Appendix 16d: psychological interventions study characteristics table

Appendix 16d: psychological interventions study characteristics table	1
Motivational techniques	3
Motivational versus control; motivational versus other intervention	3
12-step facilitation	6
12-step facilitation versus other intervention; different formats of 12-step facilitation	6
Studies not included in meta-analyses but described in evidence summary	8
Cognitive behavioural therapies	9
Cognitive behavioural versus treatment as usual; cognitive behavioural versus other intervention; different formats	of
cognitive behavioural therapies	<u>9</u>
Studies not included in meta-analyses but described in evidence summary	17
Behavioural therapies	
Behavioural therapy versus treatment as usual or control; behavioural therapy versus other intervention; different	
formats of behavioural therapy	18
Social network and environment-based therapies	
Social network therapy versus control; social network therapy versus other intervention	20
Couples therapy	
Couples therapy versus other intervention; behavioural couples therapy versus other couples therapy; intensive versus	sus
brief couples therapy; parental skills and behavioural couples therapy versus behavioural couples therapy alone	21
Studies not included in meta-analyses but described in evidence summary	25
Contingency management	
Contingency management versus control; contingency management versus treatment as usual; contingency	
management versus other intervention	25
Counselling	
Counselling versus other intervention; counselling versus control (no active treatment)	27
Short-term psychodynamic therapy	

Multi-modal treatment30Multi-modal versus other intervention30Self-help based treatment31Different formats of self-help31Psychoeducational intervention31Psychoeducational versus other intervention31	Short-term psychodynamic therapy versus other intervention	29
Self-help based treatment	Multi-modal treatment	30
Different formats of self-help	Multi-modal versus other intervention	30
Different formats of self-help		
Psychoeducational intervention31		
	•	
Psychological intervention studies excluded from this guideline		

Motivational techniques

Motivational versus control; motivational versus other intervention

Treatment types: motivational techniques: motivational enhancement therapy with/without relapse prevention, drinker's check-up, FRAMES (feedback, responsibility, advice, menu, empathy, self efficacy)

Other: broad spectrum treatment, CBT, TSF, non-directive reflective listening (counselling)

Control: wait list control, information and referral, feedback

Study	Treatment conditions (forest plot labelling) and number of participants	Baseline characteristics and treatment goal	Outcomes	Setting, treatment characteristics and assessment points
DAVIDSON2007 (USA)	Motivational versus other 1. MET: n = 76 2. Broad spectrum treatment (BST): n = 73	DSM-IV alcohol dependent PDA: approximately 30% Percentage heavy drinking days: approximately 63% Abstinent 3 to 21 days before treatment initiation Treatment goal: abstinence or drinking reduction	Continuous: PDA Percentage days heavy drinking (at least four drinks per single occasion for women; at least five for men) Dichotomous: Attrition (if available): number of participants who have dropped out for any reason	Setting: Outpatient treatment centre Treatment characteristics: MET: Four monthly sessions. Session one lasted 90 minutes. The remaining three sessions lasted 30 minutes each BST: Sessions one and two are MET sessions. Minimum of eight sessions in total. The first four sessions are weekly. The remaining four are bi-weekly. The first session lasts 90 minutes. The remaining sessions last 60 minutes All participants also received naltrexone for 12 weeks Assessment points: Post-treatment (3 months)
HESTER2005 (USA)	Motivational versus control 1. Drinker's check-up (DCU): n = 35 2. Waitlist control (CONT): n = 26	Patients included with AUDIT score of 8 or more Baseline DDD from 5 to 8 across treatment groups Treatment goal: abstinence or drinking reduction (moderation)	Continuous: Average drinks per day (log transformed) DDD (log transformed) Dichotomous: Attrition (if available): number of participants who have dropped out for any reason	Setting: Computer based intervention Treatment characteristics: DCU: Computerised brief (one session) intervention Assessment points: 1-, 2- and 12-month follow-up

Study	Treatment conditions (forest plot labelling) and number of participants	Baseline characteristics and treatment goal	Outcomes	Setting, treatment characteristics and assessment points
MATCH1997 (USA)	Motivational versus other 1. MET: n = 577 2. CBT: n = 567 3. TSF: n = 582	DSM-III-R diagnosis of alcohol abuse or dependence. Alcohol as primary drug of abuse Active drinking 3 months prior to treatment entrance PDA: approximately 30% DDD: approximately 16 drinks Treatment goal: abstinence or drinking reduction	Continuous: PDA DDD Dichotomous: Attrition (if available): number of participants who have dropped out for any reason	Setting: Outpatient clinical research unit Treatment characteristics: 12-week treatment
ROSENBLUM2005B (USA)	Motivational versus control 1. MET + RP + information and referral (RPME): n = 151 2. Information and referral only (CONT): n = 139	All DSM-IV alcohol dependent/abuse Treatment goal: drinking reduction	Continuous: Number of days any alcohol used Number of days of heavy alcohol use (>4 drinks) Dichotomous: Attrition (if available): number of participants who have dropped out for any reason	Setting: Soup kitchen Treatment characteristics: MET with relapse prevention: three sessions per week over 4 weeks held in small groups, followed by three sessions per week for 12 weeks of CBT Assessment points 5 months
SELLMAN2001 (New Zealand)	Motivational versus other Motivational versus control 1. MET: n = 42 2. Non-directive reflective listening (NDRL): n = 40 3. No further treatment – control (CONT): n = 40	All alcohol-dependent (based on DSM-IV) Unequivocal heavy drinking six or more times in the 6 months prior to treatment: 90.2%	Continuous: Exceeded national guidelines at least once Exceeded national guidelines six or more times Drank more than ten standard drinks at least once Drank more than ten standard drinks six or more times Dichotomous: Number of participants lapsed Number of participants relapsed	Setting: Outpatient treatment centre Treatment characteristics: Four sessions in 6-week period Assessment points: 6-month and 5-year follow-up

Study	Treatment conditions (forest plot labelling) and number of participants	Baseline characteristics and treatment goal	Outcomes	Setting, treatment characteristics and assessment points
			Attrition (if available): number of participants who have dropped out for any reason	
SHAKESHAFT2002 (Australia)	Motivational versus other 1. FRAMES: n = 147 2. CBT: n = 148	Weekly consumption of approximately 32 Australian units per week	Continuous: Drinks per week Binge consumption: occasions in prior 30 days where at least seven (if male) or five (if female) drinks consumed Dichotomous: Attrition (if available): number of participants who have dropped out for any reason	Setting: Community based drug and alcohol counselling centre Treatment characteristics: FRAMES: one or more sessions with face-to-face counselling exceeding 90 minutes CBT: six consecutive weekly 45-minute sessions Assessment points: 6 months
SOBELL2002 (USA)	Motivational versus other 1. MET: n = 414 2. Bibliotherapy/drinking guidelines (PSYEDU): n = 411	All alcohol abusers (drinking approximately 12 drinks per week and drinking five or more drinks on at least 5 days in the past year)	Continuous: Days drinking per week DDD Drinks per week Days drinking at least five drinks Dichotomous: Attrition (if available): number of participants who have dropped out for any reason	Setting: Community mail level intervention Treatment characteristics: Bibliotherapy: participants received alcohol information available to the general public MET: participants received personalised advice feedback based on responses to an alcohol questionnaire Assessment points: 1-year follow-up
UKATT2005 (UK)	Motivational versus other 1. MET: n = 422 2. SBNT: n = 320	DSM-IV alcohol dependent/abuse Alcohol as clients' main problem Drank alcohol in the last 3 months PDA: 29.5% DDD: 26.8	Continuous: DDD Percentage days abstinent Dichotomous: Attrition (if available): number of participants who have dropped out for any reason	Setting: Outpatient treatment clinic Treatment characteristics: MET: three 50-minute sessions over 8 to 12 weeks SBNT: eight 50-minutes sessions over 8 to 12 weeks Assessment points: 3- and 12-month follow-up

Study	Treatment conditions (forest plot labelling) and number of participants	Baseline characteristics and treatment goal	Outcomes	Setting, treatment characteristics and assessment points
		Treatment goal: abstinence or drinking reduction		

12-step facilitation

12-step facilitation versus other intervention; different formats of 12-step facilitation

Treatment types: TSF: TSF with/without counselling, intensive TSF, directive TSF, motivational TSF Other: CBT, BRT, BCT, psychoeducational control, MET, coping skills

Study	Treatment conditions (forest plot labelling) and number of participants	Baseline characteristics and treatment goal	Outcomes	Setting, treatment characteristics and assessment points
EASTON2007 (USA)	TSF versus other 1. TSF: n = 38 2. CBT: n = 40	DSM-IV alcohol dependent Approximately 19 years of alcohol use Days of alcohol use in past 28: approximately 6 Treatment goal: drinking reduction	Continuous: Percent days abstinent Dichotomous: Attrition (if available): number of participants who have dropped out for any reason	Setting: Outpatient substance-abuse treatment program Treatment characteristics: Weekly 90-minute sessions over 12 weeks Group sessions had a maximum of ten participants per group Assessment points: 12 weeks post-treatment and 6 months
FALSSTEWART2005 (USA)	TSF versus other 1. Individual-based TSF and group counselling (TSF): n = 25 2. BCT and group counselling (BCT): n = 25 3. BRT and group counselling (BRT): n = 25 4. Psychoeducational attention control treatment (PACT): n = 25	DSM-IV alcohol dependent % days heavy drinking from 56 to 59% across treatment groups	Continuous: Percentage days heavy drinking (at least six standard drinks) Dichotomous: Attrition (if available): number of participants who have dropped out for any reason	Setting: Outpatient treatment clinic Treatment characteristics: PACT, BRT, IBT conditions: 18 sessions, 12 weeks, which included weekly 12-step oriented group sessions and condition specific treatment every other week BCT: 24 sessions (two sessions per week) for 12 weeks; included one group therapy session and one BCT session All treatments: therapy groups = 90 minutes, condition-specific treatment = 60 minutes Assessment points: Post-treatment

FALSSTEWART2006 (USA)	TSF versus other	DSM-IV alcohol dependent/abuse	Continuous: PDA (in last 90 days)	3-, 6-, 9- and 12-month follow-up Setting: Outpatient treatment centre
	1. Individual based TSF only (TSF) n = 46 2. BCT and IBT (BCT) n = 46 3. PACT: n = 46	PDA from 40 to 44% across treatment groups Treatment goal: abstinence	Dichotomous: Attrition (if available): number of participants who have dropped out for any reason	Treatment characteristics: BCT: 32 sessions, 12 of which were attended with the participant's partner. The remaining 20 sessions were individual TSF TSF: 32 individual sessions PACT: 20 sessions of individual treatment and 12 lectures on substance misuse which were attended with a partner All sessions were 60 minutes Assessment points: Post-treatment 3-, 6-, 9- and 12-month follow-up
MATCH1997 (USA)	TSF versus other 1. TSF: n = 582 2. MET: n = 577 3. CBT: n = 567	DSM-III-R alcohol dependent/abuse Alcohol as primary drug of abuse Active drinking 3 months prior to treatment entrance PDA: approximately 30% DDD: approximately 16 drinks Treatment goal: abstinence or drinking reduction	Continuous: PDA DDD Dichotomous: Attrition (if available): number of participants who have dropped out for any reason	Setting: Outpatient clinical research unit Treatment characteristics: 12-week treatment Assessment points: Post-treatment (3 month) 6-, 9-, 12- and 15-month follow-up
TIMKO2007 (USA)	Different formats of TSF 1. Intensive TSF (I-TSF): n = 181 2. Standard TSF (S-TSF): n = 164	Substance-use disorder outpatients ASI alcohol score: approximately 0.28	Continuous: Percentage of participants abstinent Dichotomous: Attrition (if available): number of participants who have dropped out for any reason	Setting: Outpatient treatment clinic Treatment characteristics: Standard: patient given AA schedule and encouraged to attend sessions. Counsellors and patients reviewed relapse prevention, but treatment was more focused on psychoeducation

				Intensive: Standard treatment plus active arrangement of AA meeting attendance by the counsellor. Participants were encouraged to keep an AA attendance journal Assessment points: 6- and 12-month follow-up
WALITZER2009 (USA)	TSF versus other Different formats of TSF 1. TSF – directive approach and coping skills (TSFdire) n = 53 2. TSF – motivational approach and coping skills (TSFmot) n = 58 3. Coping skills alone (CS) n = 58	Outpatient alcoholics PDA: 35.4% Percentage days heavy drinking: 32.7 DrInC score: 41.3	Continuous PDA Percent days heavy drinking Dichotomous Attrition (if available): number of participants who have dropped out for any reason	Setting: Outpatient treatment centre Treatment characteristics: 12 sessions (initial session lasted 90 minutes, subsequent sessions lasted 60 minutes) with weekly encouragement to attend AA meetings Assessment points: Post-treatment 3-, 6-, 9- and 12-month follow-up

Studies not included in meta-analyses but described in evidence summary

Study characteristics and reason for exclusion	Treatment characteristics
KAHLER2004 (USA) Intensive versus brief TSF	Baseline characteristics: Current alcohol dependence diagnosis
1. Brief TSF	Mean DDD: approximately 23 drinks
2. Motivatioinal (intensive) TSF	ADS score: approximately 23
Reason for exclusion from meta-analyses:	PDA: approximately 15%
No available outcomes for inclusion in meta-analyses	Setting: Inpatient treatment clinic
	Treatment characteristics: Brief TSF – 5-minute session, describe AA, information leaflet
	Motivational TSF - manual-based 60-minute session, extensive discussion about merits of AA
	Assessment points: 1-,3- and 6-month follow-up

