (client)/. . . being able to talk and vent my feelings (client).

G13: Summary or recap.

> . . . recapping on agreements made in previous sessions (therapist).

G14: Client turns up.

> . . . the client arrived at the appointed time on the appointed day! (therapist)/. . . he attended and appeared motivated to change (therapist).

APPENDIX 2. 'LEAST USEFUL' THINGS ABOUT THE SESSION: CATEGORY DEFINITIONS AND EXAMPLES

Social

S1: Lack of involvement or negative involvement of others in behaviour change. Presence of another in session.

> . . . the therapist suggested that I may involve certain family members more but I feel this would be no help but hinder my problem. I instead feel I should focus on those people who are more likely to help me (client)/. . . lack of potential network members (therapist).

S3: Changes in communication and communication skills.

> . . . continued distance from wife (therapist).

Motivational

M1: Thinking about negative consequences (or pros and cons) of drinking. Discussing concerns or negative consequences. Level of awareness of problem.

> . . . to keep saying about the good and bad things about drinking (client)/. . . client minimising issues, selectively reinforcing drinking behaviour, judging his drinking against others (therapist).

M2: Influence of therapist feedback.

> . . . my cynicism towards statistics (client)/. . . client saying 'not worried' re results, and others drink as much (therapist).

General

G1: Talking to therapist. Negative comments in relation to client–therapist relationship.

> . . . that I was not asked about the way I felt about myself or my life in general (client)/. . . not thorough enough when discussing potential problems with her plan (therapist).

G3: Expression of lack of determination or commitment. Lack of confidence to give up. Doubts about ability to control drinking/abstinence. Uncertainty.

> . . . having no confidence in myself at this precise moment (client)/. . . denial, possibly drinking (therapist).

G4: Future focus. Lack of action plans or targets to aim for.

> . . . setting unrealistic drinking goals (therapist)/. . . client not sure about his drinking goal (therapist).

G5: Client's belief that progress made is insufficient. Negative comments regarding progress made. Negative feedback from therapist.

> . . . my inability to start stopping, if you know what I mean (client)/. . . client has still not achieved drinking goal or carried out planned activities between sessions (therapist).

G6: Reporting relapse, problems leading to drinking, relapse prevention.

> . . . I felt a little guilty about having a drink whilst on holiday (about saying it) but I was in control and felt my drinking was too (client)/. . . client is drinking a very large number of units so it is hard going to discuss lapse/relapse (therapist).

G7: Medication, antabuse, detox.

> . . . attempt to sort out detox (therapist)/. . . didn't feel very structured? Due to detox in between first and second sessions (therapist).

G8: Structure of session or sessions.

> . . . only that we didn't need the whole 45 minutes! (client)/. . . only having a limited time to discuss things (client).

G9: Client's engagement with treatment/therapist.

> . . . I was not very cooperative (client)/. . . client's resistance (therapist).

G15: Negative comments about client or client's behaviour.

> . . . I felt uncomfortable and nervy (client)/. . .. client talking off the point at times (therapist).

G16: Repetitiveness.

> . . . going over the same things that bother me over again (client)/. . . remembering a nightmare, going over old ground, but then I suppose it is vital to collate information (client).

G17: Aspects of the research.

> . . . filling this form in (client)/. . . video camera not operating properly (therapist).

G18: Problems other than drinking.

> . . . difficult not to focus on serious underlying issue—which client obviously wanted to discuss (therapist).

G19: Treatment of inappropriate type.

> . . . that there are only three sessions of this assessment (I would not call it treatment) although I. . . would agree to other forms of beneficial help and expertise (client)/. . . difficulty in meeting client's needs within the structure of SBNT (therapist).

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