System for Coding Couple Interaction in Therapy – Alcohol (SCCIT-A) Coding Manual (version 1.0) Adapted for Alcohol Behavioral Couple Therapy

Barbara S. McCrady, Julie M. Brovko, Ben O. Ladd, Kevin A. Hallgren, Mandy D. Owens, Shirley M. Crotwell, Rosa Munoz, & Leslie Merriman

Author Notes:

Correspondence concerning this manual should be addressed to Barbara S. McCrady, Center on Alcoholism, Substance Abuse, and Addictions (CASAA), 2650 Yale Blvd. SE, Albuquerque, NM 87106. E-mail: bmccrady@unm.edu.

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System for Coding Couple Interaction in Therapy - Alcohol (SCCIT-A)
Coding Manual (version 1.0)

This coding system is designed specifically to code the in-session language of therapy sessions that include significant others (SOs) in the treatment of identified patients (IPs) seeking help for an alcohol use disorder. The SCCIT-A has not been tested for patients with other substance use disorders, but could be tested for other drugs by expanding all codes related to “drinking” to “drugs of abuse.” Global and behavior ratings are assessed for both the SO and IP.

The SCCIT-A includes seven global ratings, 11 SO specific behavior codes and 11 IP specific behavior codes. The SCCIT-A is intended to be used in three coding passes, meaning each session will be reviewed three times. The first pass is completed by one coder, and the second and third passes are completed by a second coder. During the first pass, one coder will parse all SO and IP speech into codeable units called utterances. A second coder will assign global ratings for the SO and IP based on the session as a whole. During the third pass, the second coder will assess all SO and IP behavior counts by assigning a code to each specific utterance. The entire session should be listened to during all passes.

Global ratings are used to capture the overall impression of the relationship between the SO and the IP. These scores are based on the overall interactions in the therapy session. A 5-point Likert scale is used to assign global ratings with the coder beginning at a 3 (a more neutral position) and moving either up toward a 5 (considered high) or down toward a 1 (considered low) based on the overall gestalt of the session.

Behavior codes are used to categorize specific verbal utterances. An utterance is defined as a complete thought. An utterance ends when one thought is completed and a new utterance begins when a new idea is introduced. One utterance can succeed another in the flow of the SO’s and IP’s speech, as with a sentence that conveys successive ideas. In other words, one sentence can contain multiple utterances.

Behavior counts are intended to capture specific SO or IP utterances without consideration for the global ratings. Behavior counts are tallied for each code and the overall frequency of the behaviors throughout the session is examined. All SO and IP utterances should receive a specific behavior code; each utterance receives only one code. The same utterance may not receive more than one code. See below for specific examples on how to parse and code SO and IP utterances.

SO statement: “She drinks about six glasses of wine a night. She really has to stop drinking, but I just am not sure she can do it. She could try AA. She could probably stop if she started going to AA every night. I would go with her to AA.”

The above statement would be parsed and coded as follows:

Utterance One: She drinks about six glasses of wine a night.
   *Giving Information – Drinking (GID-SO)*
Utterance Two: She really has to stop drinking.
   *Change Talk (CT-SO)*
Utterance Three: …but I’m just not sure she can do it.
   *Counter Change Talk (CCT-SO)*
Utterance Four: She could try AA.
   *Giving Advice (AD-SO)*
Utterance Five: She could probably stop if she started going to AA every night.
   *Change Talk (CT-SO)*
Utterance Six: I would go with her to AA.
   *Encourage/Support – Drinking-Related (ESD-SO)*

**Global Ratings:**

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td>SO Support – Alcohol Specific</td>
<td>4</td>
</tr>
<tr>
<td>2)</td>
<td>SO Support – General</td>
<td>7</td>
</tr>
<tr>
<td>3)</td>
<td>IP Support – General</td>
<td>9</td>
</tr>
<tr>
<td>4)</td>
<td>SO Collaboration</td>
<td>11</td>
</tr>
<tr>
<td>5)</td>
<td>IP Collaboration</td>
<td>13</td>
</tr>
<tr>
<td>6)</td>
<td>SO Contemptuousness</td>
<td>15</td>
</tr>
<tr>
<td>7)</td>
<td>IP Contemptuousness</td>
<td>17</td>
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**SO Specific Behavior Codes:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>1)</td>
<td>Giving Information – General (GIG-SO)</td>
<td>21</td>
</tr>
<tr>
<td>2)</td>
<td>Giving Information – Drinking (GID-SO)</td>
<td>23</td>
</tr>
<tr>
<td>3)</td>
<td>Encourage/Support – General (ESG-SO)</td>
<td>24</td>
</tr>
<tr>
<td>4)</td>
<td>Encourage/Support – Drinking Related (ESD-SO)</td>
<td>25</td>
</tr>
<tr>
<td>5)</td>
<td>Giving Advice (AD-SO)</td>
<td>26</td>
</tr>
<tr>
<td>6)</td>
<td>Discuss Self (DS-SO)</td>
<td>27</td>
</tr>
<tr>
<td>7)</td>
<td>Direct (DI-SO)</td>
<td>28</td>
</tr>
<tr>
<td>8)</td>
<td>Confront (CO-SO)</td>
<td>28</td>
</tr>
<tr>
<td>9)</td>
<td>Change Talk (CT-SO)</td>
<td>29</td>
</tr>
<tr>
<td>10)</td>
<td>Counter Change Talk (CCT-SO)</td>
<td>31</td>
</tr>
<tr>
<td>11)</td>
<td>Follow/Neutral (FN-SO)</td>
<td>32</td>
</tr>
</tbody>
</table>

**IP Specific Behavior Codes:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Value</th>
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<tbody>
<tr>
<td>1)</td>
<td>Giving Information – General (GIG-IP)</td>
<td>35</td>
</tr>
<tr>
<td>2)</td>
<td>Giving Information – Drinking (GID-IP)</td>
<td>36</td>
</tr>
<tr>
<td>3)</td>
<td>Encourage/Support – General (ESG-IP)</td>
<td>37</td>
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<tr>
<td>4)</td>
<td>Giving Advice (AD-IP)</td>
<td>38</td>
</tr>
<tr>
<td>5)</td>
<td>Discuss Self – General (DSG-IP)</td>
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<tr>
<td>6)</td>
<td>Discuss Self – Drinking (DSD-IP)</td>
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<tr>
<td>7)</td>
<td>Direct (DI-IP)</td>
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<tr>
<td>8)</td>
<td>Confront (CO-IP)</td>
<td>41</td>
</tr>
</tbody>
</table>
9) Change Talk (CT-IP) 42
10) Counter Change Talk (CCT-IP) 45
11) Follow/Neutral (FN-IP) 46
SCCIT-A Global Ratings

<table>
<thead>
<tr>
<th>SO Support – Alcohol Specific</th>
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</thead>
<tbody>
<tr>
<td>Low</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>SO explicitly discourages IP abstinence and treatment and/or provides encouragement for continued drinking.</td>
<td>SO provides few statements of support for IP abstinence and treatment. Statements of support may be artificial or completely lacking, but the SO does not explicitly discourage IP abstinence.</td>
<td>SO either responds both positively and negatively or generally responds neutrally to the IP’s drinking and attempts to change the IP’s drinking.</td>
<td>SO explicitly 1) indicates willingness to change his or her own behavior to support IP abstinence</td>
<td>SO explicitly 1) indicates willingness to change his or her own behavior to support IP abstinence and 2) provides verbal support of IP abstinence.</td>
<td></td>
</tr>
</tbody>
</table>

This scale is intended to measure the SO’s overall influence, encouragement, and assistance to the IP when specifically related to the IP’s drinking and abstinence. Alcohol Specific Support does not have to be congruent with the IP’s own drinking goal. For example, an SO high in Alcohol Specific Support may display support for the IP’s abstinence and treatment even if this is incongruent with the IP’s drinking goals (e.g., to continue drinking). In addition, the manner in which support is conveyed to the IP is not considered in this global rating. For example, when SOs are direct, explicit, and even harsh when conveying alcohol specific support to the IP, the coder should consider only the content of the support rather than the delivery of the statements.

**High Alcohol Specific Support**
SOs high in Alcohol Specific Support will convey that they are actively trying to assist the IP. This may be communicated through actions the SO already has taken (e.g., “I have been going with you to AA meetings” or “Alcohol is no longer permitted in the house”) or the SO’s intent to assist the IP (“I will stop drinking while you are in treatment”). SOs high in support actively communicate to the IP that they are invested in and encouraging of the IP’s abstinence, independent of the IP’s goals for drinking and treatment. That being said, statements promoting moderation or sobriety sampling as a step towards abstinence (not moderation as the end goal) can be coded as high in Alcohol Specific Support (e.g., statements made during the first session).

**Low Alcohol Specific Support**
SOs low in Alcohol Specific Support may be actively trying to dissuade the IP from abstinence from alcohol. This may be communicated directly and explicitly (e.g., “You don’t have a drinking problem”) or by minimizing the IP’s drinking (“You only have one beer with dinner”). In addition, SOs who encourage the IP to moderate their drinking as an end goal of treatment rather than abstain completely also would receive low ratings of Alcohol Specific Support.
**Verbal Anchors for Each Rating**

1. SO actively dissuades IP from abstinence or treatment participation. The SO may also appear disinterested or disapproving or abstinence or treatment. Statements convey support for continued drinking rather than abstinence and treatment.

   Examples:
   - SO explicitly communicates opposition to IP abstinence and/or treatment participation
   - SO minimizes IP drinking and drinking-related consequences
   - SO makes pessimistic statements about the IP’s ability to abstain from alcohol or the SO’s willingness to participate in treatment
   - SO makes statements of support for continued IP drinking

2. SO minimizes IP drinking and offers very few statements of support for abstinence and treatment. Statements of support may be artificial or contrived. SO indicates unwillingness to alter his or her own behavior in order to provide support for the IP. Overall, the SO gives the impression that he or she is not supportive of either IP abstinence or participation in treatment, but the SO does not provide support for continued IP drinking.

   Examples:
   - SO offers few statements of support to the IP
   - SO makes supportive statements that appear shallow or insincere
   - SO indicates reluctance or unwillingness to modify his or her own behavior to assist IP
   - SO does not explicitly encourage continued IP drinking

3. SO gives mixed messages to the IP regarding drinking behavior. This may include a relatively equal balance of both supportive and unsupportive statements, a neutral response to the IP’s drinking, or an absence of discussion of the SO’s support for the IP’s drinking or abstinence. Overall, the SO conveys that he/she is neutral to the idea of abstinence and treatment or is ambivalent about the IP’s drinking, abstinence, and treatment; or there is no opportunity for the SO to provide an opinion of the IP’s drinking behavior.

   Examples:
   - SO offers mixed statements to the IP regarding drinking and treatment
   - SO provides a fairly equal balance of statements that are supportive and unsupportive
   - SO is relatively neutral to the idea of IP abstinence and treatment
   - SO provides no discussion of his/her feelings about the IP’s drinking

4. Overall, the SO conveys support toward abstinence and treatment for the IP but the SO does not convey both encouragement and reinforcement for treatment goals. The SO may be opposed to modifying his or her own behaviors to support the IP and does not selectively reinforce IP behavior changes toward abstinence. Thus, the SO may disapprove of IP drinking and be supportive of abstinence but the SO is reluctant, unwilling or shows no evidence of plans or intentions to change his or her own behavior to promote IP abstinence.

   Examples:
   - SO supports IP abstinence and treatment participation
• SO provides support to the IP but demonstrates reluctance or unwillingness to modify his or her own behavior to further support the IP, or this willingness is not exhibited in session
• SO offers many more supportive statements than unsupportive statements to IP

5. SO encourages, reinforces and provides assistance for the IP’s abstinence and treatment. The SO generates supportive ideas regarding IP abstinence and conveys minimal expressions of support for IP drinking. Thus, the SO indicates that the IP should abstain from alcohol and participate in treatment and wishes to be actively involved in the process thereby providing encouragement, reinforcement, and/or assistance to the IP.

Examples:
• SO explicitly encourages IP abstinence and treatment
• SO reinforces changes in drinking toward abstinence
• SO engages or expresses willingness to engage in behaviors that provide support for IP abstinence
SO Support – General

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<th>1</th>
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<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SO explicitly discourages or ignores IP’s goals and concerns.</td>
<td>SO provides few statements of support for IP goals and concerns. Statements of support may be artificial or completely lacking, but the SO does not explicitly discourage IP from goals or concerns.</td>
<td>SO either responds both positively and negatively or generally responds neutrally to the IP’s goals and concerns or session includes no discussion of general IP goals and concerns.</td>
<td>SO explicitly indicates that he or she 1) is willing to change his or her own behavior to assist the IP in goals and concerns or 2) offers verbal support of the IP in his or her goals and concerns.</td>
<td>SO explicitly indicates that he or she 1) is willing to change his or her own behavior to assist the IP in goals and concerns and 2) offers verbal support of the IP in his or her goals and concerns.</td>
</tr>
</tbody>
</table>

This scale is intended to measure the SO’s overall emotional support, influence, encouragement, and assistance to the IP when specifically related to the IP’s non-alcohol-related goals and concerns. The coder may take into account alcohol-related discussions while keeping in mind that this scale is intended to capture the broader quality and spirit of SO support. If the session includes no discussion of IP non-alcohol related goals and concerns, general support should be coded as “3”.

**High General Support**

SOs high in General Support will convey that, in general, they actively are trying to be of assistance to the IP. SOs high on this scale will communicate that they are willing to be of active assistance to the IP in terms of the IP’s goals and overall concerns.

