

# Research In Brief

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## Indicators of Client Engagement: Influences on Alcohol Treatment Satisfaction and Outcomes

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**T**his investigation explored the relationship of client engagement (specifically client expectations, therapeutic/working alliance, and session attendance) with treatment satisfaction and post-treatment drinking-related outcomes. Data from two outpatient alcohol treatment studies included information obtained from 208 client volunteers who participated in research at RIA.

### Hypotheses

Researchers hypothesized that client expectations about how the treatment would progress, the strength of the working alliance with their counselor, and number of sessions attended would be positively related to client satisfaction with treatment. Furthermore, they believed that client satisfaction would be positively related to increased number of abstinent days, decreased number of drinks per drinking day, and decreased drinking-related consequences following treatment.

### Findings

- Positive expectations about therapy, greater session attendance, and a positive perception of the working alliance appeared to predict greater client satisfaction and, in turn, more positive drinking-related outcomes.
- Forty-two percent of client satisfaction was accounted for by expectations, working alliance, and session attendance, after controlling for pretreatment drinking.

### Study Background

The analysis included 208 clients from two different studies (82 from Study One and 126 from Study Two) who were recruited by newspaper advertisements or initial screening in RIA's Clinical Research Center. All volunteers reported active drinking during the previous three months.

Eligibility criteria included that participants be a minimum age of 18 years, meet the diagnostic criteria for alcohol abuse or depen-

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## Changes in Marijuana Use Over the Transition Into Marriage

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**M**arriage appears to be a triggering event that results in reductions in substance use among both men and women.

In addition, during the transition to marriage, the substance use of one spouse may be one of the influences leading to a change in the other spouse's substance use. This analysis sought to determine whether having a spouse who uses marijuana is associated with a greater likelihood of one's own use. It also looked at spousal influence and cessation of marijuana use.

### Findings

- During the transition into marriage, the marijuana use of one spouse does affect the other. However, this influence appears to be one-way, with wives influencing their husbands more frequently than husbands influencing their wives.
- Husbands are more likely to start using marijuana if their wives use marijuana, but wives are not more likely to start using marijuana if their husbands use.
- Husbands also are more likely to stop using marijuana if their spouses do not use marijuana.

### Study Background

After applying for a marriage license, couples were recruited for a five- to 10-minute interview that paid \$10. The interview covered demographic factors, family and relationship factors, and substance use questions. For interested individuals who did not have time to complete this interview, a telephone interview was conducted later that day or the next day. Complete pre-marriage data was provided by 634 couples. These same couples were also asked to participate in interviews on their first wedding anniversary (during which they answered questions about the first year of marriage), and on their second wedding anniversary (during which they answered questions about the second year of marriage). This report is based on the 471 couples who answered marijuana use questions about themselves and their spouse on each of the three interview occasions.

All participants were at least 18 years old with the average age of the men 29 years and the average of the women, 27 years. The

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## Indicators of Client Engagement (cont'd)

dence, have no co-existing drug diagnoses more severe than the alcohol problem, have no major psychiatric disorder, and be willing to provide the names of two individuals who could provide information about the whereabouts of the participant.

Participants were, on average, 44 years of age. Seventy percent were male, two thirds were employed either full- or part-time, and the majority was European American (89 percent). About half of the participants were married (44 percent) or cohabiting (six percent) and the remainder were separated/divorced/single/widowed.

### Procedures

Clients were offered 12 individual, one-hour weekly cognitive-behavioral treatment (CBT) sessions based on standardized manuals developed specifically for the two studies. Participants in both studies were encouraged to participate in self-help groups, such as Alcoholics Anonymous, outside of their treatment sessions. Study One also included 12 group sessions held concurrently with individual sessions, which offered additional CBT and behavior modification training. Follow-up data were collected through in-person interviews conducted immediately following completion of treatment and at six months post-treatment.

The Timeline Follow-Back interview (TLFB; Sobell & Sobell, 1992) was used to assess daily drinking behavior during the six months prior to treatment and during the six months following treatment. At pretreatment, the sample of 208 participants averaged 10.5 days per month abstinent and had a score of 41 on the Drinker Inventory of Consequences (DrInC; Miller, Tonigan, & Longabough, 1995). At six months posttreatment, the 186 participants who completed the interview averaged 21 days per month abstinent. The 162 participants who completed the questionnaire at six months posttreatment averaged a score of 19 on the DrInC.

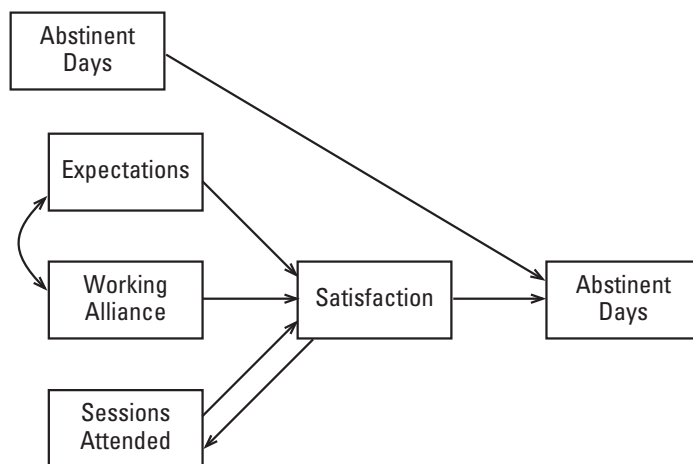
### Results and Discussion

The interrelationships among client expectations, working alliance, session attendance, client satisfaction, and drinking-related outcomes were examined. Outcome variables tested included abstinent days per month, drinks per drinking day, and drinking-related consequences. The best model fit was obtained using the abstinent days outcome model (see Figure 1).