Cognitive behavioural therapies

Cognitive behavioural versus treatment as usual; cognitive behavioural versus other intervention; different formats of cognitive behavioural therapies

Treatment types:

Cognitive behavioural therapy: individual CBT with/without relapse prevention or MET, alcohol-focused coping skills, group CBT, broad-spectrum treatment, group social-skills training, communication skills training with/without family therapy, cognitive behavioural mood-management training, coping skills with/without cue exposure or MET, relapse prevention with MET

Other: MET, TSF with/without coping skills, counselling, BCT, psychodynamic therapy, cue exposure, FRAMES

Control: non-specific supportive therapy, TAU with a daily craving record, information and referral

Study	Treatment conditions (forest plot labelling) and number of participants	Baseline characteristics and treatment goal	Outcomes	Setting and treatment characteristics
BURTSCHEIDT 2002 (Germany)	Cognitive behavioural versus TAU Different formats of cognitive behavioural 1. CBT: n = 31 2. CS: n = 32 3. Non-specific supportive therapy (TAU): n = 40	DSM-III-R/ICD-10 alcohol dependent Consuming alcohol in an addictive manner for at least 6 months predetoxification	Dichotomous: Attrition (if available): number of participants who have dropped out for any reason Abstinent: no subjective or objective (CDT <30 units per litre during last 6 months Lapse/improved: in last 6 months no more than three drinking episodes lasting <1 week or <30 g (women) or <60 g (men) alcohol per day on a regular basis; no signs of pathological drinking Relapse: more than three lapses or regular consumption of >30/60 g alcohol per day; alcohol use disorder or inpatient treatment in last 6 months	Setting: Outpatient treatment clinic Treatment characteristics: CBT and CS: 100-minute sessions weekly for 26 weeks over the course of 6 months Group sessions (maximum 6 participants) Assessment points: 6-, 12-, 18- and 24-month follow-up

CONNORS2001 (USA)	Cognitive behavioural versus other Different formats of cognitive behavioural 1. Alcohol-focused coping skills and life skills (general coping skills) – normal intensity (AFCS+LS+NOR) n = 39 2. Alcohol-focused coping skills alone– more intensive and psychoeducational (AFCS+PSY+INT): n = 41 3. Alcohol-focused coping skills and life skills (general coping skills) – more intensive (AFCS+LS+INT): n = 33 4. Alcohol-focused coping skills alone – normal intensity and psychoeducational	DSM-III-R lifetime alcohol dependence Dependence - moderate: 66% Dependence - severe: 8.3% Dependence - mild: 18.1% Average monthly abstinence days: 10.1 Light days: 6.1 Moderate days: 8.0 Heavy days: 5.7 Treatment goal: drinking reduction	Continuous: Abstinent/light (one to three standard drinks) drinking days Dichotomous: Attrition (if available): number of participants who have dropped out for any reason	Setting: Outpatient clinical research unit Treatment characteristics All received: coping skills over ten weekly 2-hour outpatient group (three to six people) sessions and drinking-Reduction training (13 hours) Divided (according to group): Life skills (general coping skills) – 7 hours Psychoeducational – 7 hours Booster sessions (more intensive) – 8 additional 90-minute sessions at weeks 2, 4, 7, 10, 13, 16, 20 and 24 post-treatment Assessment points: 6-,12- and 18-month follow-up
DAVIDSON2007 (USA)	(AFCS+PSY+NOR): n = 31 Cognitive behavioural versus other 1. BST: n = 73 2. MET: n = 76	DSM-IV alcohol dependent PDA: approximately 30 Percentage heavy drinking days: approximately 63 Abstinent 3 to 21 days before treatment initiation Treatment goal: abstinence or drinking reduction	Continuous: PDA Percentage days heavy drinking (at least drinks per single occasion for women; at least five for men) Dichotomous: Attrition (if available): number of participants who have dropped out for any reason	Setting: Outpatient treatment centre Treatment characteristics: BST: Sessions one and two are MET sessions. Minimum of eight sessions in total. The first four sessions are weekly. The remaining four are bi-weekly. The first session lasts 90 minutes. The remaining sessions last 60 minutes MET: 4 monthly sessions. Session 1 lasted 90 minutes. The remaining three sessions lasted 30 minutes each All participants also received naltrexone for 12 weeks Assessment points: Post-treatment (3 months)
EASTON2007 (USA)	Cognitive behavioural versus other	DSM-IV alcohol dependent	Continuous: PDA	Setting: Outpatient substance abuse program

	1. CBT: n = 40 2. TSF: n = 38	Approximately19 years of alcohol use Days alcohol use in past 28: approximately 6 Treatment goal: drinking reduction	Dichotomous: Attrition (if available): number of participants who have dropped out for any reason	Treatment characteristics: Weekly 90-minute sessions over 12 weeks Group sessions had a maximum of ten participants per group Assessment points: 12 weeks post-treatment and 6 months
ERIKSEN1986 (Norway)	Cognitive behavioural versus other 1. Social-skills training group (CopSk): n = 12 2. Group counselling (COUNS): n = 12	A serious alcohol problem but no drug addiction Previous alcoholism inpatient status: 66.7% No. of alcoholism inpatient treatments: 1.85 Years of self-acknowledged problem drinking: 11.95 Treatment goal: sober days; reduced quantity of alcohol consumed	Continuous: Alcohol consumption (centilitres of pure alcohol) Sober days Over the previous 2 weeks Dichotomous: Attrition (if available): number of participants who have dropped out for any reason	Setting Outpatient treatment program Treatment characteristics: Eight weekly 90-minute small group sessions Assessment points: 12-month follow-up
LAM2009 (USA)	Cognitive behavioural versus other 1. Individual-based coping skills (CS): n = 10 2. BCT and parental skills training (PSBCT): n = 10 3. BCT: n = 10	DSM-IV alcohol dependent/abuse PDA: approximately 37	Continuous: Percentage days abstinent Dichotomous: Attrition (if available): number of participants who have dropped out for any reason	Setting: Outpatient treatment centre Treatment characteristics: Two 60-minute sessions per week for 12 weeks. Treatment consists of: 12 standard individual treatment sessions plus 12 BCT sessions or 12 PSBCT sessions (including six BCT and parental-skills training) or 12 individual coping skills sessions Assessment points: Post-treatment (3 months) 6- and 12-month follow-up
LITT2003 (USA)	Cognitive behavioural versus other 1. Coping Skills (COPSK): n = 69	DSM-IV alcohol dependent/abuse Drinking days 6 months prior to intake: 72%	Continuous: Proportion days abstinent Time to first drink (days)	Setting: Outpatient clinical research unit Treatment characteristics: 26 weekly 90 minute sessions

	2. Group Counselling (COUNS): n = 59	Prior alcohol treatments: 1.5 Proportion days abstinent: 0.38 Proportion heavy drinking days: 0.48	Time to first heavy drink (days) Proportion of days of heavy drinking: six for men, four for women. Standard drinks – 0.5 fluid ounces absolute alcohol – consumed in a 24-hour period Proportion abstinent In last 90 days Dichotomous: Attrition (if available): number of participants who have dropped out for any reason	Assessment points: 3-, 6-, 9-, 12-, 15- and 18-month follow-up
LITT2009B (USA)	Different formats of cognitive behavioural therapy 1. Packaged CBT program (PCBT): n = 53 2. Individual assessment treatment program (IATP): n = 57	DSM-IV alcohol abuse or dependence Proportion days abstinence: 0.19 Proportion days heavy drinking: approximately 0.59	Continuous: Proportion days abstinent Proportion days heavy drinking Dichotomous: Attrition (if available): number of participants who have dropped out for any reason	Setting: Outpatient Treatment characteristics: 12 weekly 60-minute outpatient sessions Assessment points: Post-treatment (3 months)
MARQUES2001 (Brazil)	Different formats of cognitive behavioural 1. Group CBT (GR): n = 78 2. Individual CBT (IND): n = 77	DSM-III-R alcohol and/or drug dependent In the last 90 days: Number of drinking days - 49 Number of heavy drinking days - 34.5 (significantly more drinking in group treatment than individual treatment group) Number of problem drinking days - 16.5 (significantly more drinking in group treatment than individual treatment group) Mean weekly consumption - 36.5 (significantly more drinking in	Dichotomous: Number of heavy drinkers >20 drinks per week and >10% heavy days (>+5 drinks per occasion) in the 90 days prior to assessment Attrition (if available): number of participants who have dropped out for any reason	Setting: Outpatient drug-dependence clinic Treatment characteristics: 17 sessions over 8 months. There was one session per week in months 1 to 2, one session fortnightly in months 3 to 5 and one session per month in the final 3 months Group sessions had approximately seven participants Assessment points: 15-month follow-up

		group treatment than individual treatment group) SADD score abstinence/ moderate rates: 17%		
MATCH1997 (USA)	Cognitive behavioural versus other 1. CBT: n = 567 2. MET: n = 577 3. TSF: n = 582	DSM-III-R alcohol dependent/abuse Alcohol as primary drug of abuse Active drinking 3 months prior to treatment entrance PDA: approximately 30% DDD: approximately 16 drinks Treatment goal: abstinence or drinking reduction	Continuous: PDA DDD Dichotomous: Attrition (if available): number of participants who have dropped out for any reason	Setting: Outpatient clinical research unit Treatment characteristics: 12 week treatment Assessment points: Post-treatment (3 months) 6-, 9-, 12- and 15-month follow-up
MONTI1990 (USA)	Different formats of cognitive behavioural therapy 1. Communication skills training (CST): n = 23 2. Communication skills training with family therapy (CSTF): n = 23 3. Cognitive behavioural mood management training (CBMMT): n = 23	DSM-III alcohol dependent Percentage possible drinking days abstinent: approximately 42 Percentage possible days drinking heavily: approximately 46 Number of drinks per possible drinking day: 11 Number of drinks per actual drinking day: 18	Continuous: PDA Percentage heavy drinking days Number of drinks per possible drinking day Number of drinks per actual drinking days Number of days to first drink Number of days to first heavy drinking day	Setting: Inpatient VA medical centre Treatment characteristics: 12 hours over 4 weeks All conditions included 28-day standard in-patient treatment Assessment points: 6-month follow-up

			All assessed for 'possible drinking days' – day not in in-patient treatment or prison Heavy drinking: ≥6 DDD Dichotomous: Attrition (if available): number of participants who have dropped out for any reason	
MONTI1993 (USA)	Cognitive behavioural versus TAU 1. Cue exposure and CS (CE+CS): n = 22 2. TAU and daily cravings recorded (TAU): n = 18	DSM-III alcohol dependent, with heavy drinking the week prior to admission ADS score: 20.7 SMAST: 9.97 TLFB: 12.1 DDD, 47% days abstinent, 45% heavy drinking days	Dichotomous: Number of participants lapsed Number of participants relapsed (at least six standard drinks) Attrition (if available): number of participants who have dropped out for any reason	Setting: Inpatient VA medical centre Treatment characteristics: CE+CS = six weekly 55-minute sessions for 2 weeks Assessment points: 0 to 3 months, 3 to 6 months
MORGENSTERN 2007 (USA)	Cognitive behavioural versus other 1. CS+MET: n = 47 2. MET: n = 42	87.9% of participants met DSM-IV criteria for alcohol dependence Average drinks per drinking day: 9.5 Average drinks/day: 6.1 Mean ADS score: 12.2 Treatment goal: drinking reduction	Continuous: Drinks per day Dichotomous: Attrition (if available): number of participants who have dropped out for any reason	Setting Outpatient clinical research unit Treatment characteristics: CS+MET: 12 weekly sessions MET alone: four sessions delivered over 12 weeks Assessment points: 6 weeks, post-treatment (3 months), 6 and 12 months
ROSENBLUM (USA)	Different formats of CBT 1. RP: n = 114 2. Relapse prevention with motivational enhancements (GMI): n = 116	DSM-IV alcohol/drug dependent/abuse Days abstinent: 14 ASI alcohol score: approximately 0.47	Continuous: PDA Dichotomous: Attrition (if available): number of participants who have dropped out for any reason	Setting Outpatient clinical research unit Treatment characteristics: Two sessions per week for 10 weeks (20 sessions) All group sessions

ROSENBLUM2005B (USA)	Cognitive behavioural versus control 1. RP and MET – service outreach and recovery (RPME): n = 151 2. Information and referral only (CONT): n = 139	DSM-IV alcohol dependent/abuse	Continuous: Number of days drank any alcohol Days of heavy drinking (4 fluid ounces of spirits, four cups [US measurements] of wine or four 12-fluid-ounce bottles/cans of beer, or more) In the past 30 days Dichotomous: Attrition (if available): number of participants who have dropped out for any reason	Assessment points: 15-week follow-up Setting: Soup kitchen Treatment characteristics: MET with relapse prevention: three sessions a week over 4 weeks held in small groups followed by 3 sessions per week for 12 weeks of relapse prevention Assessment points: Post-treatment (5 months)
SANDAHL1998 (Sweden)	Cognitive behavioural versus other 1. RP: n = 24 2. Time-limited group psychotherapy (psychodynamic therapy) (PSYDY): n = 25	DSM-III-R alcohol dependent and antisocial personality disorder Decentiles on AVI: 4.3 Duration of abuse: 11 years Age of onset of uncontrolled drinking: 36 years Reported morning drinking: 75.5% Treatment goal: Drinking reduction	Continuous: Number of abstinent days Grams of absolute alcohol per drinking day Days >80 g absolute alcohol Dichotomous: Attrition (if available): number of participants who have dropped out for any reason	Setting: Outpatient treatment clinic Treatment characteristics: 15 weekly 90 minute group sessions Assessment points: 15-month follow-up
SHAKESHAFT2002 (Australia)	Cognitive behavioural versus other 1. CBT: n = 148 2. FRAMES: n = 147	Weekly consumption of approximately 32 Australian units per week	Continuous: Drinks per week Binge consumption: occasions in prior 30 days where at least seven (for male) or five (for female) drinks consumed Dichotomous: Attrition (if available): number of participants who have dropped out for any reason	Setting: Community-based drug and alcohol counselling centre Treatment characteristics: FRAMES: one or more sessions with face-to-face counselling exceeding 90 minutes CBT: 6 consecutive weekly 45-minute sessions Assessment points: 6-month follow-up