**Low General Support**

SOs low on General Support may be discouraging or resistant to the IP’s general goals and concerns. SOs who ignore or minimize the IP’s goals and concerns also should receive a low rating on this scale.

**Verbal Anchors for Each Rating**

1. **SO is disinterested in IP’s goals and concerns.** When the IP raises concerns and goals in session, the SO either discourages or ignores the IP.
   - SO makes few or no attempts to encourage or reinforce the IP
   - SO responds to IP goals and concerns with resistance, as conveyed by ignoring, actively discouraging, or opposing the IP
   - SO does not provide emotional support or encouragement to IP

2. **SO is not overtly interested in providing encouragement, assistance, or emotional support to the IP.** SO may provide a few statements of support for IP goals and concerns, but these may be artificial or convey disinterest. Statements of support may also be completely lacking. SO does not explicitly discourage IP from goals or concerns.
• SO makes statements of support that are superficial or shallow
• SO communicates very few (if any) statements of encouragement, assistance, or emotional support to the IP
• SO does not actively discourage SO from goals or concerns

3. SO either responds both positively and negatively or neutrally to IP’s goals concerns.
   • SO provides both positive and negative support to the IP
   • SO responds neutrally to IP’s goals and concerns
   • SO does not discuss IP’s non-alcohol-related goals and concerns in session

4. SO provides emotional support and encouragement to the IP but does not actively encourage and reinforce the IP.
   • SO supports IP and provides encouragement
   • SO provides support to the IP but demonstrates reluctance, unwillingness or shows no evidence of plans or intentions to modify his or her own behavior to further support the IP
   • SO offers more supportive than unsupportive statements to the IP

5. SO explicitly encourages, reinforces, and assists the IP in goals and concerns. SO indicates that he/she is willing to change to assist the IP and will support the IP in behavior changes.
   • SO explicitly encourages IP
   • SO actively reinforces IP
   • SO engages in or expresses willingness to engage in behaviors that provide support for the IP
This scale is intended to measure the IP’s overall emotional support, influence, encouragement, and assistance to the SO when specifically related to the SO’s goals and concerns. The coder may take into account alcohol-related discussions while keeping in mind this scale is intended to capture the broad quality and spirit of IP support.

**High General Support**

IPs high in General Support will convey that, in general, they actively are trying to be of assistance to the SO. IPs high on this scale will communicate that they are willing to be of active assistance to the SO in terms of the SO’s goals and overall concerns.

**Low General Support**

IPs low on General Support may be discouraging or resistant to the SO’s general goals and concerns. IPs who ignore or minimize the SO’s goals and concerns also should receive a low rating on this scale.

**Verbal Anchors for Each Rating**

1. IP is disinterested in SO’s goals and concerns. When SO raises concerns and goals in session, IP either discourages or ignores SO.
   - IP makes few or no attempts to encourage or reinforce the SO
   - IP responds to SO’s goals and concerns with resistance, as conveyed by ignoring, actively discouraging, or opposing the SO
   - IP does not provide emotional support or encouragement to SO

2. IP is not overtly interested in providing encouragement, assistance, or emotional support to the SO. IP may provide a few statements of support for SO goals and concerns, but these may be artificial or convey disinterest. Statements of support may also be completely lacking. IP does not explicitly discourage SO from goals or concerns.
   - IP provides statements of support that are superficial or shallow
• IP communicates very few (if any) statements of encouragement, assistance, or emotional support to the SO
• IP does not actively discourage SO from goals or concerns

3. IP either responds both positively and negatively or neutrally to SO’s goals concerns.
   • IP provides both positive and negative support to the SO
   • IP responds neutrally to SO’s goals and concerns
   • IP does not discuss SO’s goals and concerns in session

4. IP provides emotional support and encouragement to the SO but does not actively encourage and reinforce the SO.
   • IP supports SO and provides encouragement
   • IP provides support to the SO but demonstrates reluctance or unwillingness to modify his or her own behavior to further support the SO
   • IP offers more supportive than unsupportive statements to the SO

5. IP explicitly encourages, reinforces, and assists the SO in goals and concerns. IP indicates that he/she is willing to change to assist the SO and 2) will support the SO in behavior changes.
   • IP explicitly encourages SO
   • IP actively reinforces SO
   • IP engages in or expresses willingness to engage in behaviors that provide support for the SO
This category is intended to measure how well the SO and IP work together to solve problems and communicate with each other in the session. The presence of conflict during the session does not necessarily indicate poor collaboration. Rather, it is the way the SO handles the conflict that should be considered in the SO Collaboration global score. The coder only should consider within-session behaviors and disregard in-session discussions of behaviors that occurred outside of the session. For instance, if a couple works well together during the session but discusses fights that occurred outside of the session, the coder should code only the within-session behaviors.

**High SO Collaboration**

Collaboration is evident when the SO is actively engaged in working with the IP during the session with a primary focus on helping the client. Much of the SO’s language within session focuses on working together with the IP to address the IP’s drinking and treatment. SO also may exhibit repair attempts (e.g., using humor or conceding a point) when conflict arises during the session. SO actively communicates, problem-solves, and listens to suggestions from the IP.

**Low SO Collaboration**

Interactions on the low end of this scale indicate that the SO is not invested in working with IP during the session. This may be evident when a SO appears to be disengaged in the session, as evident from minimal responsiveness. In addition, low collaboration is evident when an SO is monopolizing the session by focusing most of the attention on him or herself. Low collaboration also is evident when the SO is detached from or in opposition to the IP (as evidenced by arguing or negating).

**Verbal Anchors for Each Rating**

1. SO appears to be uninterested in working with IP during the therapy session. SO makes no attempt to discuss problems related to the relationship, drinking or other topics discussed in session. SO may be relatively nonverbal. An SO also may dominate the session with his/her own
topics of discussion or thoughts while leaving little time for therapist or IP input. SOs who are in opposition to the IP, as demonstrated by arguing or negating, also would receive this rating.

- SO contributes very little to the session
- SO appears uninterested in working together with IP in the session or withdrawn during the session
- SO dominates session with own ideas, topics or thoughts
- SO actively opposes the IP and the IP’s ideas and thoughts

2. SO appears to be disengaged from working together with IP in the session but does offer input to session content. Although the SO does not appear to be invested in working with IP in the session, he/she does not dominate the session nor argue with the IP throughout.

- SO is oppositional or disengaged from working together with IP in session overall, but does have periods in which he/she works together with the IP
- SO exhibits some behaviors that indicate he/she is trying to work with the IP but the overall impression of the session is a lack of SO collaboration

3. SO is neutral. SO does not appear invested in working together with IP during the session, nor does SO dominate or seem uninterested in working together. SO may also exhibit a combination of behaviors that are both collaborative and disruptive.

- SO is neutral, neither arguing nor supporting the IP
- SO also may engage in both collaborative (e.g., problem solving, soliciting IP ideas) and disruptive behaviors (e.g., making demands of IP, instructing IP)

4. SO appears to be interested and invested in working together with IP in the session.

- SO conveys that he/she is interested in working with the IP in the session overall
- SO displays some behaviors that detract from collaboration
- SO appears interested and willing to communicate and problem-solve with the IP in a way that encourages exchange of ideas

5. SO appears to be invested in working together with IP in the session and interested in assisting the IP. SO works together with the IP to communicate, problem-solve, and work on tasks presented in session.

- SO works with IP to problem solve
- SO provides input and suggestions while not dominating the session
- SO solicits IP input
- SO is willing to compromise and consider IP’s ideas
### IP Collaboration

<table>
<thead>
<tr>
<th>Low</th>
<th>1</th>
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<th>3</th>
<th>4</th>
<th>5</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>IP is completely disengaged from working with SO in session and offers very few responses in session or completely detracts from session by monopolizing session discussion or content. IP actively opposes SO.</td>
<td>IP appears to be disengaged from working with SO in the session as evidenced by minimal responsiveness. IP may oppose or detract from working with SO at times, but on occasion is neutral or collaborative.</td>
<td>IP is neutral in the session: IP does not appear to be invested in working together with SO, nor does IP detract from working together. IP may also exhibit a combination of collaborative/disruptive behaviors.</td>
<td>IP and SO work together in session. Periods of opposition are minimal. IP appears to be invested and interested in working together with the SO</td>
<td>IP works with the SO in a way that encourages an exchange of ideas. IP actively contributes to the couple working together.</td>
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</table>

This category is intended to measure how well the IP and SO work together to solve problems and communicate with each other in the session. The presence of conflict during the session does not necessarily indicate poor collaboration. Rather, it is the way the IP handles the conflict that should be considered in the IP Collaboration global score. The coder only should consider within-session behaviors and disregard in-session discussions of behaviors that occurred outside of the session. For instance, if a couple works well together during the session but discusses fights that occur outside of the session, the coder should only code the within-session behaviors.

**High IP Collaboration**

Collaboration is evident when the IP is actively engaged in working with the SO during the session with a primary focus on working with the SO. IP may exhibit repair attempts (e.g., using humor or conceding a point) when conflict arises during the session. IP actively communicates, problem-solves and listens to suggestions from the SO.

**Low IP Collaboration**

Interactions on the low end of this scale indicate that the IP is not invested in working with SO during the session. This may be evident when an IP appears to be disengaged in the session, as evident from minimal responsiveness. In addition, low collaboration is evident when an IP is monopolizing the session by focusing most of the attention on him or herself beyond what is appropriate to the content raised by the therapist. Low collaboration also is evident when the IP is detached from or in opposition to the SO (as evidenced by arguing or negating).

**Verbal Anchors for Each Rating**

1. IP appears to be uninterested in working with SO in the therapy session. IP makes no attempt to discuss problems related to the relationship, drinking, or other topics discussed in session. IP may be relatively nonverbal. This would also include IPs who dominate the session with their own topics of discussion or thoughts while leaving little time for therapist or SO input. IPs who are in opposition to the SO, as demonstrated by arguing or negating, also would receive this rating.
- IP contributes very little to session
- IP appears uninterested in working together with SO in the session or withdrawn during the session
- IP dominates session with his/her own ideas, topics or thoughts with disregard for input from the therapist or SO
- IP actively opposes the SO and the SO’s ideas and thoughts

2. IP appears to be disengaged from working together with SO in the session but does offer input to session content. Although the IP does not appear to be invested in working with SO in the session, he/she does not dominate the session nor argue with the SO throughout.
   - IP is oppositional or disengaged from working together with SO in session overall but does have periods in which he/she works together with the SO
   - IP exhibits some behaviors that indicate he/she is trying to work with the SO, but the overall impression is a lack of collaboration

3. IP is neutral. IP does not appear invested in working together with SO in session, nor does IP dominate or seem uninterested in working together. IP may also exhibit a combination of behaviors that are both collaborative and disruptive.
   - IP is neutral, neither arguing nor supporting the SO
   - IP may also engage in both collaborative (e.g., problem solving, soliciting SO ideas) and disruptive behaviors (e.g., making demands of SO, instructing SO).

4. IP appears to be interested and invested in working together with SO in the session.
   - IP conveys that he/she is interested in working with SO overall
   - IP displays some behaviors that detract from collaboration
   - IP appears interested and willing to communicate and problem-solve with the SO in a way that encourages exchange of ideas

5. IP appears to be invested in working together with SO in the session and interested in assisting the SO. IP works together with the SO to communicate, problem-solve, and work on tasks presented in session.
   - IP works with SO to problem solve
   - IP provides input and suggestions while not dominating session
   - IP solicits SO input
   - IP is willing to compromise and consider SO’s ideas
SO Contemptuousness

<table>
<thead>
<tr>
<th>Low</th>
<th>1</th>
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<th>3</th>
<th>4</th>
<th>5</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>SO is warm and appreciative of the IP. SO is concerned with the IP and exhibits compassion and interest in IP’s well-being.</td>
<td>SO may exhibit some critical behaviors, but overall conveys warmth and appreciation for the IP.</td>
<td>SO is neutral towards the IP. Interactions do not convey warmth, nor are they critical or hostile. Also can have a balance of criticism and warmth.</td>
<td>SO exhibits behaviors that are critical or disparaging toward the IP. While the SO is not warm or appreciative of the IP, behaviors convey minimal disdain, disgust, or mockery for the IP.</td>
<td>SO exhibits few, if any, warm or appreciative behaviors for the IP. Overall, the SO conveys disdain, disgust, mockery, or hostile humor toward the IP.</td>
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</table>

This category is intended to measure the delivery of SO statements and the extent to which they are critical or warm. At the high end, this category measures the degree to which the SO conveys disdain, resentment, or sarcasm toward the IP. SOs may seem high in support for the IP but the delivery of their statements yields a score that indicates high contempt. In contrast to the other global ratings, a higher contemptuousness score corresponds with more negative behavior. The low end of this scale represents a lack of contempt and the presence of warmth, appreciation and concern.

**High SO Contemptuousness**

SOs high in contemptuousness may demonstrate resentfulness or contempt for the IP. They may be discouraging or critical of the IP’s ideas and goals. Other SO behaviors that are indicative of contemptuousness are disgust, mockery, disdain, and hostile humor.

**Low SO Contemptuousness**

SOs low in contemptuousness may be warm and appreciative of the IP. They appear to be genuinely concerned and interested in the IP. SOs low on this scale will behave in a compassionate manner toward the IP.