This investigation found that positive expectations about therapy, greater session attendance, and a positive perception of the working alliance appeared to predict greater client satisfaction and, in turn, more positive drinking-related outcomes.

Further studies will be necessary to better understand exactly what is measured under the area of “satisfaction.” Addition of other client variables, such as motivation, may result in an even stronger model.

**Figure 1: Path analysis for abstinent days outcome variable. All paths shown were significant.**



The strength of this study lies in the combining of two similar treatment studies for a stronger test of theory with greater numbers of participants. Use of a path analysis allowed researchers to test a potential causal model and examine the relationships among client engagement, treatment satisfaction and post-treatment drinking outcomes. In fact, 42 percent of client satisfaction was accounted for by expectations, working alliance, and session attendance, when controlling for pretreatment drinking.

One limitation of the current investigation is that the model accounted for a relatively small proportion of variance of client drinking outcomes, leaving much of what contributes to successful recovery unexplained. An additional limitation of the study was that there were an inadequate number of participants to test the theory for differences by gender or other subgroups. Lastly, the current findings do not address specific factors contributing to clients' initial expectations of treatment such as attitudes and beliefs upon entering treatment.

### Implications for Treatment

These findings have implications for improving existing alcohol treatment and emphasize the importance of factors that occur early in the treatment process.

- A client and therapist may be able to use the client's early expectations and, if needed, work toward developing a more realistic set of expectations, in order to shape the course of therapy toward a more successful outcome.
- For clients with no prior treatment history, it may be necessary for the clinician to gain a better understanding of the client's expectations about treatment and help the client gain a more realistic understanding of the nature, process, and expected outcomes of treatment.
- A quality therapeutic alliance and the “behind the scenes” aspects of client engagement in treatment influence client satisfaction and

## Changes in Marijuana Use Over the Transition Into Marriage (cont'd)

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majority of the men and women were European American (64 percent of the husbands, 66 percent of the wives), about one third of the sample was African American (29 percent of the husbands, 28 percent of the wives), and very small percentages were Hispanic-, Asian-, and Native Americans.

Most of the participants had some college education (72 percent of the husbands, 67 percent of the wives) and the majority was employed full time (82 percent of the husbands, about 60 percent of the wives). This was the first marriage for all participants, and nearly 69 percent of the couples had been cohabiting. At the time of marriage, 34 percent of the husbands and 38 percent of the wives were parents.

### Results: Initiation and Cessation

There was a strong association between husband and wife marijuana use. If a man used marijuana prior to the marriage, nearly half of the women also did. Over the course of the study, the overall prevalence of marijuana use decreased. For men, the prevalence of use decreased from 25 percent to 19 percent from prior to the marriage to the second anniversary. For women, the decrease over the same period was from 20 percent to 14 percent. Although some men and women initiated marijuana use after they got married, more individuals stopped using it.

Among men, there was evidence that marijuana use by their wives predicted their own initiation of use. Husbands were significantly more likely to have started using marijuana during the first year of marriage if their wives had used it prior to getting married. Also, men were more likely to start using marijuana in their second year of marriage if their wives had used it in the previous year, compared to those whose wives had not used it.

By the same token, men were more likely to have stopped using marijuana during their first year of marriage if their wives had not used it prior to marrying. In addition, men who used marijuana during the first year of marriage, but whose wives did not, were more likely to not have used marijuana in the second year of marriage than those men whose wives did use during the first year of marriage.

The women's marijuana use was not affected to the same extent by their husbands' use. Women whose husbands used marijuana prior to marriage were slightly more likely to have started using it during the first year of marriage compared to women whose husbands had not used marijuana. In addition, women were more likely to stop using marijuana during their first year of marriage if their husbands had not used it prior to getting married. However, in the second year of marriage, women imitated or stopped using marijuana independent of what their husband did.

In addition to spousal influence, other variables were found to be associated with the initiation of post-marriage marijuana use. Women who were parents prior to getting married were more

likely to start using marijuana during both the first and second year of marriage than those women who were not parents prior to marriage. Men were more likely to have started using marijuana during their first year of marriage if they were not European-American, or if they had less education (high school degree, or less). Also, men were more likely to have started using marijuana during the second year of marriage if they had been unemployed the previous year.

### Discussion

In this sample, prevalence of marijuana use decreased over the transition to marriage. Although some individuals initiated use (or returned to using over these two years) the rates of cessation were dramatically higher, resulting in an overall decrease in use. In addition to observing this decline in marijuana use, it was observed that individuals who used marijuana were commonly married to partners who used marijuana.

Despite the fact that the prevalence of use was higher for men compared to women, the results suggest that spousal influence for the initiation of marijuana use in the early years of marriage is mostly one-way — from wives to husbands. The results also demonstrated strong support for one spouse's non-use of marijuana influencing the other's cessation of use.

One potential explanation for the difference in gender influence may be that the transition to marriage alters the relationship dynamics in couples, providing more influence to women after marriage than before. Wives may be more able to press for changes in their husbands' behavior, and husbands may be interested in maintaining harmony and avoiding conflict. Socializing patterns before marriage tend to be more influenced by husbands. After marriage, these patterns are more influenced by wives suggesting a new social network that may affect marijuana use. Lastly, marijuana use may be viewed as more antinormative and wives may be the partner providing the limits for acceptable behavior following marriage.

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## **Indicators of Client Engagement (cont'd)**

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drinking outcome. In order to raise a client's expectations for positive change, it may be beneficial for the therapist to reinforce that the client has made a positive decision by entering therapy.

### **References**

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