SITHARTHAN1997 (Australia)	Cognitive behavioural versus other 1. CBT: n = 20 2. CE: n = 22	A score of ≥10 on the ICQ and <30 on the SADQ-C SADQ-C score: 18.81 ICQ score: 13.05 CDSES score: 35.93 Drinking days per month: 20.2 Consumption per occasion: 8.82 Treatment goal: moderation	Continuous: Drinking days per month Number of standard drinks per occasion Dichotomous: Attrition (if available): number of participants who have dropped out for any reason	Setting: Outpatient Treatment characteristics: Group treatment, six, 90 minute weekly sessions Assessment points: 6-month follow-up
VEDEL2008 (Netherlands)	Cognitive behavioural therapy versus other 1. CBT: n = 34 2. BCT: n = 30	DSM-IV alcohol abuse or dependence 62% diagnosed as alcohol dependent 50% when drinking drank seven or more units 57% drank daily or nearly daily Treatment goal: abstinence or controlled drinking (with guidelines)	Continuous: Units per week Severe lapse (>6 units per occasion) Dichotomous: Attrition (if available): number of participants who have dropped out for any reason	Setting: Outpatient treatment centre Treatment characteristics: Both treatments 10 sessions over 5 to 6 month period CBT: 45 to 60 minutes per session BCT: 90 minutes per session Assessment points: Post-treatment 6-month follow-up

WALITZER2009 (USA)	Cognitive behavioural versus other 1. CS: n = 58 2. TSF-directive approach and CS (TSFdire): n = 58 3. TSF motivational approach and CS	Outpatient alcoholics PDA: 35.4% Percentage days heavy drinking: 32.7% DrInC score: 41.3	Continuous: PDA Percent days heavy drinking Dichotomous: Attrition (if available): number of participants who have dropped out for any reason	Setting: Outpatient treatment centre Treatment characteristics: 12 sessions (Initial session lasted 90 minutes; subsequent sessions lasted 60 minutes) with weekly encouragement to attend AA meetings Assessment points: Post-treatment 3-, 6-, 9- and 12-month follow-up
-----------------------	---	--	---	--

Studies not included in meta-analyses but described in evidence summary

Study characteristics and reason for exclusion	Treatment characteristics
KÄLLMÉN2003	Baseline characteristics: grams of alcohol per week: 657 to 742 g across groups
Cognitive behavioural versus control	Treatment goal: abstinence or drinking reduction/moderation
1. CS	Setting: outpatient clinical research unit
2. Control	Treatment characteristics: six group meetings
Reason for exclusion from meta-analyses: no available outcomes for inclusion in meta-analyses	Assessment points: 6- and 18-month follow-up

Behavioural therapies

Behavioural therapy versus treatment as usual or control; behavioural therapy versus other intervention; different formats of behavioural therapy Treatment types: Behavioural: BSMT/BSCT, moderation-oriented cue exposure, cue exposure with CBT, emotional cue exposure with CBT, CE with CS

Other: developmental counselling, CBT, BCT, alcohol-focused spousal involvement

Control: WLC, TAU

Study	Treatment conditions (forest plot labelling) and number of participants	Baseline characteristics and treatment goal	Outcomes	Setting and treatment characteristics
ALDEN1988 (Canada)	Behavioural versus control Behavioural versus other treatment 1. BSMT: n = 40 2. Developmental counselling (COUNS): n = 33 3. Waitlist control (CONT): n = 54	Consuming more than 84 standard ethanol units per week (abstinent for the duration of the study) and had episodes of alcohol idiosyncratic intoxication according to DSM-III Treatment goal: moderation, abstinence later if desired	Continuous: Total weekly consumption (in 2 weeks prior) – standard drinks (half fluid ounces of ethanol) Abstinent days per week Controlled days per week (≤3 standard ethanol units) Dichotomous: Attrition (if available): number of participants who have dropped out for any reason	Setting: Outpatient clinical research unit Treatment characteristics: 12 weekly individual sessions Assessment points: Post-treatment assessment and follow up points at 6 months, 1 year, 18 months and 2 years Note: The follow-up data includes participants who were in the waiting list control at post-treatment but were then randomised into the BSMT and COUNS groups for one year and 2 year follow-up
HEATHER2000 (UK)	Different formats of behavioural therapy 1. MOCE: n = 48 2. BSCT: n = 43	Individuals seeking help for alcohol problems DDD: 19.96 PDA: 19.14 SADQ-C score: 18.70 APQ score: 10.10 Treatment goal: moderation	Continuous: Number abstinent DDD PDA (in last 2 months) Dichotomous: Attrition (if available): number of participants who have dropped out for any reason	Setting: Outpatient clinical research unit Treatment characteristics: MOCE: 90-minute sessions BSCT: 60-minute sessions Assessment points: Post-treatment 6-month follow-up
KAVANAGH 2006 (Australia)	Different formats of behavioural therapy 1. Cue exposure + CBT (CE): n =	DSM-IV criteria for alcohol abuse or dependence Weekly alcohol consumption: 40.4	Continuous: Number of drinks per week Dichotomous:	Setting Outpatient clinical research unit Treatment characteristics:

Study	Treatment conditions (forest plot labelling) and number of participants	Baseline characteristics and treatment goal	Outcomes	Setting and treatment characteristics
	2. Emotional cue exposure + CBT (ECE): n = 56 3. CBT alone (CBT): n = 55	(men), 33.6 (women). Significant difference AUDIT score: 28.7 (men), 27.7 (women) SADQ-C score: 14.9 (men), 12.5 (women) Treatment goal: moderation	Attrition (if available): number of participants who have dropped out for any reason	8 weekly 75 minute sessions over 10 weeks Assessment points: Post-treatment 3-, 6-, 9- and 12-month follow-up
MONTI1993 (USA)	Behavioural versus control 1. CE+CS: n = 22 2. Control (TAU and daily cravings recorded) (TAU): n = 18	DSM-III criteria for alcohol dependence, with heavy drinking the week prior to admission ADS score: 20.7 SMAST: 9.97 TLFB: 12.1 DDD, 47% days abstinent, 45% heavy drinking days	Dichotomous: Number of participants lapsed Number of participants relapsed (at least 6 standard drinks) Attrition (if available): number of participants who have dropped out for any reason	Setting: Inpatient VA medical centre Treatment characteristics: CE+CS: six weekly 55-minute sessions for 2 weeks Assessment points: 0 to 3 months, 3 to 6 months
SITHARTHAN 1997 (Australia)	Behavioural versus other 1. CE: n = 22 2. CBT: n = 22	A score of ≥10 on the ICQ and <30 on the SADQ-C SADQ-C score: 18.81 ICQ score: 13.05 CDSES score: 35.93 Drinking days per month: 20.2 Consumption per occasion: 8.82 Treatment goal: moderation	Continuous: Drinking days per month Number of standard drinks per occasion Dichotomous Attrition (if available): number of participants who have dropped out for any reason	Setting: Outpatient Treatment characteristics: Group treatment, six 90-minute weekly sessions Assessment points: 6-month follow-up
WALITZER2004 (USA)	Behavioural versus other 1. BSM: n = 22	Abstinent days per month: 11.0 Frequency of >6 drinks per	Continuous: Abstinent/light (0 to 3) drinking days per month	Setting Outpatient clinical research unit

Study	Treatment conditions (forest plot labelling) and number of participants	Baseline characteristics and treatment goal	Outcomes	Setting and treatment characteristics
	2. Behavioural couples therapy and alcohol-focused spousal involvement (BCT): n = 21	drinking period: 5.1 days per month ADS score: 8.4	Heavy (>6) drinking days per month Dichotomous:	Treatment characteristics: Group treatment, 10 weekly 2-hour sessions Assessment points:
	3. Alcohol-focused spousal involvement (AFSI): n = 21	85% had low level alcohol dependence and 15% had moderate levels Treatment goal: drinking reduction	Attrition (if available): number of participants who have dropped out for any reason	Post-treatment 3-, 6-, 9- and 12-month follow-up

Social network and environment-based therapies

Social network therapy versus control; social network therapy versus other intervention

Treatment types: Social network therapy: volunteer support, network support with/without contingency management, social behaviour and network therapy

Other: office based intervention (no direct support), motivational enhancement therapy

Control: case management

Study	Treatment conditions (forest plot labelling) and number of participants	Baseline characteristics and treatment goal	Outcomes	Setting and treatment characteristics
LEIGH1999 (Canada)	Social network therapy versus other 1. Volunteer support (VS): n = 92 2. Office-based (OB): n = 101	Outpatient alcoholics drinking 5.5 days per week Drinks per week ranged from 73.5 to 89.2 Treatment goal: abstinence or drinking reduction	Continuous Number of drinking days Mean quantity per day Dichotomous Attrition (if available): number of participants who have dropped out for any reason	Setting Outpatient treatment centre Treatment characteristics: All clients attended eight 1-hour sessions over 16 weeks VS condition – volunteer part of all but first session; 4 to 6 hours per week with participant in their community Assessment points: 1, 6, 12 month follow-up
LITT2007 (USA)	Social network therapy versus control 1. Network support and contingency management	DSM-IV alcohol dependence/abuse Drinking days in past 3 months: 72%	Continuous: Proportion days abstinent DDD (previous 90 days) Dichotomous:	Setting: Outpatient treatment centre Treatment characteristics: 12 weekly 60 minute sessions

	(NS+CM): n = 70 2. Network support only (NS): n = 71 3. Case management (CONT): n = 69	Prior treatments for alcohol dependence: 1.3	Attrition (if available): number of participants who have dropped out for any reason	CM: rewards for a negative urine sample Assessment points: Post-treatment (3 months) 6-, 9-, 12-, 15-, 18-, 21-, 24- and 27-month follow-up
UKATT2005 (UK)	Social network therapy versus other 1. SBNT: n = 320 2. MET: n = 422	DSM-IV alcohol dependent/abuse Alcohol as clients' main problem Drank alcohol in the last 3 months PDA: 29.5% Number of drinks drinking day: 26.8 Treatment goal: abstinence or drinking reduction	Continuous: DDD PDA Dichotomous Attrition (if available): number of participants who have dropped out for any reason	Setting: Outpatient treatment clinic Treatment characteristics: MET: three 50 minute sessions over 8 to 12 weeks SBNT: eight 50 minutes sessions over 8 to 12 weeks Assessment points: 3- and 12-month follow up

Couples therapy

Couples therapy versus other intervention; behavioural couples therapy versus other couples therapy; intensive versus brief couples therapy; parental skills and behavioural couples therapy versus behavioural couples therapy alone

Treatment type: Couples therapy: BCT with or without group counselling/individual based treatment/parenting skills, brief relationship therapy, behavioural martial therapy,

directed social support, natural social support, AFSI

Other: TSF, psychoeducational intervention, CS, counselling, CBT, BSMT

Study	Treatment conditions (forest plot labelling) and number of participants	Baseline characteristics and treatment goal	Outcomes	Setting and treatment characteristics
FALSSTEWART 2005 (USA)	Couples therapy versus other BCT versus other couples therapy Intensive versus brief couples therapy 1. BCT (plus group counselling) (BCT): n = 25	Percentage days heavy drinking from 56 to 59% across treatment groups All DSM-IV diagnosed alcohol dependent	Continuous: Percentage days heavy drinking (at least six standard drinks) Dichotomous Attrition (if available): number of participants who have dropped out for any reason	Setting: Outpatient treatment clinic Treatment characteristics: PACT, BRT, IBT conditions: 18 sessions, 12 weeks, which included weekly 12-step-oriented group sessions and condition-specific treatment every other week BCT: 24 sessions (2 sessions per week) for 12 weeks; included one group therapy session and one BCT session

FALSSTEWART 2006 (USA)	2. BRT (plus group counselling) (BRT): n = 25 3. IBT (TSF and group counselling) (TSF): n = 25 4. PSYEDU: n = 25 Couples therapy versus other 1. BCT and IBT (BCT): n = 46 2. IBT only (12-step facilitation) (TSF): n = 46 3. PACT: n = 46	DSM-IV alcohol dependent/misuse PDA: 40 to 44% across treatment groups Treatment goal: abstinence	Continuous: PDA (in last 90 days) Dichotomous: Attrition (if available): number of participants who have dropped out for any reason	All treatments: therapy groups = 90 minutes, condition-specific treatment = 60 minutes Assessment points: Post-treatment 3-, 6-, 9- and 12-month follow-up Setting: Outpatient treatment centre Treatment characteristics: BCT: 32 sessions, 12 of which were attended with the participant's partner. The remaining 20 sessions were individual TSF TSF: 32 individual 12-step facilitation sessions PACT: 20 sessions of individual treatment and 12 lectures on substance misuse, which were attended with a partner All sessions were 60 minutes
				Assessment points: Post-treatment 3-, 6-, 9- and 12-month follow-up
LAM2009 (USA)	Parental skills and BCT versus BCT alone Couples therapy versus other 1. PSBCT: n = 10 2. BCT: n = 10 2. IBT (coping skills) (CS): n = 10	DSM-IV alcohol misuse or dependence PDA: approximately 37%	Continuous: PDA Dichotomous: Attrition (if available): number of participants who have dropped out for any reason	Setting Outpatient treatment centre Treatment characteristics: Two 60-minute sessions per week for 12 weeks Treatment consists of: 12 standard individual treatment sessions plus 12 BCT sessions, or 12 PSBCT sessions (included 6 BCT and parental-skills training), or 12 individual coping-skills sessions Assessment points: Post-treatment (3 months) 6- and 12-month follow-up
OFARRELL1992	Couples therapy versus other	Alcohol use disorder documented	Continuous:	Setting:

(USA)	BCT versus other couples therapy 1. Interactional couples therapy (ICT) n = 12 2. Behavioural marital therapy (BCT) n = 10 3. Counselling (COUNS) n = 12	by a score of seven or greater on the MAST Years of problem drinking: 15.79 Previous alcohol hospitalisations: 2.09 Treatment goal: abstinence	Percent days abstinent (in last 4 months) Dichotomous: Attrition (if available): number of participants who have dropped out for any reason	Outpatient VA treatment centre Treatment characteristics: 10 weekly 2-hour sessions Counselling was individual Assessment points: Post-treatment 2-, 6-, 12-, 18- and 24-month follow-up
SOBELL2000 (Canada)	1. Directed social support (DS) n = 28 2. Natural social support (NS) n = 28	Primary alcohol problem ADS score: 12.6 1 year pre-treatment: Days abstinent – approximately 0.22 Days drinking one to four drinks – approximately 0.35 Days drinking five to nine drink – 0.32 Days drinking ten or more drinks – 0.12 Mean number of DDD – approximately 6 Treatment goal: clients with medical contraindications of drinking = abstinence; others could choose a moderation (with guidelines – see paper)	Continuous: Proportion of days abstinent Proportion of days with one to four drinks (light drinking) Proportion of days with five to nine drinks (moderate drinking) Proportion of days with ten or more drinks (heavy drinking) DDD Dichotomous: Attrition (if available): number of participants who have dropped out for any reason	Setting: Outpatient clinical research unit Treatment characteristics: In both groups participant received four 60-minute sessions of guided self-change program Spouse received two 90-minute sessions which differed by treatment condition Assessment points: 12-month follow-up
VEDEL2008 (Netherlands)	Couples therapy versus other 1. BCT: n = 30 2. CBT: n = 34	DSM-IV alcohol abuse or dependence 62% diagnosed as alcohol dependent 50%, when drinking, drank seven or more units	Continuous Units per week Severe lapse (more than six units per occasion) Dichotomous Attrition (if available): number of participants who have dropped out	Setting Outpatient treatment centre Treatment characteristics: Both treatments ten sessions over a 5 to 6 month period CBT: 45 to 60 minutes per session BCT: 90 minutes per session

		57% drank daily or nearly daily Treatment goal: abstinence or controlled drinking (with guidelines)	for any reason	Assessment points: Post-treatment 6-month follow-up
WALITZER2004 (USA)	Couples therapy versus other BCT versus other couples therapy 1. BCT and AFSI (BCT): n = 21 2. AFSI: n = 21 3. BSM: n = 22	Abstinent days per month: 11.0 Frequency of more than six drinks per drinking period, per month: 5.1 85% had low level alcohol dependence and 15% had moderate levels Treatment goal: drinking reduction	Continuous Abstinent/light (0 to 3) drinking days per month Heavy (more than six) drinking days per month Dichotomous Attrition (if available): number of participants who have dropped out for any reason	Setting Outpatient clinical research unit Treatment characteristics: Group treatment, ten weekly 2-hour sessions Assessment points: Post-treatment 3-, 6-, 9- and 12-month follow-up
ZWEBEN1988 (Canada)	Intensive versus brief couples therapy 1. Conjoint therapy (CT-8): n = 70 2. Advice counselling (couples counselling) (CCoun1): n = 46	ADS scale: 8.4 In the past year: 44% heavy drinking, 36.5% abstinent MAST score: approximately 20 Treatment goal: abstinence or moderate drinking	Continuous PDA Percentage days moderate drinking Percentage days heavy drinking Moderate drinking = one to four standard drinks per day Heavy drinking = five or more standard drinks per day Standard drink = 0.6 fluid ounces of ethanol (1.5 fluid ounces of whiskey, 12 fluid ounces of beer, 3.5 fluid ounces of fortified wine, 5 fluid ounces of wine) Dichotomous: Attrition (if available): number of participants who have dropped out for any reason	Setting: Outpatient treatment centre Treatment characteristics: CT-8: eight outpatient sessions CCoun1: one session, 1.5 hours Assessment points: 1-, 2-, 6-, 12- and 18-month follow-up

Studies not included in meta-analyses but described in evidence summary

Study characteristics and reason for exclusion	Treatment characteristics
MCCRADY2009	Baseline characteristics: DSM-IV alcohol dependent/abuse
Couple therapy versus other intervention	Percentage days heavy drinking: approximately 57%
1. BCT	PDA: approximately 33%
2. Individually-based coping skills	Setting: outpatient clinical research unit
Reason for exclusion from meta-analyses Research assistants collecting data not blinded to treatment allocation	Treatment goal: abstinence
Research assistants concerning data not officed to treatment anocation	Assessment point: telephone (3, 9 and 15 month follow-up); in-person interview (6-, 12- and 18-month follow-up)

Contingency management

Contingency management versus control; contingency management versus treatment as usual; contingency management versus other intervention

Treatment types: CM: CM plus standard treatment or network support

Other: network support

Control: standard treatment, case management

Study	Treatment conditions (forest plot labelling) and number of participants	Baseline characteristics and treatment goal	Outcomes	Setting and treatment characteristics:
ALESSI2007 (USA)	Contingency management versus TAU 1. CM plus standard treatment and monitoring (CM): n = 46 2. Standard treatment plus monitoring (TAU): n = 57	Current DSM-IV alcohol dependence/abuse Past year DSM alcohol dependent/abuse (with or without other substance abuse): 62.2% participants Past year DSM alcohol abuse or dependence only: 7.85% participants Treatment goal: abstinence	Continuous: Proportion of days abstinent DDD (previous 90 days) Dichotomous: Attrition (if available): number of participants who have dropped out for any reason	Setting: Outpatient treatment program Treatment characteristics: Standard treatment: 12 weeks of intensive outpatient treatment CM: rewards for attendance and negative urine samples Assessment points: Post-treatment
LITT2007 (USA)	Contingency management versus control Contingency management versus	DSM-IV alcohol dependent/abuse Drinking days in past 3 months: 72%	Continuous: Proportion days abstinent DDD (previous 90 days)	Setting: Outpatient treatment centre Treatment characteristics:

Study	Treatment conditions (forest plot labelling) and number of participants	Baseline characteristics and treatment goal	Outcomes	Setting and treatment characteristics:
	other 1. CM and network support (CM+NS): n = 70 2. Network support only (NS): n = 71 3. Case management (CONT): n = 69	Prior treatments for alcohol dependence: 1.3	Dichotomous: Attrition (if available): number of participants who have dropped out for any reason	12 weekly 60 minute sessions CM: rewards for a negative urine sample Assessment points: Post-treatment (3 months) 6-, 9-, 12-, 15-, 18-, 21-, 24- and 27-month follow-up
PETRY2000 (USA)	Contingency management versus TAU 1. CM and standard treatment (CM): n = 19 2. Standard treatment alone (TAU): n = 23	DSM-IV alcohol dependant Years of alcohol dependence: 23.5 years Treatment goal: abstinence	Dichotomous: Relapsed to heavy drinking Lapsed (non-abstinent) Attrition (if available): number of participants who have dropped out for any reason	Setting Outpatient VA treatment centre Treatment characteristics: Standard care: 4 week intensive outpatient day program followed by aftercare CM: rewards for negative samples (warned during treatment and aftercare) Total = 8 weeks Assessment points: Post-treatment

Counselling

Counselling versus other intervention; counselling versus control (no active treatment)

Treatment types: Counselling: individual or group counselling, non-directive reflective listening

Other: social skills training, multi-modal treatment, coping skills, interactional couples' therapy, behavioural marital therapy, motivational enhancement therapy

Control: feedback only

Treatment conditions (forest plot

Study	Treatment conditions (forest plot labelling) and number of participants	Baseline characteristics and treatment goal	Outcomes	Setting and treatment characteristics:
ERIKSEN1986 (Norway)	Counselling versus other 1. Counselling (group) (COUNS): n = 12 2. Social skills training group (CopSk): n = 12	A serious alcohol problem but no drug addiction. Previous alcoholism inpatient status: 66.7% No. of alcoholism inpatient treatments: 1.85 Years of self-acknowledged problem drinking: 11.95 Treatment goal: sober days; reduced quantity of alcohol consumed	Continuous: Alcohol consumption (centilitres of pure alcohol) Sober days Over the previous 2 weeks Dichotomous: Attrition (if available): number of participants who have dropped out for any reason	Setting: Outpatient treatment program Treatment characteristics: 8 weekly 90 minute small group sessions Assessment points: 12-month follow-up
JOHN2003 (Germany)	Counselling versus other 1. Individual counselling (COUNS): n = 161 2. Multi-modal treatment (MM): n = 161	ICD-10 alcohol dependent Treatment goal: abstinence	Dichotomous: Number abstinent (converted to lapse) Number drank alcohol (lapse) Attrition (if available): number of participants who have dropped out for any reason	Setting: Inpatient psychiatric hospital Treatment characteristics: Individual: three 40-minute sessions Group: nine 90-minute sessions within a 14-day standardised treatment programme followed by four outpatient group sessions Assessment points: 1 to 6 months and 7 to 12 months
LITT2003 (USA)	Counselling versus other 1.CBT with an interactional focus (group counselling) (COUNS): n =	DSM-IV Met alcohol dependent/ abuse Drinking days 6 months prior to intake: 72%	Continuous: Proportion days abstinent Time to first drink (days)	Setting: Outpatient clinical research unit Treatment characteristics: 26 weekly 90-minute sessions

Study	Treatment conditions (forest plot labelling) and number of participants	Baseline characteristics and treatment goal	Outcomes	Setting and treatment characteristics:
	2.CBT with a coping skills focus (CopSk): n = 69	Prior alcohol treatments: 1.5 Proportion days abstinent: 0.38 Proportion heavy drinking days: 0.48	Time to first heavy drink (days) Proportion days heavy drinking (6 for males or 4 for females standard drinks – 0.5 fluid ounces of absolute alcohol – consumed in a 24-hour period Proportion abstinent In last 90 days Dichotomous Attrition (if available): number of participants who have dropped out for any reason	Assessment points: 3-, 6-, 9-, 12-, 15- and 18-month follow-up
OFARRELL1992 (USA)	Counselling versus other 1.Individual counselling (COUNS): n = 12 2.Interactional couples therapy group (ICT): n = 12 3.Behavioural marital therapy (BCT): n = 10	Alcohol use disorder documented by a score of seven or greater on the MAST Years of problem drinking: 15.79 Previous alcohol hospitalisations: 2.09	Continuous: Percent days abstinent (in last 4 months) Dichotomous: Attrition (if available): number of participants who have dropped out for any reason	Setting: Outpatient VA treatment centre Treatment characteristics: 10 weekly 2-hour sessions Counselling was individual Assessment points: Post-treatment 2-, 6-, 12-, 18- and 24-month follow-up
SELLMAN2001 (New Zealand)	Counselling versus other Counselling versus control 1. Non-directive reflective listening (counselling) (NDRL): n = 40 2. Motivational enhancement therapy (MET): n = 42 3. No further treatment (feedback	All alcohol dependent (based on DSM-IV) Unequivocal heavy drinking 6+ times in the 6 months prior to treatment: 90.2%	Continuous: Exceeded national guidelines at least once Exceeded national guidelines six or more times Drank more than ten standard drinks at least once Drank more than ten standard drinks six or more times	Setting: Outpatient treatment centre Treatment characteristics: Four sessions in 6-week period Assessment points: 6-month and 5-year follow-up

Study	Treatment conditions (forest plot labelling) and number of participants	Baseline characteristics and treatment goal	Outcomes	Setting and treatment characteristics:
	only) (CONT): n = 40		Dichotomous: Number of participants lapsed Number of participants relapsed Attrition (if available): number of participants who have dropped out for any reason	

Short-term psychodynamic therapy

Short-term psychodynamic therapy versus other intervention Treatment types: Psychodynamic: time-limited group psychotherapy

Other: relapse prevention

Study	Treatment conditions (forest plot labelling) and number of participants	Baseline characteristics and treatment goal	Outcomes	Setting and treatment characteristics
SANDAHL1998 (Sweden)	1. Time-limited group psychotherapy (PSYDY): n = 25 2. Relapse prevention (RP): n = 24	DSM-III-R alcohol dependent and antisocial personality disorder Decentiles on Swedish alcohol use inventory (AVI): 4.3 Duration of misuse: 11 years Age of onset of uncontrolled drinking: 36 years Reported morning drinking: 75.5% Treatment goal: drinking reduction	Continuous: Number of abstinent days Grammes of absolute alcohol per drinking day Days >80 g absolute alcohol Dichotomous: Attrition (if available): number of participants who have dropped out for any reason	Setting: Outpatient alcohol treatment clinic Treatment characteristics: 15 weekly 90-minute group sessions Assessment points: 15-month follow-up