**Verbal Anchors for Each Rating**

1. SO appears to be interested in the IP’s well-being and conveys warmth, concern, and investment in the IP.
   - SO pays attention to the IP and appears to be invested in his/her well-being
   - SO appears to be engaged in discussion with the IP surrounding IP’s concerns and goals
   - SO produces no critical, discouraging, or sarcastic remarks in the session

2. Some critical behaviors from the SO may be present within the session; however, overall, the SO conveys warmth and appreciation for the IP.
   - SO appears concerned about the IP and engaged in session
   - SO directs statements of appreciation toward the IP
   - SO displays very little or no explicitly contemptuous behavior and modest amounts of warmth
• The SO may exhibit occasional contemptuous behaviors, including criticisms or discouragement, but these instances are infrequent

3. SO is neutral towards the IP, conveying neither contempt nor warmth, or may exhibit a balance of the two.
   • SO appears to be neutral towards the IP
   • SO does not display warmth, encouragement, disdain, disgust, or mockery during the session
   • SO displays a mixture of encouragement/warmth and disgust/disdain/mocking

4. SO exhibits behaviors that are critical or disparaging toward the IP, but conveys minimal disdain, disgust, or mockery for the IP.
   • SO expresses criticism toward the IP or ideas offered by the IP
   • SO is discouraging of IP’s goals and concerns
   • SO appears to be disengaged from the session

5. Overall, SO conveys disdain, disgust, mockery, or hostile humor toward the IP. While instances of warmth and appreciation may be present during the session, they are minimal and possibly artificial.
   • SO is sarcastic towards the IP
   • SO conveys a tone of disdain or disgust
   • SO engages in name-calling during the session
   • SO is belligerent toward the IP within the session
   • SO interrupts or talks over the IP with little or no regard for the IP’s ideas or thoughts
**IP Contemptuousness**

<table>
<thead>
<tr>
<th>Low</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>IP is warm and appreciative of the SO. IP is concerned with the SO and exhibits compassion and interest in SO’s well-being.</td>
<td>IP may exhibit some critical behaviors, but overall conveys warmth and appreciation for the SO.</td>
<td>IP is neutral towards the SO. Interactions do not convey warmth, nor are they critical or hostile. Also can have a balance of criticism and warmth.</td>
<td>IP exhibits behaviors that are critical or disparaging toward the SO. While the IP is not warm or appreciative of the SO, behaviors convey minimal disdain, disgust or mockery for the SO.</td>
</tr>
</tbody>
</table>

This category measures the degree to which the IP conveys disdain, resentment, or sarcasm toward the SO. IP contemptuousness should not be confused with IP collaboration. IPs may seem high in support for the SO but their statements are delivered in such a way that they yield a score that indicates high contempt. In contrast to the other global ratings, a higher contemptuousness score corresponds with a more negative behavior. The low end of this scale represents a lack of contempt and the presence of warmth, appreciation and concern.

**High IP Contemptuousness**

 IPs high in contemptuousness may demonstrate resentfulness or contempt for the SO. They may be discouraging or critical of the SO’s ideas and goals. Other IP behaviors that are indicative of contemptuousness include disgust, mockery, disdain and hostile humor.

**Low IP Contemptuousness**

 IPs low in contemptuousness may be warm and appreciative of the SO. They appear to be genuinely concerned and interested in the SO. IPs low on this scale will behave in a compassionate manner toward the SO.

**Verbal Anchors for Each Rating**

1. IP appears to be interested in the SO’s well-being and conveys warmth, concern and investment in the SO.
   - IP pays attention to the SO and appears to be invested in his/her well-being
   - IP appears to be engaged in discussion with the SO surrounding SO’s concerns and goals
   - IP provides no critical, discouraging, or sarcastic remarks in the session.

2. Some critical behaviors from the IP may be present with the session; however, overall, the IP conveys warmth and appreciation for the SO.
   - IP appears concerned about the SO and engaged in the session
   - IP directs statements of appreciation toward the SO
   - IP exhibits very little or no explicitly contemptuous behavior, including criticisms or discouragement but these instances are infrequent. IP also provides modest amounts of warmth.
3. IP is neutral towards the SO, conveying neither contempt nor warmth, or may exhibit a balance of the two.
   - IP appears to be neutral towards the SO
   - IP displays no warmth, encouragement, disdain, disgust, or mockery during the session
   - IP displays a mixture of encouragement/warmth and disgust/dissain/mockery

4. IP exhibits behaviors that are critical or disparaging toward the SO, but conveys minimal disdain, disgust, or mockery for the SO.
   - IP expresses criticism toward the SO or ideas offered by the SO
   - IP is discouraging of SO’s goals and concerns
   - IP appears to be disengaged from session

5. Overall, IP conveys disdain, disgust, mockery, or hostile humor toward the SO. While instances of warmth and appreciation may be present during the session, they are minimal and possibly artificial.
   - IP is sarcastic toward the SO
   - IP conveys a tone of disdain or disgust
   - IP engages in name-calling during the session
   - IP is belligerent toward the SO within the session
   - IP interrupts or talks over the SO with little or no regard for the SO’s ideas or thoughts
SCCIT-A Behavior Codes

As discussed on page 2, behavior codes are used to categorize specific utterances. An utterance is defined as a complete thought. An utterance ends when one thought is completed and a new utterance begins when a new idea is introduced. One utterance can succeed another in the flow of the SO’s or IP’s speech, as with a sentence that conveys successive ideas. Behavior codes are intended to capture specific SO and IP utterances without consideration for the global ratings. Behavior codes are tallied for each code and the overall frequency of the behaviors throughout the session is examined. All SO and IP behaviors should receive a specific behavior code, and each utterance receives only one code.

General Decision Rules:

1. Affirmative (or negative) responses (e.g., “uh uh”, “exactly”) to queries can be coded according to the type of statement being responded to rather than being coded as FN. For example, an utterance of “yes” indicating agreement with a change-talk query would be coded as CT. Similarly, a positive response to a general informational query would be coded GIG.

2. Sometimes an utterance might seem to meet the criteria for more than one code. In these instances, there is a decision-making hierarchy to guide selection of a code. Certain codes are the default unless a specified threshold is met for a “higher” code. For example, AD would be the default code unless an utterance met the more stringent criteria for DI. Conversely, for certain codes the default is the “higher” code. For example, CT is the default code when choosing between CT and GID. See specific decision rules under each code for information regarding the hierarchy of codes.

3. Parsing Rule: the parser determines if an utterance is deserving of a code or not. Thus, all utterances included in a parsed transcript require codes.

4. Coders can use context from previous utterances to assign a code. However, coders should not take future utterances into account when determining the context of a particular utterance.

5. For all codes that are differentiated between general and drinking (i.e., GIG vs. GID, ESG vs. ESD), code as related to drinking as long as the utterance can easily be tied to drinking or abstinence. The reference to drinking does not have to be made explicit. Example:

   IP: “I like to drink at parties to help loosen up. When I don’t drink, I’m like a bump on a log, you know?”
   Therapist: “So it’s important to have a plan for when you feel like that in social settings.”
   SO: “I don’t think that you’re a bump on a log.” (ESD-SO)

Even though the SO does not directly state that he/she is referring to the IP’s sober behavior at the party, this is an instance where the SO is being supportive of the IP’s sobriety, thus necessitating a drinking-related code.
General Coding Rules:

**Full Utterance Rule:** When multiple codes seem relevant to an utterance, the coder should consider the gist and default to a more general code if the statement is too unclear. It may be necessary to consider previous utterances to determine the general meaning and context. However, the coder should not read utterances ahead of the one being coded.

**Drift Rule:** A conversation may start out as alcohol related but then drift away from alcohol-related points into a more general realm. In this case, coding should reflect the actual statement (i.e., be given a general code) even if the previous codes are alcohol-related.

Example:
IP: “I drank at that party last weekend.” (DSD-IP)
SO: “Yeah, the one that my sister threw. That was fun.” (GID-SO)
IP: “It was really nice seeing her.” (DSG-IP)

**Royal-You-Rule:** When a speaker uses the word “you”, consider the overall meaning. Is the person using “you” to refer to his or her own partner (GID-SO or GIG-SO)? Is the person using the “royal you” to refer to people in general or everywhere (DSD-IP or DSG-IP)? giving his or her own opinion, ) or is the person talking about him or herself (DSG-IP or DSG-IP)? If the coder is unable to determine which “you” the speaker is referring to, the coder should use his or her best judgment. If the coder is still unable to determine which “you” the speaker is referring to, a Follow Neutral code should be assigned.

**Inaudibles:** If there is an IP, SO, or T inaudible (an utterance in which the coder can hear someone speaking but cannot clearly understand the content of the speech) code this as "No Code (NC)"-- not FN.

In some treatments (e.g., cognitive-behavior therapy) the therapist may include role-play rehearsal in the session. The purpose of role-play is to help the IP practice appropriate behavior that may arise in the future. When coding role-plays, coders should think about the broader meaning of the utterance, even if the IP is just "going along" with the role-play. Since role-plays often are hypothetical, these specific rules should guide the coding of role-plays when the IP is speaking:

**DECISION RULES for three categories:**

A. **If the IP is assuming a role other than themselves.** If the IP is playing a friend who is pushing a drink or giving information about a situation encountered in the IP’s life, code DSG-IP or DSD-IP, depending on the content.

Example:
IP (pretending to be a friend at a party): “Hey! What are you drinking tonight?” (DSD-IP)
B. If the IP is assuming the role of self. Code the utterance as if it were real behavior or real utterances.

Example:
IP (playing herself in a hypothetical party where she is being asked what she would like to drink): “I’ll just have water.” (CT-IP)
Therapist: “Are you sure? I have beer, wine, vodka....”
IP: “No, thanks. Water is good for tonight.” (CT-IP)

NOTES: If the therapist asks, "What did you hear him say?", and a reflective listening statement is elicited from the client, code as GIG-IP or GIG-SO. Or, if the client says "I think what she was saying was...." code as GIG-IP or GIG-SO.

QUESTIONS IN ROLE PLAYS: Think of questions as the IP giving information about what he/she might hypothetically say (when role playing herself) or what a friend might hypothetically say (when role playing someone else). Therefore, code questions in either scenario as DSG-IP or DSD-IP, not FN-IP. FN-IP is for questions in real time.

C. If the IP or SO is working with worksheets: In some treatments, the therapist might use worksheets in the session. Some worksheets are personally relevant, but some worksheets present a hypothetical situation or client. Code an utterance as FN-IP or FN-SO if the utterance is about a generic example in the worksheet and does not include any personalization. Code as FN-IP or FN-SO until there is explicit self-relevance expressed. Be careful when listening to personalizing statements. If someone says, "it sounds to me like," the utterance should be coded as DSG-IP or DS-SO. If the worksheet jumps or alludes to personal feelings or situations, or hypothetical CT statements, then code as such.

SO Behavior Codes

1. Giving Information - General (GIG-SO)
This category includes all statements from the SO that provide any form of general information about the IP or about the IP and the SO as a couple, not directly regarding the IP’s drinking. This may include examples such as personal characteristics of the IP, or information about the IP’s living situation, job, hobbies, or family. Information about the relationship between the SO and the IP also is counted here, as well as drinking information about someone other than the IP.

Examples:
“He has hobbies; he likes to lift weights.”
“He used to play basketball.”
“That’s right when he got out of the Army.”
“I noticed he was getting more stressed out after he started working there.”
“His job takes him on the road a lot.”
“We used to live in Connecticut, when she was growing up.”
“She’s my friend.”
“Our neighbor drinks a lot.”

A short answer from the SO in response to a therapist inquiry that gives specific information about the IP would be coded as GIG-SO. This is to be differentiated from short answers in response to the therapist that fail to provide any meaningful information (and would thus be coded as FN-SO).

Therapist: “Do you two work together?”
SO: “No.” (GIG-SO)

Therapist: “What hobbies has he liked in the past?”
SO: “None, really.” (GIG-SO)

Information that is relevant to the couple should be coded as GIG-SO. Utterances about the SO’s own family (e.g., IP: “My mother lives in California”) should be coded as DS-SO, because information about one’s family is considered relevant to him/herself. If an SO talks about his/her children, coding the information about the children is decided by how the SO says it, even if it has been established that the IP and the SO are the child’s parents. Examples:

SO: “My daughter goes to Rutgers” (DS-SO)
SO: “Our daughter is getting married” (GIG-SO)
SO: “Our daughter can tell when [the IP] is drinking” (GIG-SO)

Differentiating:
“Paul drinks a six-pack every night.” (GID-SO)
“There are a lot of bars in this town.” (FN-SO)
“We went to dinner last night.” (GIG-SO)
“Marital satisfaction was a six on that day.” (DS-SO, talking about own ratings on marital satisfaction cards)

Decision Rules:
6. GIG-SO code should be coded when possible instead of FN-SO.
7. Narratives of past events (“storytelling”) are coded as GiG-SO, even if the story reflects past displays of concern (i.e., ESG-SO/ESD-SO) or disagreement (i.e., CO-SO). Concern/disagreement must be present during session to be coded as such.
8. Any utterance relevant to the behavior of the IP or within the context of the IP’s life should be coded as GIG-SO, as opposed to FN-SO. Examples:

IP: “Tuesday I had the meeting. So Tuesday night I told you…”
SO: “Wednesday, that was when we watched the election.” (GIG-SO)

Therapist: “And your political candidates won, is that right?”
SO: “No, they lost.” (FN-SO)
2. Giving Information - Drinking (GID-SO)
This category includes all statements from the SO that provide factual information regarding the IP’s drinking or abstinence. Any comments related to the drinking or abstinence of others (other family members, the SO’s own drinking habits) should not be coded in this category unless it is relevant to the IP’s drinking. Statements with information about the IP and SO drinking are included here.

