A wealth of data has amassed since the IBT study was completed. Some of the data from that study have forced a reconsideration of traditional concepts of alcoholism. While the IBT study will probably be remembered for its controlled drinking treatment goal, several other findings emerged which also merit discussion. Although questions about the value of particular IBT components can be answered only by future studies designed to compare and contrast various aspects of the IBT procedures, we can provide some insight into the effectiveness of these various components as seen through the eyes of the subjects themselves.

As part of the IBT follow-up, subjects were asked to consent to a tape-recorded interview at the end of their two-year follow-up interval. The interview was intended to gather information about the subjects' impressions of the study. In particular, the interviews were intended (a) to have experimental (CD-E and ND-E) subjects evaluate various aspects of the IBT treatment program, (b) to provide information about the types of problems encountered by subjects who had a treatment goal of controlled drinking, (c) to evaluate whether subjects considered the follow-up contacts to be therapeutic, (d) to assess whether subjects understood why intensive monthly follow-up interviews were conducted for two years, and (e) to evaluate how all control subjects—Nondrinker Control (ND-C) and Controlled Drinker Control (CD-C)—felt about being assigned to a control condition (i.e., having been accepted for but not allowed to participate in the IBT treatment program). While some might suggest that subjects' comments are irrelevant, we found their reflections an important source of data—a source that all too often goes untapped.
For instance, experimental subjects' evaluative comments about various aspects of the IBT study allow one to speculate about the significance and importance of those factors, and the study as a whole, in a way that the outcome data preclude.

While complete two-year data were gathered on 69 of the 70 subjects, two of the subjects—one experimental and one control—died during the follow-up interval. Therefore, only 68 subjects could have been interviewed; interviews were conducted with 67 of these 68 subjects. The only interview not completed was with subject J. L. (CD-C), the subject who had never been found since the first six weeks after his discharge from the hospital.

Tape-recorded interviews were conducted with subjects either in person or by telephone, and permission to audio-record the interview was obtained from each subject prior to the interview. To preserve subjects' confidentiality, no names were used in the interviews. Three-fourths (76%) of the tape-recorded interviews were conducted by telephone, including one subject interviewed at the Salvation Army in Hawaii. The remaining subjects (24%, N = 16) were interviewed in person. The interviews were taped in a variety of settings—subjects' homes, relatives' homes, halfway houses, detoxification centers, jails, state hospitals, and even at a jail honor farm. Initially, we had decided not to interview subjects who were obviously intoxicated. However, some months after the end of their two-year follow-up interval, a small number of subjects were still being sought for the purpose of completing their follow-up data. These subjects were all known to be highly transient and difficult to locate, and interviews were therefore immediately obtained when these subjects were located. To our knowledge, 6 (9%) of the 67 subjects either had been admitted to an alcohol detoxification facility within the 24 hours preceding their interview or were intoxicated when their interview was tape-recorded.

Throughout this book we have repeatedly suggested that frequent follow-up contacts probably helped us maintain contact with subjects and their collaterals over the two-year follow-up period. Some support for this assertion derives from a comparison of the dates when two-year interviews were conducted with subjects' actual two-year post-hospital discharge dates. Of the 67 subjects interviewed, 51 (76%) were interviewed within two weeks of their exact two-year anniversary of hospital discharge. An additional 6 (9%) subjects were interviewed within two to four weeks of their two-year discharge date. Thus, the use of frequent and continued follow-up