Multi-modal treatment

Multi-modal versus other intervention

Treatment types: Multi-modal: standard multi-modal outpatient treatment Other: psychoeducational intervention, individual counselling

Study	Treatment conditions (forest plot labelling) and number of participants	Baseline characteristics and treatment goal	Outcomes	Setting and treatment characteristics:
DAVIS2002 (USA)	Multi-modal versus other 1. Standard multi-modal outpatient treatment (MM): n = 53 2. Psychoeducational (PSYCHEDU): n = 52	DSM-III alcohol dependent/abuse Days drinking over approximately 110 days/6 months Treatment goal: drinking reduction	Continuous: Days drinking Amount (fluid ounces per day) Length of sobriety (months) Over last 6 months Dichotomous: Number of participants nonabstinent Attrition (if available): number of participants who have dropped out for any reason	Setting: Outpatient treatment clinic Treatment characteristics: Standard multi-dimensional outpatient treatment: 3-week orientation (six group therapy sessions, three alcohol education sessions, three leisure education sessions, three community meetings, a minimum of six AA meetings). Treatment period lasted 6 months Psychoeducational: 13 films each shown twice over a 26-week period (once a week in a group setting with no discussion) Assessment points: Post-treatment (at 6 months)
JOHN2003 (Germany)	Multi-modal versus other 1. Multi-modal treatment (MM): n = 161 2. Individual counselling (COUN): n = 161	ICD-10 alcohol dependent Treatment goal: abstinence	Dichotomous: Number abstinent (converted to lapse) Number drank alcohol (lapse) Attrition (if available): number of participants who have dropped out for any reason	Setting: Inpatient psychiatric hospital Treatment characteristics: Individual: three 40-minute sessions Group: nine 90-minutes sessions within a 14-day standardised treatment programme followed by four outpatient groupsessions Assessment points: 1 to 6 months and 7 to 12 months

Self-help based treatment

Different formats of self-help

Treatment types: guided self-change, self-help manual (non-guided)

Study	Treatment conditions (forest plot labelling) and number of participants	Baseline characteristics and treatment goal	Outcomes	Setting and treatment characteristics:
ANDREASSON2002 (Sweden)	Different formats of self-help 1. Guided self-change (GSC): n = 46 2. Advice only and self-help manual (SHM): n = 47	SADD questionnaire score: 12.1 indicates a medium level of dependence	Continuous: Number of standard drinks per week DDD In the last 90 days One standard drink = 12 g alcohol Dichotomous: Attrition (if available): number of participants who have dropped out for any reason	Setting: Outpatient treatment clinic Treatment characteristics: GSC: one assessment session, four treatment sessions, two follow-up telephone calls; brief CBT/MET SHM: one assessment session, one session feedback/advice, 24-page self-help manual Assessment points: 9- and 23-month follow-up

Psychoeducational intervention

Psychoeducational versus other intervention

Treatment types: Psychoeducational: psychoeducational with alcohol-focused coping skills and life skills, psychoeducational attention control treatment, bibliotherapy/drinking guidelines

Other: general coping skills, standard multi-modal outpatient treatment, behavioural couples therapy, brief relationship therapy, TSF with group counselling

Study	Treatment conditions (forest plot labelling) and number of participants	Baseline characteristics and treatment goal	Outcomes	Setting and treatment characteristics
CONNORS2001 (USA)	Psychoeducational versus other 1. Alcohol-focused coping skills alone – normal intensity and psychoeducational (PSYnorLS): n = 31 2. Alcohol-focused coping skills alone – more intensive and psychoeducational (PSYintLS): n = 41	DSM-III-R lifetime diagnoses Dependence - mild: 18.1 Dependence - moderate: 66% Dependence - severe: 8.3 Average monthly abstinence days: 10.1	Continuous: Abstinent/light (one to three standard drinks) drinking days Dichotomous: Attrition (if available): number of participants who have dropped out for any reason	Setting: Outpatient clinical research unit Treatment characteristics: All received: coping skills over 10 weekly 2-hour outpatient group (three to six people) sessions and drinking-reduction training (13 hours) Divided (according to group): Life skills (general coping skills) (7 hours)

Study	Treatment conditions (forest plot labelling) and number of participants	Baseline characteristics and treatment goal	Outcomes	Setting and treatment characteristics
	3. Alcohol-focused coping skills and life skills (general coping skills) – normal intensity: n = 39 4. Alcohol-focused coping skills and life skills (general coping skills) – more intensive: n = 33	Light days: 6.1 Moderate days: 8 Heavy days: 5.7 Treatment goal: drinking reduction		Psychoeducational (7 hours) Booster sessions (more intensive): eight additional 90-minute sessions at weeks 2, 4, 7, 10, 13, 16, 20 and 24 post-treatment Assessment points: 6-, 12- and 18-month follow-up
DAVIS2002 (USA)	Psychoeducational versus other 1. Psychoeducational (PSYCHEDU): n = 52 2. Standard multi-modal outpatient treatment (MM): n = 53	DSM-III alcohol dependent/abuse Days drinking: approximately 110 days/6 months Treatment goal: drinking reduction	Continuous: Days drinking Amount (fluid ounces per day) Length of sobriety (months) Over last 6 months Dichotomous: Number participants non- abstinent Attrition (if available): number of participants who have dropped out for any reason	Setting: Outpatient treatment clinic Treatment characteristics: Standard multi-dimensional outpatient treatment: 3-week orientation (six group therapy sessions, three alcohol education sessions, three leisure education sessions, three community meetings, a minimum of six AA meetings). Treatment period lasted 6 months Psychoeducational: 13 films each shown twice over a 26-week period (once a week in a group setting with no discussion) Assessment points: Post-treatment (at 6 months)
FALSSTEWART2005 (USA)	Psychoeducational versus other 1. PSYEDU: n = 25 2. Behavioural couples therapy (plus group counselling) (BCT): n = 25 3. Brief relationship therapy (plus group counselling) (BRT): n = 25 4. Individual-based treatment (12-step facilitation and group counselling) (TSF): n = 25	DSM-IV alcohol dependent Percentage days heavy drinking from 56 to 59% across treatment groups	Continuous: Percentage days heavy drinking (at least standard drinks) Dichotomous Attrition (if available): number of participants who have dropped out for any reason	Setting: Outpatient treatment clinic Treatment characteristics: PACT, BRT, IBT conditions: 18 sessions, 12 weeks, which included weekly 12-step-oriented group sessions and condition-specific treatment every other week BCT: 24 sessions (two sessions per week) for 12 weeks; included one group therapy session and one BCT session All treatments: therapy groups = 90 minutes, condition-specific treatment = 60 minutes Assessment points: Post-treatment 3-, 6-, 9- and 12-month follow-up

Study	Treatment conditions (forest plot labelling) and number of participants	Baseline characteristics and treatment goal	Outcomes	Setting and treatment characteristics
FALSSTEWART2006 (USA)	Psychoeducational versus other 1. Psychoedcuational attention control treatment (PACT): n = 46 2. Behavioural couples therapy and individual-based treatment (BCT): n = 46 3. Individual based treatment only (12-step facilitation) (TSF): n = 46	DSM-IV alcohol dependent/abuse Percentage days abstinent from 40 to 44% across treatment groups Treatment goal: abstinence	Continuous: Percentage days abstinent (in last 90 days) Dichotomous: Attrition (if available): number of participants who have dropped out for any reason	Setting: Outpatient treatment centre Treatment characteristics: BCT: 32 sessions, 12 of which were attended with the participant's partner. The remaining 20 sessions were individual 12-step facilitation IBT: 32 individual 12-step facilitation sessions PACT: 20 sessions of individual treatment and 12 lectures on substance abuse which were attended with a partner All sessions were 60 minutes Assessment points: Post-treatment 3-, 6-, 9- and 12-month follow-up
SOBELL2002 (USA)	Psychoeducational versus other 1. Bibliotherapy/Drinking Guidelines (PSYEDU): n = 411 2. Motivational enhancement/personalised feedback (MET): n = 414	All alcohol abusers (drinking approximately 12 drinks per week and drinking five or more drinks on at least 5 days in the past year)	Continuous: Days drinking per week DDD Drinks per week Days drinking at least five drinks Dichotomous: Attrition (if available): number of participants who have dropped out for any reason	Setting: Community mail level intervention Treatment characteristics: Bibliotherapy: participants received alcohol information available to the general public MET: participants received personalised advice feedback based on responses to an alcohol questionnaire Assessment points: 1-year follow-up

Psychological intervention studies excluded from this guideline

Study ID	Reason for exclusion	
AALTO2001A (males)	Opportunistic not planned intervention	
AALTO2001A (females)	Opportunistic not planned intervention	
AALTO2002	No relevant alcohol outcomes	
ACADEMIC2007	Opportunistic not planned intervention; hazardous not harmful drinking	
(ED SBIRT research group)	population; quasi-experimental study design	
ADAMSON2005	Therapy preference and treatment; no usable outcome data	
ALDEN1988	No usable data	
ALLSOP1997	Did not meet randomisation criteria	
ALMANZA2006	No relevant alcohol outcomes	
APODACA2007	Opportunistic not planned intervention	
ARAKI2000	Not severe enough drinking (hazardous)	
BABOR2006	Quasi-experimental Quasi-experimental	
BACK2007	No primary alcohol outcomes	
BAER2001	Preventative study; not drinking enough	
BAER2007	Focus on substance and not alcohol misuse/dependence	
BAIRD2007	Opportunistic not planned intervention	
BALL2007A	Not severe enough drinking (hazardous)	
BALL2007B	Outcomes were related to which site treatment was given; no relevant alcohol	
	outcomes	
BANERJEE2007	Not high enough of sample abusing alcohol; mixed in with drug measures	
BARROWCLOUGH2009	Not high enough percentage of population meets criteria for alcohol-use disorder	
BECKHAM2002	Not severe enough drinking (hazardous)	
BEICH2007	Opportunistic not planned intervention; hazardous drinking population	
BERNSTEIN2008	Opportunistic not planned intervention	
BERSAMIN2007	Not severe enough drinking (hazardous)	
BERTHOLET2009	Not severe enough drinking (hazardous)	
BEWICK2008	Not severe enough drinking (hazardous)	
BLOW2006	Opportunistic not planned intervention	
BLOW2009	Opportunistic not planned intervention	
BOBO1998	Not a blinded study	
BOMBARDIER1999	Opportunistic not planned intervention; Non RCT (Case series)	
BORSARI2000	Not severe enough drinking (hazardous); not good randomisation procedure	
DOLLIED CARRO	(flipping coin)	
BOWERS1990	Too small sample size, n = <10 in each treatment group	
BRESLIN2002	No primary alcohol outcome; only overall drug use measure	
BROWN1993	Not severe enough drinking (hazardous)	
BROWN1997	Small sample size; not randomised (cohort study)	
BROWN2007	Opportunistic not planned intervention	
BURLING1994	Not randomised study design	
BURTON2007	No alcohol measures; cannot separate drug from alcohol use in outcomes	
BUTLER2009	Not severe enough drinking (hazardous)	
CADOGAN1973	Not randomised study design	
CAREY2006	Not severe enough drinking (hazardous)	
CARROLL2001	Motivational interviewing techniques not intervention; not relevant to	
CARROLL2006	psychological interventions but more to 'screening' No baseline severity; unable to separate alcohol measures from drug measures; not	
CARROLL2000	high enough percentage of sample meeting alcohol abuse/dependence criteria	
CARROLL2008	Not severe enough drinking (hazardous)	

CASE2007	Not RCT; focus on drugs not alcohol
CASTELLANOS2006	No relevant alcohol outcomes; matching study
CAUDILL2007	No usable outcome data
CHERPITEL2009	Opportunistic not planned intervention
CHIAUZZI2005	Not severe enough drinking (hazardous)
CHOSSIS2007	Not severe enough drinking (hazardous)
CIMINI2009	Not severe enough drinking (hazardous)
COATSWORTH2001	No relevant alcohol outcomes
CONNELL2007	No relevant outcomes; no usable data
CONROD2006	Not severe enough drinking (hazardous)
CORBY2000	Too small sample size, n = 8
CORDOBA1998	Opportunistic not planned intervention
COULTON2009	Opportunistic not planned intervention
CUNNINGHAM2002	Not severe enough drinking (hazardous)
CUNNINGHAM2005	Not severe enough drinking (hazardous); not randomised
CUNNINGHAM2006	Not severe enough drinking (hazardous)
CURRY2003	Not severe enough drinking (hazardous)
DAEPPEN2007A	Opportunistic not planned intervention
DAEPPEN2007B	Opportunistic not planned intervention
DAMICO2008	Marijuana primary substance, not alcohol
DAWE2002	Randomisation method unclear
DENT2002	Opportunistic not planned intervention
DENT2008	Opportunistic not planned intervention
DESY2008	More focus on training than trial; hazardous drinking population not harmful
DONOFRIO2005	Opportunistic not planned intervention
DONOFRIO2008	Not severe enough drinking; opportunistic rather than planned intervention
DONOHUE2004	Not severe enough drinking (hazardous)
DRUMMOND1994	Study not truly randomised (sequential assignment):
DRUMMOND2009	Opportunistic not planned intervention
DUFFY2006	Too small sample size; irrelevant alcohol outcomes
EBERHARD2009	Not severe enough drinking (hazardous)
EPSTEIN2005	Focus on pre-treatment change
EPSTEIN2007	Cohort study, 50% alcohol dependence, predominantly focused on drugs
FALSSTEWART1996	Not enough of the sample met criteria for alcohol dependence/misuse (40%)
FALSSTEWART2000	Primary focus of paper was drug not alcohol use
FALSSTEWART2002	No relevant alcohol outcomes; data not usable
FALLSTEWART2003	No relevant alcohol outcomes; matching study
FALSSTEWART2009	No usable data, split by sexual orientation
FINGFELDCONNETT2008	Not severe enough drinking (hazardous)
FIORENTINE2000	Primary focus of paper was drug not alcohol use
FLEMING2009a	No relevant alcohol outcomes
FORSBERG2000	Opportunistic not planned intervention
FREYERADAM2001	Not severe enough drinking (hazardous)
GAUME2009	Not severe enough drinking (hazardous)
GEISNER2007	Not severe enough drinking (hazardous)
GENTILELLO1999	Opportunistic not planned intervention
GESHI2007	Not severe enough drinking (hazardous)
GILLASPY2002	No relevant alcohol outcomes
GOODALL2008	Opportunistic not planned intervention
GORDON2003	Not severe enough drinking (hazardous)
L	