Examples:
“This isn’t the first time he’s had a DUI.”
“It’s just when he goes home at night, there’s nothing there and so he goes to the bar.”
“He started drinking when he was twelve years old.”
“When he goes to his friend’s house, I know they’re gonna be drinking.”
“I think you (referring to IP) had about six drinks that night.”
“She didn’t drink all week.”
“We both went out drinking last night.”
“I have been to treatment with her before.”

Differentiating:
“His father was a big drinker.” (GIG-SO)
“She used to drink more a few years ago.” (GID-SO)
“I only threw up once from drinking, when I was a teenager.” (DS-SO)

NOTE: If the SO statement meets criteria for CT-SO (by including some level of recent desire, ability, reasons, need, taking steps, or commitment to change), the statement should be coded as CT-SO (or CCT-SO, depending on the valence), not GID-SO.

Sometimes she drinks too much, and makes a fool of herself.” (CT-SO)
“He’s hard to talk to once he’s had a few drinks.” (CT-SO)
“I wish he would stop drinking.” (CT-SO)
“He likes beer, always has.” (CCT-SO)
“He has a hard time sleeping unless he drinks.” (CCT-SO)
“She’s tried quitting before, but it never works.” (CCT-SO)

NOTE: If discussions about drinking include the SO commenting about other people who may be pushing drinks on the IP, code as GID-SO. The main idea is that they are discussing people or information in the context of the IP’s drinking.

Examples:
“Our neighbor would ask him if he wanted a beer.”
“Your sister would never encourage you to drink more.”

Decision Rules:
9. The GID-SO code may refer to any illicit drug of abuse, not solely drinking. Tobacco use or prescription medication that is taken as prescribed should be coded as GIG-SO. If the SO speaks about smoking and it is not clear if he or she is referring to tobacco or another drug, code as GIG-SO.
10. GID-SO trumps FN-SO.
11. CT-SO/CCT-SO codes trump GID-SO codes.
12. Narratives of past events (“storytelling”) are coded as GID-SO, even if story reflects past displays of concern (i.e., ESG-SO/ESD-SO) or disagreement (i.e., CO-SO). Concern/disagreement must be present during session to be coded as such.
13. GID-SO statements are neutrally valenced (e.g., “He was hung over all day after drinking last Fourth of July” stated in neutral tone). If a statement contains negative/positive valence it should be coded as CT-SO/CCT-SO (e.g., “He was hung over all day and didn’t do any of the chores he was supposed to do!”)
14. If a connection to drinking can be easily and reasonably made in an utterance by the SO, then code as GID-SO rather than GIG-SO. An explicit reference to substance use in the utterance itself is not necessary. Example:

Therapist (speaking to the IP): “So, when did you stop drinking?
SO: “He stopped on the 28th.” (GID-SO)
IP: “I drink the most on weekday nights.”
SO: “On weekends he’s usually fine.” (GID-SO)

3. Encourage/Support – General (ESG-SO)
This category includes all statements from the SO that are generally encouraging or supportive and/or show genuine appreciation of IP; however, these comments are not directly related to the IP’s drinking behavior. In order to code a statement as Encourage/Support, it should fall into one of the following categories (a) encouraging/supportive, (b) showing genuine appreciation, (c) agreeing or siding with the IP, (d) descriptions of personal changes that are intended to help the IP, or (e) statements of concern. Utterances should be valenced appropriately by either tone of voice or by content of the statement. SO statements that specifically refer to helping the client change his or her drinking are coded as Encourage/Support – Drinking-Related. Doing something aimed to help the IP in general should be coded as Encourage/Support – General as long as the act is beyond simply adhering to assignments. Lastly, SO statements of recent changes in behavior to support the IP (within 2 weeks) should be coded as Encourage/Support – General or Drinking-Related.

Examples:
“She’s been trying so hard lately and because of that we’ve been communicating a lot better.”
“She’s a really good person.”
“You’re a good father (speaking to IP).”
“I am impressed with the changes that she has made. It should be commended.”
“You know, the nicest thing he ever did was when…”
“And, in his defense…”
“I won’t leave my dirty socks on the bed because I know it bothers him.”
“We did really well at the marathon this weekend.”

Differentiating:
“I know that he can stop drinking if he tries.” (CT-SO)
“I’d give up drinking if it would help her.” (ESD-SO)
“You could do it if you tried harder.” (CO-SO)

4.) Encourage/Support – Drinking-Related (ESD-SO)
This category includes all statements from the SO that are related to abstinence or treatment. In order to code a statement as Encourage/Support – Drinking-Related, it should fall into one of the following categories (a) encouraging/supportive in the context of drinking, (b) showing genuine appreciation, (c) agreeing or siding with the IP, (d) descriptions of personal changes that are intended to help the IP, or (e) statements of concern (although these statements may be CT-SO). Utterances should be valenced appropriately by either tone of voice or by content of the statement. Doing something aimed at helping the IP in general should be coded as Encourage/Support – General as long as the act is beyond simply adhering to assignments. Lastly, statements of recent changes in behavior to support the IP in his or her drinking (within 2 weeks) should be coded as Encourage/Support – Drinking-Related.

NOTE: If the SO statement meets criteria for CT-SO (by including some level of desire, ability, reasons, need, other, taking steps, or commitment to change), the statement should be coded as CT-SO, not ESD-SO. Wanting the IP not to drink is CT-SO, however, wanting to help the IP not to drink is ESD-SO.

Examples:
“I would go to AA with him if it would help.”
“I think it’s great that she is coming here for treatment.”
“I’ve given up drinking to help him along.”
“I would never give him a drink when he has a hangover.”

Therapist: “Sounds like a stressful couple of weeks and you didn’t drink.”
SO: “I think we handled it very well though.”

NOTE: If the SO’s motivation for the IP to quit drinking is a 6 or higher (on a scale of 1 – 10, for example), code as ESD-SO. If motivation is 5 or lower, code as DS-SO.

Differentiating:
“He really needs to stop drinking.” (CT-SO)
“When are you going to realize you can’t control your drinking?!” (CO-SO)
“She is such a loving person.” (ESG-SO)

Decision Rules:
15. SO descriptions of personal change efforts related to drinking that are intended to help the IP should be coded as (ESD-SO). SO descriptions of personal changes unrelated to drinking should be coded as (DS-SO), unless they are intended to be helpful to the IP’s general goals (ESG-SO).
16. When discussing issues of SO treatment adherence (e.g., Al-Anon attendance), utterance must be more than simple compliance to a therapist’s request to be coded as ESD-SO. Utterances conveying SO behavior change to support the IP in response to therapist requests require explicit statements of support or encouragement. Examples:
SO: “I went to Al-Anon twice last week.” (DS-SO)
SO: “I have a better understanding of his problem after going to Al-Anon meetings.” (ESD-SO)

17. Instances where the SO provides information from his/her own experience or the experience of others (e.g., AA members, others who have quit) with the intent of helping/encouraging the IP are coded as ESD-SO. Examples:

IP: “I haven’t liked any of my sponsors so far”
SO: “I went to an Al-Anon meeting, and they were talking about how sometimes it can take a year until you really find that one person that you want to be your sponsor” (ESD-SO)

5. Giving Advice (AD-SO)
This category includes all statements from the SO that give advice, make a suggestion, or offer a solution or possible action. Comments from the SO that provide suggestions on what the IP should do in particular situations are also coded as Giving Advice. This can include comments that give directions or instructions, or statements of the SO’s expectations for the client’s behavior. These statements should have a quality of support even if they do not seem like “good” advice to the coder. Advice statements are likely to use conditional language (e.g., “could,” “why don’t you,” “maybe”).

Examples:
“Why don’t you try going to AA?”
“You could ask your friends not to bring alcohol over to your house.”
“Maybe you should consider getting a job somewhere besides the tavern, so you’d be less tempted to drink.”
“I think it would help him to go to counseling.”
“I would like to see him spend more time with his son.”

Differentiating:
“He likes to drink coffee.” (GIG-SO)
“You could drink coffee instead of beer.” (AD-SO)
“You need to tell your friends to stop bringing the liquor over.” (DI-SO)

SO language that emerges in the process of formulating a plan for change that includes ideas or suggestions from the SO as to how the IP could change often will be coded as AD-SO:

Therapist: “What do you think he could do instead of drinking on Friday nights?”
SO: “He could go to see a movie or something.” (AD-SO)

Decision Rules:
18. When the SO is recommending what the IP should do, AD-SO is the default code.
Utterance must have a commanding or imperative quality to meet threshold for Direct (DI-SO).
6. Discuss Self (DS-SO)
This category includes all statements from the SO that provide information about himself or herself.

Examples:
“I’m a calm person.”
“I just want to move out of this state.”
“I try to let people live their own lives.”
“It’s hard to raise a child by yourself but I did it.”
“Sometimes I just get fed up with things.”

Any comments from the SO that pertain to his or her own use of alcohol or other drugs is also coded as Discuss Self. These utterances may refer to the past, present, or future.

Examples:
“I don’t drink anymore.”
“I used to just drink beer with my friends at school.”
“I didn’t go to AA; I did it on my own.”
“When I drink, I just get agitated. I don’t want to waste my life.”
“I like to go out to clubs.”

Differentiating:
“Nah, I ain’t that into the clubs.” (DS-SO)
“We’re going to start going to AA together.” (CT-SO)
“Honestly, I’m kind of at the end of my rope with her drinking.” (CT-SO)
“Last week, I wanted him to have a couple of beers.” (CCT-SO)

If the SO’s statements about his or her own drinking also includes the IP’s drinking (or other illicit drug use), then this would be coded as GID-SO unless the utterance is about how the SO will cope with the IP’s drinking; in this case, code as DS-SO.

Example: “Yeah, we party together, we go to the club.” (GID-SO)

NOTE: When an utterance combines aspects of both GIG-SO and DS-SO codes, it is important to consider the function of the sentence. If the SO is trying to make his/her opinion known, code as DS-SO. If the SO is trying to give information about the IP, code as GIG-SO.

Decision Rules:
19. Utterances giving information about the couple (i.e., “we” statements) are coded as GIG-SO or GID-SO, not DS-SO. Example:
SO: “We went to dinner last night.” (GIG-SO)

20. When the therapist asks the couple a question or when it is not clear to whom the question was directed and both partners answer independently, assume that each person is answering for him or herself unless it is clear that one partner is answering for the both of them. Example:
Therapist: “How are you doing?”
SO: “Alright.” (DS-SO)
IP: “Not too bad, I guess.” (DSG-IP)

Therapist: “How are you doing?”
IP: “You know, we had a great week together.” (GIG-SO)

7. Direct (DI-SO)
This category includes all statements from the SO that give an order, command, or direction using imperative language. Direct codes do not necessarily have to have a negative tone. Phrases with the effect of an imperative tone often include:

“You need to…”
“You have to…”
“You’ve got to…”
“You must…”
“You can’t…”
“You should…”

Examples:
“You gotta change your ways.”
“You can’t be going back to that neighborhood.”
“You have to just take it one day at a time.”
“You should respect yourself more.”
“He needs to go out and find work; he’s got too much free time to get into trouble.”

Differentiating:
Statements coded as DI-SO should convey a sense of controlling or commanding, while statements coded as AD-SO will have a more collaborative quality.

“You’ve got to go to AA and really stick with it this time.” (DI-SO)
“Maybe you could try AA again.” (AD-SO)
“You can’t see how much your drinking affects me.” (CO-SO)
“You need to hang in there.” (DI-SO)
“Maybe we should work out at least four times each week.” (AD-SO)

Decision Rules:
21. CO-SO code trumps DI-SO when the utterance meets the criteria for CO-SO. To receive DI-SO code, the utterance should include no explicit statement of disagreement, disapproval, or negativity.

8. Confront (CO-SO)
This category includes all statements from the SO that convey negativity, such as disapproval or disagreement. The SO directly argues, shames, or blames the IP. Comments that seek to criticize, judge, label, ridicule, or question the client’s honesty also are coded as Confront. If the SO corrects or disagrees with the IP in a challenging manner, code as a Confront. Re-
emphasizing negative consequences that are already known by the client constitutes a Confront. Disagreement stated in a constructive manner is not coded as a Confront.

Confront also can include SO language that actively discourages the IP from his or her goals. The SO may be resistant to the IP’s attempts to change or be critical of the IP’s efforts. Language that refers negatively to past attempts at change also would fit here.

When there is doubt as to whether a particular utterance qualifies as a Confront, tone of voice can be crucial in deciding which code to assign. To be coded as Confront, utterances must reach a threshold of an attacking/belittling tone. Emotional statements (i.e., frustration or sadness) do not necessarily constitute Confront, nor does simply negating the other person. Statements should have a non-constructive quality to them. Confrontational statements directed toward the therapist should be coded as Follow/Neutral unless the statement to the therapist is shaming to the partner. If the coder is unsure if the utterance meets criteria for a Confront code, the utterance should not be coded as Confront.

Examples:
“Believe me; I’ve heard this story before.”
“That’s what you said last time you got a DUI.”
“You knew it was stupid to drive after you’d had that much to drink.”
“I can’t tell you how many times I’ve heard this line.”
“You should have thought about that before!”
“I knew this was gonna end up happening if you kept on drinking.”
“He’s just lied about his drinking so much I don’t believe him anymore.”
“Oh, like that’s really going to make a difference.” (Sarcastic tone of voice)

Differentiating:
“He ain’t never gonna change.” (CO-SO)
“He’s right; he has been to rehab before but it’s never worked (neutral tone of voice).” (CCT-SO)
“I don’t know if giving up drinking is what you need to do.” (CCT-SO)
“You’ve tried to cut down so many times in the past. It’s never worked.” (CCT-SO)
“You just need to stop drinking.” (DI-SO)
“His drinking has been a problem for some time now.” (CT-SO)
(To the therapist) “That is a stupid idea.” (FN-SO)

IP: “Nobody was drinking.”
SO: “Not to get drunk, but they were drinking.” (GID-SO, as long as tone does not reach belittling/attacking threshold)

9. Change Talk (CT-SO)
This category includes all statements from the SO that are related to the IP’s drinking and that can be categorized into the change talk categories (Desire, Ability, Reasons, Need, Commitment (DARN-C); Taking Steps (TS); Other (O)). It is not necessary to distinguish between subtypes of change talk language for coding. SO Change Talk may reflect the perspective of the SO, even if IP has not made a similar comment, in addition to IP-supported statements.
Examples:
“He’s got a quick temper when he’s drinking.”
“I think that he’s got to recognize that he just can’t go on like this.”
“When he’s sober, he’s got a level head.”
“I’d like him to have a better life, without drinking.”
“He’s hard to talk to once he’s had a few drinks.”
“I wish he would stop drinking.”
“I think he can do it if he puts his mind to it.”
“She’ll lose her job if she doesn’t stop drinking.”
“He needs to quit.”
“I think he’s determined to quit this time.”
“He needs help.”
“She’s the kind of drinker that has to have as many drinks in one night as she can, and suddenly she’s well beyond her limit.”
“I sure want him to get the most out of therapy.”
“She must get help if she’s going to stop.”
“He shouldn’t have driven his car when he was that drunk.”
“She’s fortunate the consequences weren’t worse.”

Differentiating:
“He drinks every day at 6pm.” (GID-SO)
“I think I like alcohol too much.” (DS-SO)
“You need to go to AA every night.” (DI-SO)
“Why can’t you see the problems your drinking has caused you?” (CO-SO)

SO statements that use DARN-C, TS, or O language, but specifically refer to the SO’s own behavior to help the IP change his or her drinking, are coded as ESD-SO.

“I want to help [him stop drinking].” (ESD-SO)
“I can help.” (ESD-SO)
“She’s my girlfriend; of course I’ll take her to meetings.” (ESD-SO)

CT-SO requires valence. If the SO reports the IP’s motivation to be in treatment (on a scale of 1 – 10, for example) is a 6 or higher, code as CT-SO. If it is a 4 or lower, code as CCT-SO. If it is a 5, code as DS-SO. Also, as the therapist reviews negative consequences of the IP’s drinking that are still relevant, if the SO endorses these items and the SO is not simply reporting about the past, code as CT-SO.

“He was abstinent over the last week.” (GID-SO)
“I am so happy that she was abstinent over the last week.” (CT-SO)
“I get upset when he drinks.” (CT-SO)

CT-SO should refer to the present or recent past (past two weeks, approximately). If a client’s speech is in the present tense, judgment should be used in order to determine if the speech is related to current treatment or something in the past that reflects movement towards behavior
change. Distant past, or a statement that does not reflect the SO’s current state of mind, should be coded as DS-SO or GIG-SO.

“He drank too much when he was 16.” (GID-SO)
“These days, he drinks too much.” (CT-SO)

**Decision Rules:**

22. CT-SO/CCT-SO codes trump GID-SO or DS-SO (when the partner is talking about the effects of IP drinking on the SO).

23. SO descriptions of personal change efforts related to drinking that are intended to help the IP should be coded as ESD-SO. SO descriptions of personal changes unrelated to drinking should be coded as DS-SO, unless they are intended to help the IP (ESG-SO).

24. SO statements about negative consequences experienced on the part of the SO due to IP drinking are coded as CT-SO. Example:

   Therapist: “So you don’t get to participate in the fun of the drinking, you only see him when he gets home.”
   SO: “Even if I go out with him, it’s no fun. He doesn’t know when to stop.” (CT-SO)

25. If there is confusion about whether to code a statement as CT-SO or CCT-SO, and it cannot be reasonably assumed that it is CT-SO or CCT-SO based on context, it is best to give a more neutral code (ex: GID-SO). Example:

   SO: “He has never gotten in trouble because of his drinking before.” (GID-SO)

**10. Counter Change Talk (CCT-SO)**

This category includes all statements from the SO that include language that minimizes the severity of the IP’s drinking, refers to barriers to changing drinking behavior, or positive aspects of the IP’s drinking. Any language from the SO about the IP’s drinking that could be categorized into negative valence change talk categories (Desire, Ability, Reasons, Need, Commitment (DARN-C); Taking Steps (TS); Other (O)) are coded as SO Counter Change Talk. SO language that refers to unsuccessful past attempts would fit here (or possibly be coded as a Confront, depending on tone).

**Examples:**

“He’s not as bad as my brother.”
“I don’t think he can stop.”
“She’s more relaxed and easier to get along with after a few drinks.”
“It’s not like he drinks to get drunk every day.”
“It’s just a social thing.”
“He’s a happy drunk.”
“She goes weeks without drinking sometimes.”
“I don’t know if giving up drinking is what you need to do.”
“You’ve tried to cut down so many times in the past. It’s never worked.”
“He’d have to change all his friends to stop drinking, and it’s going to be really hard to do that.”
“She can’t do this on her own.”
“She need more support from her friends to quit drinking.”
“People just need to mind their own business about his drinking.”

Differentiating:
“He ain’t never gonna change.” (CO-SO)
“I like going to the clubs.” (DS-SO)
“He likes his beer, that’s for sure.” (GID-SO)

Decision Rules:
26. Efforts on the part of the SO to troubleshoot or identify problems in a constructive manner are not coded as CCT-SO. Example:

   IP: “I’ll just be sure to order an iced tea with dinner.”
   SO: “What if someone proposes a toast to celebrate?” (FN-SO)

27. If there is confusion about whether to code a statement as CT-SO or CCT-SO, and it cannot be reasonably assumed that it is CT-SO or CCT-SO based on context, it is best to give a more neutral code (ex: GID-SO). Example:

   SO: “In the past, nothing bad has really come from his drinking.” (GID-SO)

28. Instances where the SO utterance may meet criteria for CT/CCT-SO, but is said in a confrontational manner, the utterance should be examined based on the intent of the speaker and how it will be received by the other person. If the intent of the SO is to shame, belittle, or disagree with the other person, this would be CO-SO. If the intent is to invoke motivation, this would be CT-SO. Example:

   SO: “You have a problem with alcohol.” (CT-SO)
   SO: “Your drinking is so ridiculous. You act like a complete idiot!” (CO-SO)

11. Follow/Neutral (FN-SO)
This category includes all statements from the SO that do not fit into any other category. Questions from the SO are included in this category.

Examples:
“I don’t know.”
“It costs twelve dollars to get into the club.”

NOTE: If the SO asks a question of either the therapist or the IP, this is coded as FN-SO.

Examples:

Therapist: “What types have things have you noticed?”
SO: “About his drinking?” (FN-SO)
SO (to IP): “Who were you with that night?” (FN-SO)

Differentiating:
“He works at Circle K.” (GIG-SO)
“She tends to drink bourbon.” (GID-SO)

NOTE: A short response from the SO to a therapist question does not automatically qualify for a follow/neutral code. Short answers set up by the therapist that contain a codeable response for another category should be coded as such.

Therapist: “You’re very supportive of him.”
SO: “Yeah.” (ESD-SO)

Therapist: “So you’ve known Tom for most of his life.”
SO: “Yeah.” (GIG-SO)

NOTES: Any utterance that is relevant to the behavior of the SO or is within the context of the SO’s life should be coded as DS-SO or GIG-SO, not FN-SO.

If the SO responds with vague answers (e.g., “Okay,” “Sounds good,” etc.) to therapist utterances regarding aspects of the treatment (e.g., “We are going to talk about Drink Refusal next week”), scheduling (e.g., “Our appointment for next week will be on Friday at 3pm”), or other treatment-irrelevant factors (e.g., “It’s cold outside,” “It’s May 23rd,” etc.), these should be coded as FN-SO, not GIG/DS-SO. Example:

Therapist: “We’ll talk about planning your Love Day at our next session.”
SO: “Alright.” (FN-SO)

Therapist: “I’ll see you next week.”
SO: “Sounds good.” (FN-SO)

Therapist: “You guys have a good weekend.”
SO: “Okay, you too.” (FN-SO)

Decision Rules:
29. Anytime a FN-SO code is being considered, coders should check to make sure it does not fit any other code category.
30. Incomplete, ambiguous, or unclear utterances receive FN-SO codes as long as the coder does not know what the SO is saying. If an utterance is incomplete or unfinished but the coder has an idea of the topic of the utterance, it is ok to give a more relevant code.
31. Affirmative (or negative) responses (e.g., “uh uh,” “exactly”) to queries can be coded according to the type of statement being responded to by the SO rather than being coded as FN-SO. For example, an utterance of “yes” indicating agreement with a Change Talk query would be coded as CT-SO. Similarly, a positive response to a general informational query would be coded GIG-SO.
32. Clarifying questions fall into the FN-SO category.
33. Information being provided that is repetitive should be coded as GIG-SO, not FN-SO.
   Information does not have to be new in order to be given a code other than FN-SO.
34. While questions should be coded as FN-SO, a “?” in the transcript does not always
   indicate a question. Make sure the statement is not an affirmation, statement, reflection,
   or confront. In those cases, give it a relevant code.
35. If storytelling or a tangential discussion is relevant to the bigger picture of a story, code
   as DSG or GIG, not FN.
IP Behavior Codes

1. IP Giving Information - General (GIG-IP)
This category includes all statements from the IP that provide any form of general information about the SO or about the IP and the SO as a couple, but not directly regarding the SO’s drinking or the SO’s response to the IP’s drinking. This may include examples such as personal characteristics of the SO, information about the SO’s living situation, job, hobbies, family, or life. Information about the relationship between the SO and the IP also is counted here, as well as drinking information about someone other than but relevant to the SO (e.g., the SO’s family).

Examples:
“He has hobbies; he likes to lift weights.”
“He used to play basketball.”
“That’s right when he got out of the Army.”
“I noticed she was getting more stressed out after she started working there.”
“His job takes him on the road a lot.”
“We used to live in Connecticut, when she was growing up.”
“She’s my friend.”
“Our neighbor drinks a lot.”

A short answer from the IP in response to a therapist inquiry that gives general information about the SO would be coded as GIG-IP. This is to be differentiated from short answers in response to the therapist that fail to provide any meaningful information (and would thus be coded as FN-IP).

Therapist: “Did you two go to the movies this weekend?”
IP: “No.” (GIG-IP)

Therapist: “What hobbies has he liked in the past?”
IP: “None, really.” (GIG-IP)

Information that is relevant to the couple should be coded as GIG-IP. However, information that is not relevant to the couple, and only relates to the IP, should be coded as DSG-IP.

IP: “My son has a pretty hectic schedule.” (DSG-IP)
IP: “Our tenant trashed our rental house.” (GIG-IP)

Utterances about an IP’s own family (e.g., IP: “My mother lives in California”), should be coded as DSG-IP, because information about one’s family is considered relevant to him/herself. If an IP talks about his/her children, coding the information about the children is decided by how the IP says it, even if it has been established that the IP is the child’s parent. For example:

IP: “My son drinks” (unless directly relevant to IP’s drinking) (DSG-IP)
IP: “My son also drinks” (if “also” references the IP’s drinking) (DSD-IP)
IP: “Our son is 25 years old” (GIG-IP)
Differentiating:
“Paul (the SO) drinks a bottle of wine every night.” (GID-IP)
“There are a lot of bars in this town.” (FN-IP)
“We went to dinner last night.” (GIG-IP)
“Marital satisfaction was a six on that day.” (DSG-IP - talking about own ratings on marital satisfaction cards)

Decision Rules:
36. When appropriate, the GIG-IP code should be coded instead of FN-IP.
37. Narratives of past events (“storytelling”) are coded as GIG-IP, even if story reflects past displays of concern or disagreement. Concern/disagreement must be present during session to be coded as such (i.e., ESG-IP or CO-IP).
38. Any utterance relevant to the behavior of the SO or within the context of the SO’s life should be coded as GIG-IP, as opposed to FN-IP. Examples:

SO: “Tuesday I had the meeting. So Tuesday night I told you…”
IP: “Wednesday, that was when we went to an election night party.” (GIG-IP)

Therapist: “And your political candidates won, is that right?”
IP: “No, they lost.” (FN-IP)

2. Giving Information - Drinking (GID-IP)
This category includes all statements from the IP that provide factual information regarding the SO’s drinking or abstinence, or the SO’s reaction to the IP’s drinking or abstinence. Any comments related to the drinking or abstinence of others (other family members, the IP’s own drinking habits) should not be coded in this category. Statements with information about both IP and SO drinking are included here,

Examples:
“He started drinking when he was twelve years old.”
“When she goes to her friend’s house, I know they’re gonna be drinking.”
“I think you (referring to SO) had about six drinks that night.”
“She likes to have a drink, but always stops after one.”
“On Tuesday I came home and she knew I’d been drinking.”
“She insists on driving if I’ve been drinking.”
“We went out drinking last night.”
“She has been to treatment with me before.”