GREENFIELD2007	Too small sample size
HALLETT2009	Not randomised
HARWOOD2006	No relevant alcohol outcomes
HASSAN2009	Not enough of the sample met criteria for alcohol dependence/misuse
HEATHER1987	Opportunistic not planned intervention
HENGGELER1999	Drugs not alcohol primary focus
HERNANDEZ2006	Irrelevant outcome measures for the guideline
HOGUE2006	Drugs not alcohol primary focus
HOLLOWAY2007	Opportunistic not planned intervention
HOULT1984	No relevant alcohol outcomes
HULSE2002	No usable outcome data (reports interquartile ranges)
HULSE2002	No relevant alcohol outcomes
HUMPHREYS1999	
	No usable outcome data; not randomised
HUMPHREYS2007	Quasi-randomised; does not meet randomisation criteria; matching study
HUNT1973	Matching study based on participant characteristics; small sample size; no usable outcome data
ISRAEL1996	No information about how many patients are in each treatment arm
JOHNSSON2006	No usable outcome data
KAHLER2004	No usable outcome data No usable outcome data
KAHLER2004 KAHLER2008	Not severe enough drinking (hazardous)
KALLMEN2003	No usable outcome data
KAMINER1999	Too small sample size, n = 12
	-
KARLSSON2005	No usable outcomes or data
KAYSEN2009	Not severe enough drinking (hazardous)
KELLEY2002	Does not distinguish between alcohol and drugs in outcome data
KELLY2000	Not severe enough drinking (hazardous)
KELLY2006	No usable data
KENDZOR2004	No usable outcome data (reports interquartile ranges)
KING2009	Primary focus of paper was drug not alcohol use
KNIGHT2005	Not randomised
KUCHIPUDI1990	Opportunistic not planned intervention; hazardous drinkers
KUENZLER2003	No relevant outcomes
KYPRI2003	Not randomised
KYPRI2007	Not severe enough drinking (hazardous)
KYPRI2008	Unusable data; not severe enough drinking population
KYPRI2009	Not severe enough drinking (hazardous)
LABRIE2008A	Not severe enough drinking (hazardous)
LABRIE2008B	Not severe enough drinking (hazardous)
LAM2008	No usable outcome data; not relevant population
LANE2008	Opportunistic not planned intervention
LARIMER2001	Not severe enough drinking (hazardous)
LARIMER2007	Not severe enough drinking (hazardous)
LATIMER2003	Not severe enough drinking (hazardous)
LAUBARRACO2008	Not severe enough drinking (hazardous)
LEDGERWOOD2006	Drugs not alcohol primary focus; Not enough of sample (only 50%) met criteria for
	alcohol misuse/dependence.
LEDGERWOOD2008	Not randomised
LEWIS2007	Not severe enough drinking (hazardous)
LI2007	No relevant alcohol outcomes
LIDDLE2008	Drugs not alcohol primary focus
LINCOUR2002	Not randomised
LOCK2006	Opportunistic not planned intervention
LOEBER2006	Did not meet randomisation criteria; sequential assignment.
L	

LUKAS2005	Not severe enough drinking (hazardous)
MAIO2005	Opportunistic not planned intervention
MAISTO1995	No usable alcohol outcomes
MAISTO2003	Not severe enough drinking (hazardous)
MANWELL2000	Not severe enough drinking (hazardous)
MARCUS2009	Not randomised
MARQUES2001	Did not meet randomisation criteria
MARTENS2007	Not severe enough drinking (hazardous); non-RCT
MATANO2007	Not severe enough drinking (hazardous)
MCCRADY1986	No usable data
MCMANUS2003	No usable data
MCNALLY2005	Not severe enough drinking (hazardous)
MCQUEEN2006	Opportunistic not planned intervention
MCRADY1991	No usable data
MELLO2005	Opportunistic not planned intervention
MELLO2008	Opportunistic not planned intervention
MENGIS2002	Drugs not alcohol primary focus
MEZZANI2007	Not severe enough drinking (hazardous)
MICHAEL2006	Exploratory analysis; not harmful drinkers (hazardous)
MILLER1978	Not severe enough drinking (hazardous)
MILLER1980	Not severe enough drinking (hazardous)
MILLER1999A	No relevant alcohol outcomes
MILLER2003	No alcohol outcomes
MONTI1999	Opportunistic not planned intervention
MONTI2007	Opportunistic not planned intervention
MOORE2005	Not severe enough drinking (hazardous)
MOOS1999	Naturalistic study
MORGERNSTERN2003	Not relevant outcomes
MORGENSTERN2009	Cluster-randomised trial; school-based alcohol education - not relevant; no
	relevant alcohol outcomes
MURGRAFF2007	Not severe enough drinking (hazardous)
MURPHY1986	Not severe enough drinking (hazardous)
MURPHY2001	Hazardous not harmful drinkers
MURPHY2004	Hazardous not harmful drinkers; no usable outcome data
MURPHY2005	Not an RCT; using behavioural theories of choice to predict drinking
MURRAY2007	Hazardous not harmful drinking population
NAGEL2009	Not high enough percentage of population meets alcohol-use disorder
NEIGHBORS2004	Hazardous not harmful drinkers; no relevant outcomes
NEUMANN2006	Opportunistic not planned intervention
NIELSEN2007	Quasi-randomised (due to attrition and small groups); does not meet
TVIELSEIV2007	randomisation criteria.
NILSEN2009	Opportunistic not planned intervention
NILSSEN2004	Not relevant - no useful alcohol outcomes
OAKEY2007	Opportunistic not planned intervention; not severe enough drinking (hazardous)
OCKENE1999	Not severe enough drinking (hazardous); Opportunistic not planned intervention
OFARRELL1985	Irrelevant outcome measures
OFARRELL2007	Outcome variable does not dissociate between drugs and alcohol
OFARRELL2008	
	Quasi-experimental study design
OGBORNE1979	Not randomised study; no usable outcome data
OJEHAGEN1992	No usable data
OSILLA2008	Not severe enough drinking (hazardous)
OUIMETTE1997	Did not meet randomisation criteria

PAL2007	Inappropriate randomisation method
PARKER1978A	No relevant outcomes
PARKER1978B	No relevant outcomes
PARSONS2001	Not severe enough drinking (hazardous)
PETERSON2006	No relevant outcomes, no usable data
PETRY2006	Not enough of sample meets alcohol-use disorder criteria (63%)
PRADO2007	Not severe enough drinking (hazardous)
PRATT2005	Not able to separate which groups of drinkers are in which treatment group therefore outcome data is not usable
PRENDERGAST2008	Drug not alcohol outcomes
RAPP2001	Not enough of sample population meets alcohol misuse; mostly other drugs
RASH2008	Secondary analysis
RASSOOL2008	No relevant outcome measures; quasi-experimental study design
REIFHEKKING2005	Not severe enough drinking (hazardous)
REINHARDT2008	Opportunistic not planned intervention
RESNICK2007	Outcome measures not relevant to guidelines
REYNOLDS2005A	Not high enough percentage of population meets alcohol-use disorder
RICHMOND1995	Opportunistic not planned intervention
RICHMOND2000	Not severe enough drinking (hazardous)
RIPER2008	Not severe enough drinking (hazardous)
RIPER2009	Not fully-randomised study design
ROLL2005	Not an RCT
ROUDSARI2009	Opportunistic not planned intervention
ROWE2007	Not high enough of sample population meeting alcohol-use disorder (primarily other psychiatric diagnoses or substance misuse)
RUSH2008	No relevant interventions
SAITZ2006	Opportunistic not planned intervention
SAITZ2007A	Not severe enough drinking (hazardous)
SANCHEZCRAIG1996	Not severe enough drinking (hazardous)
SAPIRWEISE1999	No relevant outcome measures
SCHAUS2009	Not severe enough drinking (hazardous)
SCHERMER2006	Opportunistic not planned intervention
SCHILLING2002	Not randomised
SJOBERG1985	Too small of a sample size when randomised into conditions; no usable outcome data
SMITH2006	No relevant alcohol outcomes; not severe enough drinkers
SOBELL2000	Opportunistic not planned intervention
SODERSTROM2007	Opportunistic not planned intervention
SOMMERS2006	Opportunistic not planned intervention
SPIRITO2004	Opportunistic not planned intervention
SPOTH2002	No relevant alcohol outcomes
STAHLBRANDT2007	Not severe enough drinking (hazardous)
STAIGER1999	No relevant outcomes, no usable data
STEIN2002B	Not severe enough drinking (hazardous)
SUSSMAN2003	No relevant alcohol outcomes
SZAPOCZNIK1983	No relevant outcomes
SZAPOCZNIK1986	No relevant outcomes
TAIT2004	Opportunistic not planned intervention
TAIT2005	Opportunistic not planned intervention
TEICHNER2002	Not enough of sample meets alcohol-use disorder (45 to 47%)

TEVYAW2007	Not severe enough drinking (hazardous)
TIMKO1999	Not randomised; self-selected into groups
TIMKO2006	Not high enough proportion of sample meeting alcohol-use disorder (45.9%) rest of sample using drugs.
TONEATTO2005	After attrition, n = 7 in each group; too small of a sample size
TRACY2007	Opportunistic not planned intervention
VAN2006	Methodologically flawed (attrition bias; issues administering treatment)
WALTERS2000	Not severe enough drinking (hazardous)
WALTERS2007	Not severe enough drinking (hazardous)
WALTERS2009	Not severe enough drinking (hazardous)
WALTON2008	Opportunistic not planned intervention
WASHINGTON2001	No differentiation between types of substance misuse
WATSON1999	Quasi-experimental study design
WATT2006	Not severe enough drinking (hazardous)
WATT2008	Opportunistic not planned intervention
WEINSTOCK2007	Only 52% have alcohol-use disorder
WEISNER2001	Not high enough percentage of population meets alcohol abuse/dependence; not relevant outcomes
WERCH2000	Hazardous not harmful drinkers
WHITE2005	Not severe enough drinking (hazardous)
WHITE2007A	Not severe enough drinking (hazardous)
WHITE2008A	Not severe enough drinking (hazardous)
WINTERS2002	Does not distinguish between alcohol and drugs in outcome data
WINTERS2007	Drugs not alcohol measures
WOOD2007	Not randomised, not drinking enough, study excluded those drinking >40 drinks per week
WUTZKE2002	Not severe enough drinking (hazardous)
ZEMORE2007	Not randomised
ZLOTNICK2009	Drugs not alcohol primary focus

References for excluded studies

AALTO2001A

Aalto, M., Seppa, K., Mattila, P., et al. (2001) Brief intervention for male heavy drinkers in routine general practice: a three-year randomized controlled study. *Alcoholism*, 36 (3), 224-230.

AALTO2001A

Aalto, M.; Saksanen, R.; Laine, P., et al. (2001) Brief intervention for female heavy drinkers in routine general practice: a 3-year randomized, controlled study. Alcoholism: Clinical & Experimental Research, 24 (11), 1680-1686.

AALTO2002

Aalto, M.; Pekuri, P.; Seppa, K. (2002) Primary health care professionals' activity in intervening in patients' alcohol drinking: a patient perspective. *Drug & Alcohol Dependence*, 66 (1), 39-43.

ACADEMIC2007

Academic, E. D. S. B. (2007) The impact of screening, brief intervention, and referral for treatment on emergency department patients' alcohol use. *Annals of Emergency Medicine*, 50 (6), 699-710.

ADAMSON2005

Adamson, S. J.; Sellman, D. J.; Dore, G. M. (2005) Therapy preference and treatment outcome in clients with mild to moderate alcohol dependence. *Drug & Alcohol Review*, 24(3), 209-216.

ALDEN1988

Alden (1988) Behavioral self-management controlled-drinking strategies in a context of secondary prevention. *Journal of Consulting and Clinical Psychology*, 56(2), 280-286.

ALLSOP1997

Allsop, S., Saunders, B., Phillips, M., et al. (1997) A trial of relapse prevention with severely dependent male problem drinkers. *Addiction*, 92(1), 61-74.

ALMANZA2006

Cruz-Almanza, M., Gaona-Marquez, L. & Sanchez-Sosa, J. J. (2006) Empowering women abused by their problem drinker spouses: effects of a cognitive behavioural intervention. *Salud Mental*, 29(5), 25-31.

APODACA2007

Apodaca, T. R., Miller, W. R., Schermer, C. R., *et al.* (2007) A pilot study of bibliotherapy to reduce alcohol problems among patients in a hospital trauma center. *Journal of Addictions Nursing*, 18(4), 167-173.

ARAKI2000

Araki, I., Hashimoto, H. I., Kono, K., et al. (2006) Controlled trial of worksite health education through face-to-face counselling vs. email on drinking behaviour modification. *Journal of Occupational Health*, 48(4), 239-245.