Differentiating:
“His father was a big drinker.” (GIG-IP)
“She used to drink more a few years ago.” (GID-IP)
“I only threw up once from drinking, when I was a teenager.” (DSD-IP)
“I don’t want my abstinence to keep him from having a drink when he wants to.” (DSD-IP)
NOTE: In order for the IP to meet criteria for CT-IP, he/she must be speaking about his/her own drinking, not the drinking of the SO. Utterances that are related to the SO’s drinking will not be coded as CT-IP or CCT-IP.

“He gets drunk and makes no sense.” (GID-IP)
“He gets drunk and makes no sense and that reminds me why I want to stop drinking.” (CT-IP)

Decision Rules:
39. The GID-IP code may refer to any illicit drug of abuse, not solely drinking.
40. GID-IP trumps FN-IP.
41. CT/CCT-IP trumps GID-IP codes.
42. Narratives of past events (“storytelling”) are coded as GID-IP, even if story reflects past displays of concern or disagreement. Concern/disagreement must be present during session to be coded as such (i.e., ESG-IP or CO-IP).
43. GID-IP statements are neutrally valenced (e.g., “he was hung over all day after drinking last Fourth of July” stated in neutral tone).
44. If a connection to drinking can be made easily and reasonably in an utterance by the IP, then code as GID-IP rather than GIG-IP. An explicit reference to substance use in the utterance itself is not necessary. Example:

SO: “He drinks almost every day.” (GID-SO)
IP: “We usually do it together.” (GID-IP)

3. Encourage/Support – General (ESG-IP)
This category includes all statements from the IP that are generally encouraging or supportive and/or show genuine appreciation of the SO. These comments may be general or related to the SO’s drinking behavior because there is only one encourage/support code for the IP (i.e., ESG-IP). There is no encourage/support code for the IP that is specific to alcohol-related information. In order to code a statement as Encourage/Support – General, it should fall into one of the following categories (a) encouraging/supportive, (b) showing genuine appreciation, (c) agreeing or siding with the SO, (d) descriptions of personal changes that are intended to help the SO, or (e) statements of concern. Utterances should be valenced appropriately by either tone of voice or by content of the statement. Lastly, statements of recent changes (within 2 weeks) in behavior to support the partner should be coded as Encourage/Support – General.

Examples:
“She’s been trying so hard lately. We’ve been communicating a lot better.”
“She’s a really good person.”
“You’re a good father (speaking to SO).”
“I am impressed with the changes that she has made. It should be commended.”
“You know, the nicest thing he ever did was when…”
“And, in his defense…”
“I won’t leave my dirty socks on the bed because I know it bothers him.”
“We did really well at the marathon this weekend.”
Differentiating:
“You could do it if you tried harder.” (CO-IP)
“When are you going to realize you can’t control me, no matter how much you want to?!” (CO-IP)

Decision Rules:
45. IP descriptions of personal changes that are intended to help the SO should be coded as ESG-IP. IP descriptions of personal changes unrelated to SO should be coded as DSG-IP.
46. When discussing issues of IP treatment adherence (e.g., Alcoholics Anonymous attendance), utterance must be more than simple compliance to a therapist’s request to be coded as ESG-IP. Utterances conveying IP behavior change to support the SO in response to therapist requests require explicit statements of support/encouragement. Examples:

“I went to AA every day last week.” (DSD-IP)
“I have a better understanding of what he’s been going through after we went to an Al-Anon meeting together.” (ESG-IP)

47. Instances where the IP provides information from his/her own experience or the experiences of others with the intent of helping/encouraging the SO are coded as ESG-IP.

Examples:
“I really get frustrated when people don’t follow through at work.” (DSG-IP) “It sounds like the people in your group are just as bad.” (ESG-IP)

4. Giving Advice (AD-IP)
This category includes all statements from the IP that give advice, make a suggestion, or offer a solution or possible action. Comments from the IP that provide suggestions on what the SO should do in particular situations are also coded as Giving Advice. This can include comments that give directions or instructions, or statements of the IP’s expectations for the SO’s behavior. These statements should have a quality of support but may not always seem like “good” advice to the coder. Similar to the examples given under AD-SO, advice statements are likely to use conditional language (“could,” “why don’t you,” “maybe”).

Examples:
“Why don’t you try going to Al-Anon?”
“You could ask your friends not to bring alcohol over to our house.”
“Maybe you should consider getting a job.”
“I think it would help her to go to counseling.”
“I think maybe he should try spending more time with his son.”

Differentiating:
“He likes to drink coffee.” (GIG-IP)
“You could eat fruit instead of cookies.” (AD-IP)
“You need to tell your friends to stop taking advantage of you.” (DI-IP)

IP language that emerges in the process of formulating a plan for change that includes ideas or suggestions from the IP as to how the SO could change will often be coded as AD-IP:

Therapist: “What do you think he could do instead of yelling at you?”
   IP: “He could ask me why I did what I did.” (AD-IP)

Decision Rules:
48. When the IP is recommending what the SO should do, AD-IP is the default code. Utterance must have a commanding or imperative quality to meet the threshold for DI-IP.

5. Discuss Self - General (DSG-IP)
This category includes all statements from the IP that provide any form of general information about him or herself, but is not directly related to his or her drinking.

Examples:
“I’m a calm person.”
“I just want to move out of this state.”
“I try to let people live their own lives.”
“It’s hard to raise a child by yourself, but I did it.”
“Sometimes I just get fed up with things.”

Differentiating:
“Nah, I ain’t that into joining clubs.” (DSG-IP)
“I drink the most at night.” (DSD-IP)
“We’re going to start going to AA together.” (CT-IP)

If the IP’s statement discussing his or her own drinking or abstinence also includes the SO’s drinking or abstinence, then this would be coded as GID-IP. Example:

   “Yeah, we party together, we go to the club.” (GID-IP)

NOTE: When an utterance combines aspects of both GIG-IP and DSG/DSD-IP codes, it is important to consider the function of the sentence. If the IP is trying to make his/her opinion known, code as DSG-IP or DSD-IP. If the IP is trying to give information about the SO, code as GIG-IP or GID-IP.

Decision Rules:
49. Utterances giving information about the couple (i.e., “we” statements) are coded as giving information about SO behaviors (e.g., GIG-IP, GID-IP), not DSG/D-IP.
   Example:

   “We went to dinner last night.” (GIG-IP)
50. When the therapist asks the couple something or when it is not clear to whom the question was directed and both partners answer independently, assume that each person is answering for him or herself unless it is clear that one partner is answering for the both of them. Examples:

Therapist: “How are you doing?”
SO: “Alright.” (DS-SO)
IP: “Not too bad, I guess.” (DSG-IP)

Therapist: “How are you doing?”
IP: “You know, we had a great week together.” (GIG-IP)

6. **Discuss Self - Drinking (DSD-IP)**

This category includes all statements from the IP that pertain to his or her own use of alcohol or other illicit drugs. These utterances may refer to the past, present, or future.

Examples:
“When I drink, I usually drink a couple of six packs.”
“My favorite is red wine.”

Differentiating:
“Last week, I had a couple of beers.” (CCT-IP)
“Nah, I ain’t that into joining clubs.” (DSG-IP)
“We’re going to start going to Alcoholics Anonymous together.” (CT-IP)
“Honestly, I’m kind of at the end of my rope with her drinking.” (DSG-IP)

If the IP’s statement discussing his or her own drinking also includes the SO’s drinking, then this would be coded as GID-IP unless the utterance is about how the IP will cope with the drinking. In this case, code DSD-IP.

“Yeah, we drink together at night.” (GID-IP)
“We are going to a party with alcohol around 8pm (GID-IP) and I think there may be some of my old drinking buddies there.” (DSD-IP)

**Decision Rules:**

51. Utterances giving information about the couple (i.e., “we” statements) are coded as GIG-IP or GID-IP, not DSG or DSD-IP. Example:

“We went to dinner last night.” (GIG-IP)

52. If the IP reports drinking within the last week and the statement is not valenced, code as DSD-IP. If the statement is valenced, code as CCT-IP.

53. Discussing homework that is clearly related to alcohol should be coded as DSD-IP. Homework that is about communication about non-drinking (e.g., Assertiveness) or couple-related topics should be coded as DSG-IP.
54. The DSD-IP code may refer to any illicit drug of abuse, not solely drinking. Tobacco use or taking prescription medication as prescribed should always be coded as DSG-IP. If the IP speaks about smoking and it is not clear if he or she is referring to tobacco or another drug, code as DSG-IP.

7. Direct (DI-IP)
This category includes all statements from the IP that give an order, command, or direction using imperative language. Direct codes do not necessarily have to have a negative tone. Phrases with the effect of an imperative tone often include:

“You need to…”
“You have to…”
“You’ve got to…”
“You must…”
“You can’t…”
“You should…”

Examples:
“You gotta change your ways.”
“You can’t be going back to that neighborhood.”
“You have to just take it one day at a time.”
“You should respect yourself more.”
“He needs to go out and find work; he’s got too much free time.”

Differentiating:
Statements coded as Direct should convey a sense of controlling or commanding, while statements coded as AD-IP will have a more collaborative quality.

“You’ve got to go to Al-Anon and really stick with it this time.” (DI-IP)
“Maybe you could try Al-Anon again.” (AD-IP)
“You can’t see how much your drinking makes it hard for me to stay sober.” (CO-IP)
“You need to hang in there.” (DI-IP)
“We should work out at least four times each week” (AD-IP)

Decision Rules:
55. CO-IP code trumps DI-IP when the utterance meets the criteria for a Confront code. To receive DI-IP code, the utterance should include no explicit statement of disagreement, disapproval, or negativity.

8. Confront (CO-IP)
This category includes all statements from the IP that convey negativity, such as disapproval or disagreement. The IP directly argues, shames, or blames the SO. Comments that seek to criticize, judge, label, ridicule, or question the SO’s honesty also are coded as Confront. If the IP corrects or disagrees with the SO in a challenging manner, code as a Confront. Re-emphasizing negative
consequences that are already known by the client constitutes a Confront. Disagreement stated in a constructive manner is not coded as a Confront.

Confront also can include IP language that actively discourages the SO from his or her goals. The IP may be resistant to the SO’s attempts to change or critical of the SO’s efforts.

When there is doubt as to whether a particular utterance qualifies as Confront, tone of voice can be crucial in deciding which code to assign. To be coded as Confront, the utterance must reach a threshold of an attacking/belittling tone. Emotional statements (e.g., frustration, sadness) do not necessarily constitute Confront, nor does simply negating the SO. Statements should have a non-constructive quality to them. Confrontational statements directed toward the therapist should be coded as Follow/Neutral unless the statement to the therapist is shaming to the partner. If the coder is unsure if the utterance meets criteria for a Confront code, the utterance should not be coded as Confront.

Examples:
“Believe me; I’ve heard this story before.”
“That’s what you said last time you came home at 2 am.”
“You knew it was stupid to say that to me.”
“I can’t tell you how many times I’ve heard this line.”
“You should have thought about that before!”
“I knew this was gonna end up happening if you kept on going out with your girlfriends.”
“Oh, like that’s really going to make a difference.” (Sarcastic tone of voice)

Differentiating:
“He ain’t never gonna change.” (CO-IP)
“You just need to stop nagging.” (DI-IP)
(To the therapist) “That is a stupid idea.” (FN-IP)

Decision Rules:
56. CO-IP trumps CT-IP when the statement is spontaneous or threatening. The statement must be shaming or belittling to code as a CO-IP instead of a CT-IP.

IP: “Sure, like you really want me to be sober!” (in a sarcastic tone; CO-IP)

9. Change Talk (CT-IP)
This category includes all statements from the IP about the IP’s drinking that can be categorized into the change talk categories (Desire, Ability, Reasons, Need, Commitment (DARN-C), Taking Steps (TS), Other (O)) is coded as IP Change Talk. It is not necessary to distinguish between subtypes of change talk language for coding. To be coded as change talk, an utterance should be framed in the present or recent past (i.e., since last session or within the last two weeks); reporting information about the distant past is not coded as CT-IP unless it is relevant to current efforts or motivation to change.

Examples:
“I’ve got a quick temper when I’m drinking.”
“I think that I’ve got to recognize that I just can’t go on like this.”
“When I’m sober, I’ve got a level head.”
“I’d like to have a better life, without drinking.”
“I am hard to talk to once I have had a few drinks.”
“I wish I could stop drinking.”
“I think I can do it if I put my mind to it.”
“I’ll lose my job if I don’t stop drinking.”
“I need to quit.”
“I think I’m determined to quit this time.”
“I sure want to get better with this therapy.”
“I need help.”
“I’m coming to realize that I’m the kind of drinker that has to have as many drinks in one night as I can, and suddenly you’re well beyond your limit.”
“I sure want to get the most out of therapy.”
“I must get help if I’m going to stop.”
“I shouldn’t have driven my car when I was that drunk.”
“I’m fortunate the consequences weren’t worse.”
“I screwed up big time.”

Differentiating:
“He drinks every day at 6pm.” (GID-IP)
“You need to go to Al-Anon every night.” (DI-IP)
“I used to want to stop drinking when I was younger.” (DSD-IP)

IP statements that use DARN-C, TS or O language, but specifically refer to the IP’s own behavior to help the SO change his or her behavior, are coded as ESG-IP.