BABOR2006

Babor, T. F., Higgins-Biddle, J. C., Dauser, D., et al. (2006) Brief interventions for at-risk drinking: patient outcomes and cost-effectiveness in managed care organizations. *Alcohol & Alcoholism*, 41(6), 624-631.

BACK2007

Back, S. E., Gentilin, S. & Brady, K. T. (2007) Cognitive-behavioral stress management for individuals with substance use disorders: a pilot study. *The Journal of Nervous and Mental Disease*, 195(8), 662-668.

BAFR2001

Baer, J. S., Kivlahan, D. R., Blume, A. W., et al. (2001) Brief intervention for heavy-drinking college students: 4-year follow-up and natural history. American Journal of Public Health, 91(8), 1310-1316.

BAFR2007

Baer, J. S., Garrett, S. B., Beadnell, B., et al. (2007) Brief motivational intervention with homeless adolescents: evaluating effects on substance use and service utilization. *Psychology of Addictive Behaviors*, 21(4), 582-586.

BAIRD2007

Baird, J., Longabaugh, R., Lee, C. S., *et al.* (2007) Treatment completion in a brief motivational intervention in the emergency department: the effect of multiple interventions and therapists' behaviour. *Alcoholism: Clinical and Experimental Research*, 31(S3), 71S-75S.

BALL2007A

Ball, S. A., Todd, M., Tennen, H., et al. (2007) Brief motivational enhancement and coping skills interventions for heavy drinking. *Addictive Behaviors*, 32, 1105-1118.

BALL2007B

Ball, S. A., Martino, S., Nich, C., et al. (2007) Site matters: multisite randomized trial of motivational enhancement therapy in community drug abuse clinics. *Journal of Consulting and Clinical Psychology*, 75(4), 556-567.

BANERJEE2007

Banerjee, K., Howard, M., Mansheim, K., et al. (2007) Comparison of health realization and 12-step treatment in women's residential substance abuse treatment programs. American Journal of Drug & Alcohol Abuse, 33(2), 207-

BARROWCLOUGH2009

Barrowclough, C., Haddock, G., Beardmore, R., et al. (2009) Evaluating integrated MI and CBT for people with psychosis and substance misuse: recruitment, retention and sample characteristics of the MIDAS trial. *Addictive Behaviors*, 859-866.

BECKHAM2002

Beckham, N. (2002) Motivational interviewing with hazardous drinkers. *Journal of the American Academy of Nurse Practitioners*, 19, 103-110.

BEICH2007

Beich, A., Gannik, D., Saelan, H., et al. (2007) Screening and brief intervention targeting risky drinkers in Danish general practice: a pragmatic controlled trial. Alcohol & Alcoholism, 42(6), 593-603.

BERNSTEIN2008

Bernstein, E. & Bernstein, J. (2008) Effectiveness of alcohol screening and brief motivational intervention in the emergency department setting. *Annals of Emergency Medicine*, 51(6), 751-754.

BERSAMIN2007

Bersamin, M., Paschall, M. J., Fearnow-Kenney, M., et al. (2007) Effectiveness of a web-based alcohol-misuse and harm-prevention course among high- and low-risk students. *Journal of American College Health*, 55(4), 247-254.

BERTHOLET2009

Bertholet, N., Daeppen, J. B., Wietlisbach, V., et al. (2009) Reduction of alcohol consumption by brief alcohol intervention in primary care: systematic review and meta-analysis. Archives of Internal Medicine, 165(9), 986-995.

BEWICK2008

Bewick, B. M., Trusler, K., Barkham, M., et al. (2008) The effectiveness of web-based interventions designed to decrease alcohol consumption: a systematic review. *Preventive Medicine*, 47(1), 17-26.

BLOW2006

Blow, F. C., Barry, K. L., Walton, M. A., *et al.* (2006) The efficacy of two brief intervention strategies among injured, at-risk drinkers in the emergency department: impact of tailored messaging and brief advice. *Journal of Studies on Alcohol*, 67(4), 568-578.

BLOW2009

Blow, F. C., Ilgen, M. A., Walton, M. A., et al. (2009) Severity of baseline alcohol use as a moderator of brief interventions in the emergency department. Alcohol & Alcoholism, 44(5), 486-490.

BOBO1998

Bobo, J. K., McIlvain, H. E., Lando, H. A., et al. (1998) Effect of smoking cessation counseling on recovery from alcoholism: findings from a randomized community intervention trial. *Addiction*, 93(6), 877-887.

BOMBARDIER1999

Bombardier, C. H. & Rimmele, C. T. (1999) Motivational interviewing to prevent alcohol abuse after traumatic brain injury: a case series. *Rehabilitation Psychology*, 44(1), 52-67.

BORSARI2000

Borsari, B. & Carey, K. B. (2000) Effects of a brief motivational intervention with college student drinkers. *Journal of Consulting & Clinical Psychology*, 68(4), 728-733.

BOWERS1990

Bowers, T. G. & Al-Redha, M. R. (1990) A comparison of outcome with group/marital and standard/individual therapies with alcoholics. *Journal of Studies on Alcohol*, 51(4), 301-309.

BRESLIN2002

Breslin, F. C., Borsoi, D., Cunningham, J. A., et al. (2002) Help-seeking timeline followback for problem drinkers: preliminary comparison with agency records of treatment contacts. *Journal of Studies on Alcohol*, 62(2), 262-267.

BROWN1993

Brown, J. M. & Miller, W. R. (1993) Impact of motivational interviewing on participation and outcome in residential alcoholism treatment. *Psychology of Addictive Behaviors*, 7(4), 211-218.

BROWN1997

Brown, R. A., Evans, D. M., Miller, I. W., et al. (1997) Cognitive-behavioral treatment for depression in alcoholism. *Journal of Consulting and Clinical Psychology*, 65(5), 715-726.

BROWN2007

Brown, R. L., Saunders, L. A., Bobula, J. A., *et al.* (2007) Randomized-controlled trial of a telephone and mail intervention for alcohol use disorders: three-month drinking outcomes. *Alcoholism: Clinical & Experimental Research*, 31(8), 1372-1379.

BURLING1994

Burling, T. A., Burling, A. S. & Latini, D. (1994) A controlled smoking cessation trial for substance-dependent inpatients. *Journal of Consulting & Clinical Psychology*, 69(2), 295-304.

BURTON2007

Burton, E., Stice, E., Bearman, S. K. *et al.* (2007) Experimental test of the affect-regulation theory of bulimic symptoms and substance use: a randomized trial. *International Journal of Eating Disorders*, 40(1), 27-36.

BUTLER2009

Butler, L. H. & Correia, C. J. (2009) Brief alcohol intervention with college student drinkers: face-to-face versus computerized feedback. *Psychology of Addictive Behaviors*, 23(1), 163-167.

CADOGAN1973

Cadogan, D. A. (1973) Marital group therapy in the treatment of alcoholism. *Quarterly Journal of Studies on Alcohol*, 34(4-A), 1187-1194.

CAREY2006

Carey, K. B., Carey, M. P., Maisto, S. A., et al. (2006) Brief motivational interventions for heavy college drinkers: a randomized controlled trial. *Journal of Consulting & Clinical Psychology*, 74(5), 943-954.

CARROLL200

Carroll, K. M., Libby, B., Sheehan, J., et al. (2001) Motivational interviewing to enhance treatment initiation in substance abusers: an effectiveness study. *American Journal on Addictions*, 10(4), 335-339.

CARROLL2006

Carroll, K. M., Ball, S. A., Nich, C., *et al.* (2006) Motivational interviewing to improve treatment engagement and outcome in individuals seeking treatment for substance abuse: a multisite effectiveness study. *Drug & Alcohol Dependence*, 81(3), 301-312.

CARROLL2006

Carroll, K. M., Ball, S. A., Martino, S., et al. (2008) Computer-assisted delivery of cognitive-behavioral therapy for addiction: a randomized trial of CBT4CBT. *American Journal of Psychiatry*, 165(7), 881-888.

CASE2007

Case, S., Haines, K. R. (2007) Factors shaping substance use in young people in Wales. *Journal of Substance Use*, 13(1), 1-15.

CASTELLANOS2006

Castellanos, N. & Conrod, P. (2006) Brief interventions targeting personality risk factors for adolescent substance misuse reduce depression, panic and risk-taking behaviours. *Journal of Mental Health*, 15(6), 645-658.

CAUDILL2007

Caudill, B. D., Luckey, B., Cross, S. B., *et al.* (2007) Alcohol risk-reduction skills training in a national fraternity: a randomized intervention trial with longitudinal intent-to-treat analysis. *Journal of Studies on Alcohol and Drugs*, 399-409.

CHERPITEL2009

Cherpitel, C. J. (2009) Screening, brief intervention and referral to treatment (SBIRT) in a Polish emergency room: challenges in cultural translation of SBIRT. *Journal of Addictions Nursing*, 20, 127-131.

CHIAUZZI2005

Chiauzzi, E., Green, T. C., Lord, S., et al. (2005) My student body: a high-risk drinking prevention web site for college students. *Journal of American College Health*, 53(6), 263-274.

CHOSSIS2007

Chossis, I., Lane, C., Gache, P., et al. (2007) Effect of training on primary care residents' performance in brief alcohol intervention: a randomized controlled trial. *Journal of General Internal Medicine*, 22(8), 1144-1149.

CIMINI2009

Cimini, M. D., Martens, M. P., Larimer, M. E., *et al.* (2009) Assessing the effectiveness of peer-facilitated interventions addressing high-risk drinking among judicially mandated college students. *Journal of Studies on Alcohol and Drugs*, S16.

COATSWORTH2001

Coatsworth, J. D., Santisteban, D. A., McBride, C.K., *et al.* (2001) Brief strategic family therapy versus community control: engagement, retention, and an exploration of the moderating role of adolescent symptom severity. *Family Process*, 40(3), 313-332.

CONNELL2007

Connell, A. M., Dishion, T. J., Yasui, M., *et al.* (2007) An adaptive approach to family intervention: linking engagement in family-centered intervention to reductions in adolescent problem behaviour. *Journal of Consulting & Clinical Psychology*, 75(4), 568-579.

CONROD2006

Conrod, P. J., Stewart, S. H., Comeau, N., et al. (2006) Efficacy of cognitive-behavioral interventions targeting personality risk factors for youth alcohol misuse. *Journal of Clinical Child & Adolescent Psychology*, 35(4), 550-563.

CORBY2000

Corby, E. A., Roll, J. M., Ledgerwood, D. M., & Schuster, C. R. (2000) Contingency management interventions for treating the substance abuse of adolescents: a feasibility study. *Experimental & Clinical Psychopharmacology.*, 8, 371-376.

CORDOBA1998

Cordoba, R., Delgado, M. T., Pico, V., et al. (1998) Effectiveness of brief intervention on non-dependent alcohol drinkers (EBIAL): a Spanish multi-centre study. *Family Practice*, 15, 562-568.

COULTON2009

Coulton, C., Perryman, K., Bland, M., et al. (2009) Screening and brief interventions for hazardous alcohol use in accident and emergency departments: a randomised controlled trial protocol. *BMC Health Services Research*, 9, 114.

CUNNINGHAM2002

Cunningham, J. A., Koski-Jannes, A., Wild, T. C., et al. (2002) Treating alcohol problems with self-help materials: a population study. *Journal of Studies on Alcohol*, 63, 649-654.

CUNNINGHAM2005

Cunningham, J. A., Humphreys, K., Koski-Jannes, A., et al. (2005) Internet and paper self-help materials for problem drinking: is there an additive effect? *Addictive Behaviors*, 30, 1517-1523.

CUNNINGHAM2006

Cunningham, J. A., Humphreys, K., Kypri, K., et al (2006) Formative evaluation and three-month follow-up of an online personalized assessment feedback intervention for problem drinkers. *Journal of Medical Internet Research*, 8(2), e5.

CURRY2003

Curry, S. J., Ludman, E. J., Grothaus, L. C., et al. (2003) A randomized trial of a brief primary-care-based intervention for reducing at-risk drinking practices. *Health Psychology*, 22, 156-165.

DAEPPEN2007A

Daeppen, J. B., Bertholet, N., Gmel, G., et al. (2007) Communication during brief intervention, intention to change, and outcome. Substance Abuse, 28, 43-51.

DAEPPEN2007B

Daeppen, J-B., Gaume, J., Bady P., *et al.* (2007) Brief alcohol intervention and alcohol assessment do not influence alcohol use in injured patients treated in the emergency department: a randomized controlled clinical trial. *Addiction*, 102(8), 1224-1233.

DAMICO2008

D'Amico, E. J., Miles, J. N. V., Stern, S. A., *et al.* (2008) Brief motivational interviewing for teens at risk of substance use consequences: A randomized pilot study in a primary care clinic. *Journal of Substance Abuse Treatment*, 35, 53-61.

DAWE2002

Dawe, S., Rees, V. W., Mattick, R., et al. (2002) Efficacy of moderation-oriented cue exposure for problem drinkers: a randomized controlled trial. *Journal of Consulting & Clinical Psychology*, 70, 1045-1050.

DENT2008

Dent, A. W., Weiland, T. J., Phillips, G. A., *et al.* (2008) Opportunistic screening and clinician-delivered brief intervention for high-risk alcohol use among emergency department attendees: a randomized controlled trial. *Emergency Medicine Australasia: EMA*, 20, 121-128.

DESY2008

Desy, P. M. & Perhats, C. (2008) Alcohol screening, brief intervention, and referral in the emergency department: an implementation study. *Journal of Emergency Nursing*, 34, 11-19.