IP: “I want to help him exercise more.” (ESG-IP)
IP: “I can help her with studying.” (ESG-IP)
IP: “She’s my girlfriend; of course I’ll go with her to Al-Anon meetings.” (ESG-IP)

CT-IP requires valence above just reporting objective information about drinking. If motivation to be in treatment is a 6 or higher (on a 0-10 scale discussed in session), code as CT-IP. If it is a 4 or lower, code as CCT-IP. If it is a 5, code as DSD-IP. Also, as the therapist reviews negative consequences of drinking that are still relevant, if the IP endorses these items and the IP is not simply reporting about the past, code as CT-IP.

IP: “I was abstinent over the last week.” (DSD-IP)
IP: “I am so happy that I was abstinent over the last week” (CT-IP)
IP: “My wife used to get upset when I drank.” (GID-IP)
IP: “I need to stop drinking because my wife gets upset when I drink.” (CT-IP)

It is important to note that reporting on homework completion is not CT-IP. However, if homework completion is made self-relevant, reflects changing behavior, or is above and beyond simply monitoring and reporting on drinking behavior, it should be coded as CT-IP. In order to
determine whether homework should be coded as CT-IP, the following guidelines should be used:

A. Self-recording and reporting of records/cards alone is not CT-IP.

B. Simple responses to therapist inquiries about the completion of drinking- or non-drinking-related homework are not CT-IP (would be DSG-IP DSD-IP, or GIG-IP).

C. CT-IP should be coded if statements are active, self-relevant, and valenced reporting of treatment related assignments.

   IP: “I didn’t do my [drinking-related] homework because there is no point.” (CCT-IP)
   IP: “I did my homework because I know it is going to help me get the most out of this treatment.” (CT-IP)

It is important to remember that CT-IP is based only on abstinence (in abstinence-oriented treatment) and not just the reduction of drinking or controlled drinking. However, if the IP is cutting down drinking as a step toward abstinence, code CT-IP. Examples:

   IP: “Last week I had 7 beers, so this week I will only have 4.” (CT-IP)
   IP: “It is too hard to stop drinking altogether, so I’m willing to cut down to 4 beers.” (CCT-IP)

CT-IP should refer to the present or recent past (within the last two weeks). If a client’s speech is in the present tense, judgment should be used in order to determine if the speech is related to current treatment or something in the past that reflects movement towards behavior change. Distant past statements that do not reflect the IP’s current state of mind (regarding drinking) should be coded as DSD-IP or GID-IP.

   IP: “I drank too much when I was 16.” (DSD-IP)
   IP: “These days, I drink too much.” (CT-IP)

Hypothetical Statements and “I could” statements may both be coded as CT-IP. Examples:

   IP: “I could drive another way home so I don’t pass the bar.” (CT-IP)
   IP: “If I was on a desert island, I would quit [drinking] right now.” (CT-IP)

Decision Rules:
57. CT/CCT-IP codes trump GiD-IP or DSD-IP (when the IP is talking about the effects of their own drinking on themselves).
58. CT-IP trumps ESG-IP (when the IP is talking about changing his/her drinking for the SO).
59. IP statements about negative consequences experienced on the part of the IP due to IP drinking are coded as CT-IP. Example:

   “I’ve been late to work because of my drinking too many times.” (CT-IP)
60. If a Functional Analysis is conducted during the session, any reasons for changing drinking are coded as CT-IP, even if they are provided in response to the therapist’s prompting. This rule also applies to reasons for sustaining drinking, which would be coded as CCT-IP.

61. If there is confusion about whether to code a statement as CT-IP or CCT-IP, and it cannot be reasonably assumed that it is CT-IP or CCT-IP based on context, it is best to give a more neutral code (i.e., DSD-IP). Example:

“I’ve never gotten in trouble because of my drinking before.” (DSD-IP)

Reporting about sessions from a previous treatment that is not current enough to be coded as CT-IP and should be coded –DSD-IP.

10. Counter Change Talk (CCT-IP)
This category includes language from the IP that minimizes the severity of the IP’s drinking, refers to barriers to changing drinking behavior, or positive aspects of the IP’s drinking. Any language from the IP about the his or her drinking that could be categorized into negative valence change talk categories (Desire, Ability, Reasons, Need, Commitment, Taking Steps, or Other) are coded as IP Counter Change Talk. IP language that refers to unsuccessful past attempts would fit here.

Examples:
“I’m not as bad as my other brother.”
“I don’t think I can stop.”
“I’m more relaxed and easier to get along with after a few drinks.”
“It’s not like I drink to get drunk every day.”
“It’s just a social thing.”
“I’m a happy drunk.”
“I go weeks without drinking sometimes.”
“I don’t know if giving up drinking is what I need to do.”
“I’ve tried to cut down so many times in the past. It’s never worked.”
“I’d have to change all my friends to stop drinking, and it’s going to be really hard to do that.”
“I’d need more support from my friends to quit drinking.”
“People just need to mind their own business about my drinking.”

Differentiating:
(Referring to the SO) “He’ll never stop drinking even if I do.” (CO-IP)
“I like going to the clubs.” (DSG-IP)
(Referring to the SO) “He likes his beer too, that’s for sure.” (GID-IP)

Decision Rules:
62. Utterances arguing for moderation and/or reductions in drinking are coded as CCT-IP only if they are implied as a way to keep drinking. Utterances arguing for moderation and/or reductions in drinking explicitly geared towards an ultimate goal of abstinence are coded as CT-IP. Examples:
“I think I can do it; in only two weeks I’ve gone from drinking 10 beers a day to 4 beers!” (CT-IP)
“Things are fine where they are now that I’m drinking 4 beers a day instead of 10.” (CCT-IP)

63. Efforts on the part of the IP to troubleshoot or identify problems in a constructive manner are not coded as CCT-IP. Example:

SO: “I think you could just order an iced tea with dinner.” (AD-SO)
IP: “What if someone proposes a toast to celebrate? I’m not sure how to handle that.” (DSD-IP)

64. If there is confusion about whether to code a statement as CT-IP or CCT-IP, and it cannot be reasonably assumed that it is CT-IP or CCT-IP based on context, it is best to give a more neutral code (i.e., DSD-IP). Example:

“What aren’t consequences related to my drinking.” (DSD-IP)

65. Discussing intensity of an urge or describing the urge in detail does not rise to level of CCT-IP, unless the IP makes it explicit that he/she doubts his/her ability or does not have the motivation to abstain.

66. If the therapist lists a few drinking-related problems and asks if IP has experienced them, and IP says “no,” this is coded as DSD-IP. However, if the IP states that drinking has never caused him or her any problems, this should be coded at CCT-IP. Example:

Therapist: “Has alcohol caused you to pass out, have blackouts or physical health problems?”
IP: “No.” (DSD-IP)

Therapist: “Has alcohol ever caused any problems besides this DUI?”
IP: “No.” (DSD-IP)

Therapist: “Has drinking ever caused you any problems?”
IP: “No.” (CCT-IP)

67. Statements made in a joking manner should be coded as FN-IP, not CCT-IP.

IP: (in a sarcastic tone) “In that case, I’ll drink a beer when I get home.” (FN-IP)

11. Follow/Neutral (FN-IP)
This category includes all statements from the IP that do not fit into any other category.

Examples:
“What?”
“Gas is $3 a gallon.”
NOTE: Responses to therapist questions that fail to provide specific information about the IP or about the IP’s drinking are coded as FN-IP. If the IP asks a question of either the therapist or the SO, this is coded as FN-IP. Examples:

Therapist: “What types have things have you noticed?”
IP: “About his mood?” (FN-IP)

IP (to SO): “Who were you with that night?” (FN-IP)

Differentiating:
“He is from Florida.” (GIG-IP)
“She likes cosmos.” (GID-IP)

NOTE: A short response from the IP to a therapist question does not automatically qualify for a FN-IP code. Short answers set up by the therapist that contain a codeable response for another category should be coded as such. Examples:

Therapist: “You’re very supportive of him.”
IP: “Yeah.” (ESG-IP)

Therapist: “So you’ve known Tom for most of his life.”
IP: “Yeah.” (GIG-IP)

NOTE: Any utterance that is relevant to the behavior of the IP or is within the context of the IP’s life should be coded as DSG-IP or GIG-IP, not FN-IP.

If the IP responds with vague answers (e.g., “Okay,” “Sounds good,” etc.) to therapist utterances regarding aspects of the treatment (e.g., “We are going to talk about Drink Refusal next week”), scheduling (e.g., “Our appointment for next week will be on Friday at 3pm”), or other treatment-irrelevant factors (e.g., “It’s cold outside”, “It’s May 23rd,” etc.), these should be coded as FN-IP, not GIG/DSG-IP. Example:

Therapist: “We’ll talk about planning your Love Day at our next session.”
IP: “Alright.” (FN-IP)

Therapist: “I’ll see you next week.”
IP: “Sounds good.” (FN-IP)

Therapist: “You guys have a good weekend.”
IP: “Okay, you too.” (FN-IP)

Decision Rules:
68. Anytime a FN-IP code is being considered, the coder should check to make sure it does not fit any other code category.
69. Incomplete, ambiguous, or unclear utterances receive FN-IP codes as long as the coder does not know what the IP is saying. If an utterance is incomplete or unfinished but the coder has an idea of the topic of the utterance, it is ok to give a more relevant code.
70. Affirmative (or negative) responses (e.g., “uh uh,” “exactly”) to queries can be coded according to the type of statement being responded to by the IP rather than being coded as FN-IP. For example, an utterance of “yes” indicating agreement with a change-talk query would be coded as CT-IP. Similarly, a positive response to a general informational query would be coded GIG-IP.

71. Clarifying questions fall into the FN-IP category.

72. Information being provided that is repetitive should be coded as GIG/GID-IP, not FN-IP. Information does not have to be new in order to be given a code other than FN-IP.

73. While questions should be coded as FN-IP, a “?” in the transcript does not always indicate a question. The coder should make sure the statement is not an affirmation, statement, reflection or confront. In those cases, a relevant code should be given.

74. If story-telling and tangential discussions are relevant to the bigger picture of a story, code as DSG-IP or GIG-IP, not FN-IP.
Decision Rules

1. Affirmative (or negative) responses (e.g., “uh uh”, “exactly”) to queries can be coded according to the type of statement being responded to rather than being coded as FN. For example, an utterance of “yes” indicating agreement with a change-talk query would be coded as CT. Similarly, a positive response to a general informational query would be coded GIG.

2. Sometimes an utterance might seem to meet the criteria for more than one code. In these instances, there is a decision-making hierarchy to guide selection of a code. Certain codes are the default unless a specified threshold is met for a “higher” code. For example, AD would be the default code unless an utterance met the more stringent criteria for DI. Conversely, for certain codes the default is the “higher” code. For example, CT is the default code when choosing between CT and GID. See specific decision rules under each code for information regarding the hierarchy of codes.

3. Parsing Rule: the parser determines if an utterance is deserving of a code or not. Thus, all utterances included in a parsed transcript require codes.

4. Coders can use context from previous utterances to assign a code. However, coders should not take future utterances into account when determining the context of a particular utterance.

5. For all codes that are differentiated between general and drinking (i.e., GIG vs. GID, ESG vs. ESD), code as related to drinking as long as the utterance can easily be tied to drinking or abstinence. The reference to drinking does not have to be made explicit. Example:

   IP: “I like to drink at parties to help loosen up. When I don’t drink, I’m like a bump on a log, you know?”
   Therapist: “So it’s important to have a plan for when you feel like that in social settings.”
   SO: “I don’t think that you’re a bump on a log.” (ESD-SO)

   Even though the SO does not directly state that he/she is referring to the IP’s sober behavior at the party, this is an instance where the SO is being supportive of the IP’s sobriety, thus necessitating a drinking-related code.

6. GIG-SO code should be coded when possible instead of FN-SO.

7. Narratives of past events (“storytelling”) are coded as GIG-SO, even if the story reflects past displays of concern (i.e., ESG-SO/ESD-SO) or disagreement (i.e., CO-SO). Concern/disagreement must be present during session to be coded as such.

8. Any utterance relevant to the behavior of the IP or within the context of the IP’s life should be coded as GIG-SO, as opposed to FN-SO. Examples:

   IP: “Tuesday I had the meeting. So Tuesday night I told you…”
   SO: “Wednesday, that was when we watched the election.” (GIG-SO)

   Therapist: “And your political candidates won, is that right?”
   SO: “No, they lost.” (FN-SO)
9. The GID-SO code may refer to any illicit drug of abuse, not solely drinking. Tobacco use or prescription medication that is taken as prescribed should be coded as GIG-SO. If the SO speaks about smoking and it is not clear if he or she is referring to tobacco or another drug, code as GIG-SO.

10. GID-SO trumps FN-SO.

11. CT-SO/CCT-SO codes trump GID-SO codes.

12. Narratives of past events (“storytelling”) are coded as GID-SO, even if story reflects past displays of concern (i.e., ESG-SO/ESD-SO) or disagreement (i.e., CO-SO). Concern/disagreement must be present during session to be coded as such.

13. GID-SO statements are neutrally valenced (e.g., “He was hung over all day after drinking last Fourth of July” stated in neutral tone). If a statement contains negative/positive valence it should be coded as CT-SO/CCT-SO (e.g., “He was hung over all day and didn’t do any of the chores he was supposed to do!”)

14. If a connection to drinking can be easily and reasonably made in an utterance by the SO, then code as GID-SO rather than GIG-SO. An explicit reference to substance use in the utterance itself is not necessary. Example:

   Therapist (speaking to the IP): “So, when did you stop drinking?”
   SO: “He stopped on the 28th.” (GID-SO)

   IP: “I drink the most on weekday nights.”
   SO: “On weekends he’s usually fine.” (GID-SO)

15. SO descriptions of personal change efforts related to drinking that are intended to help the IP should be coded as (ESD-SO). SO descriptions of personal changes unrelated to drinking should be coded as (DS-SO), unless they are intended to be helpful to the IP’s general goals (ESG-SO).

16. When discussing issues of SO treatment adherence (e.g., Al-Anon attendance), utterance must be more than simple compliance to a therapist’s request to be coded as ESD-SO. Utterances conveying SO behavior change to support the IP in response to therapist requests require explicit statements of support or encouragement. Examples:

   SO: “I went to Al-Anon twice last week.” (DS-SO)
   SO: “I have a better understanding of his problem after going to Al-Anon meetings.” (ESD-SO)

17. Instances where the SO provides information from his/her own experience or the experience of others (e.g., AA members, others who have quit) with the intent of helping/encouraging the IP are coded as ESD-SO. Examples:

   IP: “I haven’t liked any of my sponsors so far”
   SO: “I went to an Al-Anon meeting, and they were talking about how sometimes it can take a year until you really find that one person that you want to be your sponsor” (ESD-SO)

18. When the SO is recommending what the IP should do, AD-SO is the default code. Utterance must have a commanding or imperative quality to meet threshold for Direct (DI-SO).
19. Utterances giving information about the couple (i.e., “we” statements) are coded as GIG-SO or GID-SO, not DS-SO. Example:
   SO: “We went to dinner last night.” (GIG-SO)

20. When the therapist asks the couple a question or when it is not clear to whom the question was directed and both partners answer independently, assume that each person is answering for him or herself unless it is clear that one partner is answering for the both of them. Example:

   Therapist: “How are you doing?”
   SO: “Alright.” (DS-SO)
   IP: “Not too bad, I guess.” (DSG-IP)

   Therapist: “How are you doing?”
   IP: “You know, we had a great week together.” (GIG-SO)

21. CO-SO code trumps DI-SO when the utterance meets the criteria for CO-SO. To receive DI-SO code, the utterance should include no explicit statement of disagreement, disapproval, or negativity.

22. CT-SO/CCT-SO codes trump GID-SO or DS-SO (when the partner is talking about the effects of IP drinking on the SO).

23. SO descriptions of personal change efforts related to drinking that are intended to help the IP should be coded as ESD-SO. SO descriptions of personal changes unrelated to drinking should be coded as DS-SO, unless they are intended to help the IP (ESG-SO).

24. SO statements about negative consequences experienced on the part of the SO due to IP drinking are coded as CT-SO. Example:

   Therapist: “So you don’t get to participate in the fun of the drinking, you only see him when he gets home.”
   SO: “Even if I go out with him, it’s no fun. He doesn’t know when to stop.” (CT-SO)

25. If there is confusion about whether to code a statement as CT-SO or CCT-SO, and it cannot be reasonably assumed that it is CT-SO or CCT-SO based on context, it is best to give a more neutral code (ex: GID-SO). Example:

   SO: “He has never gotten in trouble because of his drinking before.” (GID-SO)

26. Efforts on the part of the SO to troubleshoot or identify problems in a constructive manner are not coded as CCT-SO. Example:

   IP: “I’ll just be sure to order an iced tea with dinner.”
   SO: “What if someone proposes a toast to celebrate?” (FN-SO)

27. If there is confusion about whether to code a statement as CT-SO or CCT-SO, and it cannot be reasonably assumed that it is CT-SO or CCT-SO based on context, it is best to give a more neutral code (ex: GID-SO). Example:

   SO: “In the past, nothing bad has really come from his drinking.” (GID-SO)
28. Instances where the SO utterance may meet criteria for CT/CCT-SO, but is said in a confrontational manner, the utterance should be examined based on the intent of the speaker and how it will be received by the other person. If the intent of the SO is to shame, belittle, or disagree with the other person, this would be CO-SO. If the intent is to invoke motivation, this would be CT-SO. Example:

SO: “You have a problem with alcohol.” (CT-SO)
SO: “Your drinking is so ridiculous. You act like a complete idiot!” (CO-SO)

29. Anytime a FN-SO code is being considered, coders should check to make sure it does not fit any other code category.

30. Incomplete, ambiguous, or unclear utterances receive FN-SO codes as long as the coder does not know what the SO is saying. If an utterance is incomplete or unfinished but the coder has an idea of the topic of the utterance, it is ok to give a more relevant code.

31. Affirmative (or negative) responses (e.g., “uh uh,” “exactly”) to queries can be coded according to the type of statement being responded to by the SO rather than being coded as FN-SO. For example, an utterance of “yes” indicating agreement with a Change Talk query would be coded as CT-SO. Similarly, a positive response to a general informational query would be coded GIG-SO.

32. Clarifying questions fall into the FN-SO category.

33. Information being provided that is repetitive should be coded as GIG-SO, not FN-SO. Information does not have to be new in order to be given a code other than FN-SO.

34. While questions should be coded as FN-SO, a “?” in the transcript does not always indicate a question. Make sure the statement is not an affirmation, statement, reflection, or confront. In those cases, give it a relevant code.

35. If storytelling or a tangential discussion is relevant to the bigger picture of a story, code as DSG or GIG, not FN.

36. When appropriate, the GIG-IP code should be coded instead of FN-IP.

37. Narratives of past events (“storytelling”) are coded as GIG-IP, even if story reflects past displays of concern or disagreement. Concern/disagreement must be present during session to be coded as such (i.e., ESG-IP or CO-IP).

38. Any utterance relevant to the behavior of the SO or within the context of the SO’s life should be coded as GIG-IP, as opposed to FN-IP. Examples:

SO: “Tuesday I had the meeting. So Tuesday night I told you…”
IP: “Wednesday, that was when we went to an election night party.” (GIG-IP)

Therapist: “And your political candidates won, is that right?”
IP: “No, they lost.” (FN-IP)

39. The GID-IP code may refer to any illicit drug of abuse, not solely drinking.

40. GID-IP trumps FN-IP.

41. CT/CCT-IP trumps GID-IP codes.

42. Narratives of past events (“storytelling”) are coded as GID-IP, even if story reflects past displays of concern or disagreement. Concern/disagreement must be present during session to be coded as such (i.e., ESG-IP or CO-IP).
43. GID-IP statements are neutrally valenced (e.g., “he was hung over all day after drinking last Fourth of July” stated in neutral tone).
44. If a connection to drinking can be made easily and reasonably in an utterance by the IP, then code as GID-IP rather than GIG-IP. An explicit reference to substance use in the utterance itself is not necessary. Example:

   SO: “He drinks almost every day.” (GID-SO)
   IP: “We usually do it together.” (GID-IP)

45. IP descriptions of personal changes that are intended to help the SO should be coded as ESG-IP. IP descriptions of personal changes unrelated to SO should be coded as DSG-IP.

46. When discussing issues of IP treatment adherence (e.g., Alcoholics Anonymous attendance), utterance must be more than simple compliance to a therapist’s request to be coded as ESG-IP. Utterances conveying IP behavior change to support the SO in response to therapist requests require explicit statements of support/encouragement. Examples:

   “I went to AA every day last week.” (DSD-IP)
   “I have a better understanding of what he’s been going through after we went to an Al-Anon meeting together.” (ESG-IP)

47. Instances where the IP provides information from his/her own experience or the experiences of others with the intent of helping/encouraging the SO are coded as ESG-IP.

48. When the IP is recommending what the SO should do, AD-IP is the default code. Utterance must have a commanding or imperative quality to meet the threshold for DI-IP.

49. Utterances giving information about the couple (i.e., “we” statements) are coded as giving information about SO behaviors (e.g., GIG-IP, GID-IP), not DSG/D-IP. Example:

   “We went to dinner last night.” (GIG-IP)

50. When the therapist asks the couple something or when it is not clear to whom the question was directed and both partners answer independently, assume that each person is answering for him or herself unless it is clear that one partner is answering for the both of them. Examples:

   Therapist: “How are you doing?”
   SO: “Alright.” (DS-SO)
   IP: “Not too bad, I guess.” (DSG-IP)

   Therapist: “How are you doing?”
   IP: “You know, we had a great week together.” (GIG-IP)

51. Utterances giving information about the couple (i.e., “we” statements) are coded as GIG-IP or GID-IP, not DSG or DSD-IP. Example:

   “We went to dinner last night.” (GIG-IP)
52. If the IP reports drinking within the last week and the statement is not valenced, code as DSD-IP. If the statement is valenced, code as CCT-IP.
53. Discussing homework that is clearly related to alcohol should be coded as DSD-IP. Homework that is about communication about non-drinking (e.g., Assertiveness) or couple-related topics should be coded as DSG-IP.
54. The DSD-IP code may refer to any illicit drug of abuse, not solely drinking. Tobacco use or taking prescription medication as prescribed should always be coded as DSG-IP. If the IP speaks about smoking and it is not clear if he or she is referring to tobacco or another drug, code as DSG-IP.
55. CO-IP code trumps DI-IP when the utterance meets the criteria for a Confront code. To receive DI-IP code, the utterance should include no explicit statement of disagreement, disapproval, or negativity.
56. CO-IP trumps CT-IP when the statement is spontaneous or threatening. The statement must be shaming or belittling to code as a CO-IP instead of a CT-IP.

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IP: “Sure, like you really want me to be sober!” (in a sarcastic tone; CO-IP)
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57. CT/CCT-IP codes trump GID-IP or DSD-IP (when the IP is talking about the effects of their own drinking on themselves).
58. CT-IP trumps ESG-IP (when the IP is talking about changing his/her drinking for the SO).
59. IP statements about negative consequences experienced on the part of the IP due to IP drinking are coded as CT-IP. Example:

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“I’ve been late to work because of my drinking too many times.” (CT-IP)
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60. If a Functional Analysis is conducted during the session, any reasons for changing drinking are coded as CT-IP, even if they are provided in response to the therapist’s prompting. This rule also applies to reasons for sustaining drinking, which would be coded as CCT-IP.
61. If there is confusion about whether to code a statement as CT-IP or CCT-IP, and it cannot be reasonably assumed that it is CT-IP or CCT-IP based on context, it is best to give a more neutral code (i.e., DSD-IP). Example:

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“I’ve never gotten in trouble because of my drinking before.” (DSD-IP)
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Reporting about sessions from a previous treatment that is not current enough to be coded as CT-IP and should be coded –DSD-IP.
62. Utterances arguing for moderation and/or reductions in drinking are coded as CCT-IP only if they are implied as a way to keep drinking. Utterances arguing for moderation and/or reductions in drinking explicitly geared towards an ultimate goal of abstinence are coded as CT-IP. Examples:

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“I think I can do it; in only two weeks I’ve gone from drinking 10 beers a day to 4 beers!” (CT-IP)
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“Things are fine where they are now that I’m drinking 4 beers a day instead of 10.” (CCT-IP)
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63. Efforts on the part of the IP to troubleshoot or identify problems in a constructive manner are not coded as CCT-IP. Example:

SO: “I think you could just order an iced tea with dinner.” (AD-SO)
IP: “What if someone proposes a toast to celebrate? I’m not sure how to handle that.” (DSD-IP)

64. If there is confusion about whether to code a statement as CT-IP or CCT-IP, and it cannot be reasonably assumed that it is CT-IP or CCT-IP based on context, it is best to give a more neutral code (i.e., DSD-IP). Example:

“Those aren’t consequences related to my drinking.” (DSD-IP)

65. Discussing intensity of an urge or describing the urge in detail does not rise to level of CCT-IP, unless the IP makes it explicit that he/she doubts his/her ability or does not have the motivation to abstain.

66. If the therapist lists a few drinking-related problems and asks if IP has experienced them, and IP says “no,” this is coded as DSD-IP. However, if the IP states that drinking has never caused him or her any problems, this should be coded at CCT-IP. Example:

Therapist: “Has alcohol caused you to pass out, have blackouts or physical health problems?”
IP: “No.” (DSD-IP)
Therapist: “Has alcohol ever caused any problems besides this DUI?”
IP: “No.” (DSD-IP)
Therapist: “Has drinking ever caused you any problems?”
IP: “No.” (CCT-IP)

67. Statements made in a joking manner should be coded as FN-IP, not CCT-IP.

IP: (in a sarcastic tone) “In that case, I’ll drink a beer when I get home.”
(FN-IP)

68. Anytime a FN-IP code is being considered, the coder should check to make sure it does not fit any other code category.

69. Incomplete, ambiguous, or unclear utterances receive FN-IP codes as long as the coder does not know what the IP is saying. If an utterance is incomplete or unfinished but the coder has an idea of the topic of the utterance, it is ok to give a more relevant code.

70. Affirmative (or negative) responses (e.g., “uh uh,” “exactly”) to queries can be coded according to the type of statement being responded to by the IP rather than being coded as FN-IP. For example, an utterance of “yes” indicating agreement with a change-talk query would be coded as CT-IP. Similarly, a positive response to a general informational query would be coded GIG-IP.

71. Clarifying questions fall into the FN-IP category.

72. Information being provided that is repetitive should be coded as GIG/GID-IP, not FN-IP. Information does not have to be new in order to be given a code other than FN-IP.
73. While questions should be coded as FN-IP, a “?” in the transcript does not always indicate a question. The coder should make sure the statement is not an affirmation, statement, reflection or confront. In those cases, a relevant code should be given.  
74. If story-telling and tangential discussions are relevant to the bigger picture of a story, code as DSG-IP or GIG-IP, not FN-IP.