DONOFRIO2005

D'Onofrio, G., Pantalon, M. V., Degutis, L. C., *et al.* (2005) Development and implementation of an emergency practitioner: performed brief intervention for hazardous and harmful drinkers in the emergency department. *Academic Emergency Medicine*, 12, 249-256.

DONOFRIO2008

D'Onofrio, G., Pantalon, M. V., Degutis, L. C., et al. (2008) Brief intervention for hazardous and harmful drinkers in the emergency department. *Annals of Emergency Medicine*, 51, 742-750.

DONOHUE2004

Donohue, B., Allen, D., Maurer, A., et al. (2004) A controlled evaluation of two prevention programs in reducing alcohol use among college students at low and high risk for alcohol related problems. *Journal of Alcohol and Drug Education*, 48, 13-33.

DRUMMOND1994

Drummond, D. C. & Glautier, S. (1994) A controlled trial of cue exposure treatment in alcohol dependence. *Journal of Consulting & Clinical Psychology*, 62, 809-817.

DRUMMOND1994

Drummond, C., Coulton, S., James, D., et al. (2009) Effectiveness and cost-effectiveness of a stepped care intervention for alcohol use disorders in primary care: pilot study. *The British Journal of Psychiatry*, 195, 448-456.

DUFFY2006

Duffy, S. A., Ronis, D. L., Valenstein, M., et al. (2006) A tailored smoking, alcohol, and depression intervention for head and neck cancer patients. Cancer Epidemiology, Biomarkers & Prevention, 15, 2203-2208.

EBERHARD2009

Eberhard, S., Nordstrom, G., Hoglund, P., et al. (2009) Secondary prevention of hazardous alcohol consumption in psychiatric out-patients: a randomised controlled study. *Social Psychiatry and Psychiatric Epidemiology*, 44, 1013-1021.

EPSTEIN2005

Epstein, E. E., Drapkin, M. L., Yusko, D. A., et al. (2005) Is alcohol assessment therapeutic? Pretreatment change in drinking among alcohol-dependent women. *Journal of Alcohol Studies*, 66, 369-378.

FPSTFIN2007

Epstein, J. A., Zhou, X. K., Bang, H., *et al.* (2007) Do competence skills moderate the impact of social influences to drink and perceived social benefits of drinking on alcohol use among inner-city adolescents? *Prevention Science*, *8*, 65-73.

FALSSTEWART1996

Fals-Stewart, W., Birchler, G. R. & O'Farrell, T. J. (1996) Behavioral couples therapy for male substance-abusing patients: effects on relationship adjustment and drug-using behavior. *Journal of Consulting & Clinical Psychology*, 64, 959-972.

FALSSTEWART2000

Fals-Stewart, W., O'Farrell, T. J., Feehan, M., et al. (2000) Behavioral couples therapy versus individual-based treatment for male substance-abusing patients: an evaluation of significant individual change and comparison of improvement rates. *Journal of Substance Abuse Treatment*, 18, 249-254.

FALSSTEWART2002

Fals-Stewart, W., Kashdan, T. B., O'Farrell, T. J., et al. (2002) Behavioral couples therapy for drug-abusing patients: effects on partner violence. *Journal of Substance Abuse Treatment*, 22, 87-96.

FALSSTEWART2003

Fals-Stewart, W. & Bates, M. E. (2003) The neuropsychological test performance of drug-abusing patients: an examination of latent cognitive abilities and associated risk factors. *Experimental & Clinical Psychopharmacology*, 11, 34-45.

FALSSTEWART2009

Fals-Stewart, W., O'Farrell, T. J., Lam, W. K. K. (2009) Behavioural couple therapy for gay and lesbian couples with alcohol use disorders. *Journal of Substance Abuse Treatment*, 37(4), 379-387.

FINFGELDCONNETT2008

Finfgeld-Connett, D. & Madsen, R. (2008) Web-based treatment of alcohol problems among rural women: results of a randomized pilot investigation. *Journal of Psychosocial Nursing and Mental Health Services*, 46, 46-55.

FIORENTINE2000

Fiorentine, R. & Hillhouse, M. (2000) Drug treatment and 12-step program participation: The additive effects of integrated recovery activities. *Journal of Substance Abuse Treatment*, 18, 65-74.

FLEMING2009

Fleming, M., Olsen, D., Stathes, H., et al. (2009) Virtual reality skills training for health care professionals in alcohol screening and brief intervention. *JABFM*, 22, 387-398.

FORSBERG2000

Forsberg, L., Ekman, S., Halldin, J., *et al.* (2000) Brief interventions for risk consumption of alcohol at an emergency surgical ward. *Addictive Behaviors*, 25, 471-475.

FREYERADAM2008

Freyer-Adam, J., Coder, B., Baumeister, S. E., et al. (2008) Brief alcohol intervention for general hospital inpatients: a randomized controlled trial. *Drug and Alcohol Dependence*, 93, 223-243.

GAUME2009

Gaume, J., Gmel, G., Faouzi, M., et al. (2009) Counselor skill influences outcomes of brief motivational interventions. *Journal of Substance Abuse Treatment*, 37, 151-159.

GEISNER2007

Geisner, I. M., Neighbors, C., Lee, C. M., *et al.* (2007) Evaluating personal alcohol feedback as a selective prevention for college students with depressed mood. *Addictive Behaviors*, 32, 2776-2787.

GENTILELLO1999

Gentilello, L. M., Rivara, F. P., Donovan, D. M., et al. (1999) Alcohol interventions in a trauma center as a means of reducing the risk of injury recurrence. *Annals of Surgery*, 230, 473-480.

GESHI2007

Geshi, M., Hirokawa, K., Taniguchi, T., *et al.* (2007) Effects of alcohol-related health education on alcohol and drinking behavior awareness among Japanese junior college students: a randomized controlled trial. *Acta Medica Okayama*, *61*, 345-354.

GILLASPY2002

Gillaspy, J. A., Wright, A., Campbell, C., et al. (2002) Group alliance and cohesion as predictors of drug and alcohol abuse treatment outcomes. *Psychotherapy Research*, 12, 213-229.

GOODALL2008

Goodall, C. A., Ayoub, A. F., Crawford, A., et al. (2008) Nurse-delivered brief interventions for hazardous drinkers with alcohol-related facial trauma: a prospective randomised controlled trial. British Journal of Oral & Maxillofacial Surger., 46, 96-101.

GORDON2003

Gordon, A. J., Conigliaro, J., Maisto, S. A., et al. (2003) Comparison of consumption effects of brief interventions for hazardous drinking elderly. Substance Use & Misuse, 38, 1017-1035.

GREENFIELD2007

Greenfield, T. K., Ye, Y. & Giesbrecht, N. A. (2007) Views of alcohol control policies in the 2000 National Alcohol Survey: what news for alcohol policy development in the US and its States? *Journal of Substance Use*, 12, 429-445

HALLETT2009

Hallett, J., Maycock, B., Kypri, K., et al. (2009) Development of a web-based alcohol intervention for university students: processes and challenges. *Drug and Alcohol Review*, 28, 31-39.

HARWOOD2006

Harwood, T. M., Beutler, L. E., Castillo, S., *et al.* (2006) Common and specific effects of couples treatment for alcoholism: a test of the generic model of psychotherapy. *Psychology & Psychotherapy: Theory, Research & Practice*, 79, 365-384.

HASSAN2009

Hassan, A., Harris, S., K., Sherritt, L., et al. (2009) Primary care follow-up plans for adolescents with substance use problems. *Pediatrics*, 124, 144-150.

HEATHER1987

Heather, N., Campion, P. D., Neville, R. G., et al. (1987) Evaluation of a controlled drinking minimal intervention for problem drinkers in general practice (the DRAMS scheme). *Journal of the Royal College of General Practitioners*, 37, 358-363.

HENGGELER1999

Henggeler, S. W., Pickrel, S. G. & Brondino, M. J. (1999) Multisystemic treatment of substance-abusing and dependent delinquents: outcomes, treatment fidelity, and transportability. *Mental Health Services Research*, 1, 171-184.

HERNANDEZ2006

Hernandez-Avila, C. A., Song, C., Kuo, L., et al. (2006) Targeted versus daily naltrexone: secondary analysis of effects on average daily drinking. *Alcoholism: Clinical & Experimental Research*, 30, 860-865.

HOGUE2006

Hogue, A., Dauber, S., Stambaugh, L. F., *et al.* (2006) Early therapeutic alliance and treatment outcome in individual and family therapy for adolescent behavior problems. *Journal of Consulting & Clinical Psychology*, 74, 121-129.

HOLLOWAY2007

Holloway, A. S., Watson, H. E., Arthur, A. J., et al. (2007) The effect of brief interventions on alcohol consumption among heavy drinkers in a general hospital setting. *Addiction*, 102, 1762-1770.

HOULT1984

Hoult, J., Rosen, A. & Reynolds, I. (1984) Community orientated treatment compared to psychiatric hospital orientated treatment. *Social Science & Medicine*, 18, 1005-1010.

HULSE2002

Hulse, G. K. & Tait, R. J. (2002) Six-month outcomes associated with a brief alcohol intervention for adult inpatients with psychiatric disorders. *Drug & Alcohol Review*, 21, 105-112.

HULSE2003

Hulse, G. K. & Tait, R. J. (2003) Five-year outcomes of a brief alcohol intervention for adult in-patients with psychiatric disorders. *Addiction*, *98*, 1061-1068.

HUMPHREYS1999

Humphreys, K., Mankowski, E. S., Moos, R. H., et al. (1999) Do enhanced friendship networks and active coping mediate the effect of self-help groups on substance abuse? *Annals of Behavioral Medicine*, 21, 54-60.

HUMPHREYS2007

Humphreys, K., & Moos, R. H. (2007) Encouraging posttreatment self-help group involvement to reduce demand for continuing care services: two-year clinical and utilisation outcomes. *Alcoholism: Clinical and Experimental Research*, 31(1), 64-68.

HUNT1973

Hunt, G. M. & Azrin, N. H. (1973) A community-reinforcement approach to alcoholism. *Behaviour Research & Therapy*, 11, 91-104.

ISRAEL1996

Israel, Y., Hollander, O., Sanchez-Craig, M., et al. (1996) Screening for problem drinking and counseling by the primary care physician-nurse team. Alcoholism: Clinical & Experimental Research, 20, 1443-1450.

JOHNSSON2006

Johnsson, K. O. & Berglund, M. (2006) Comparison between a cognitive behavioural alcohol programme and post-mailed minimal intervention in high-risk drinking university freshmen: results from a randomized controlled trial. *Alcohol & Alcoholism*, 41, 174-180.

KAHLER2004

Kahler, C. W., Read, J. P., Ramsey, S. E., et al. (2004) Motivational enhancement for 12-step involvement among patients undergoing alcohol detoxification. *Journal of Consulting & Clinical Psychology*, 72, 736-741.

KAHLER2008

Kahler, C. W., Metrik, J., LaChance, H. R., et al. (2008) Addressing heavy drinking in smoking cessation treatment: a randomized clinical trial. *Journal of Consulting and Clinical Psychology*, 76, 852-862.

KALLMEN2003

Kallmen, H., Sjoberg, L. & Wennberg, P. (2003) The effect of coping skills training on alcohol consumption in heavy social drinking. *Substance Use & Misuse*, *38*, 895-903.

KAMINER1999

Kaminer, Y. & Burleson, J. A. (1999) Psychotherapies for adolescent substance abusers: 15-month follow-up of a pilot study. *American Journal on Addictions*, *8*, 114-119.

KARLSSON2005

Karlsson, T., Raitasalo, K., Holmila, M., et al. (2005) The impact of a self-help pamphlet on reducing risk drinking among 30- to 49-year-old men in Helsinki, Finland. Substance Use & Misuse, 40, 1831-1847.

KAYSEN2009

Kaysen, D. L., Lee, C. M., Labrie, J. W., et al. (2009) Readiness to change drinking behavior in female college students. *Journal of Studies on Alcohol and Drugs*, S16, 106-114.

KELLEY2002

Kelley, M. L. & Fals-Stewart, W. (2002) Couples- versus individual-based therapy for alcohol and drug abuse: effects on children's psychosocial functioning. *Journal of Consulting & Clinical Psychology*, 70, 417-427.

KELLY2000

Kelly, J. F., Myers, M. G. & Brown, S. A. (2000) A multivariate process model of adolescent 12-step attendance and substance use outcome following inpatient treatment. *Psychology of Addictive Behaviors*, 14, 376-389.

KELLY2006

Kelly, J. F., Stout, R., Zywiak, W., et al. (2006) A 3-year study of addiction mutual-help group participation following intensive outpatient treatment. Alcoholism: Clinical & Experimental Research, 30, 1381-1392.

KENDZOR2008

Kendzor, D. E., Dubbert, P. M., Olivier, J., et al. (2008) The influence of physical activity on alcohol consumption among heavy drinkers participating in an alcohol treatment intervention. *Addictive Behaviors*, 33(10), 1337-1343.

KING2009

King, V. L., Stoller, K. B., Kidorf, M., *et al.* (2009) Assessing the effectiveness of an internet-based videoconferencing platform for delivering intensified substance abuse conselling. *Journal fo Substance Abuse Treatment*, 36(3), 331-338.

KNIGHT2005

Knight, J. R., Sherritt, L., Van, H., et al. (2005) Motivational interviewing for adolescent substance use: a pilot

study. Journal of Adolescent Health, 37, 167-169.

KUCHIPUDI1990

Kuchipudi, V., Hobein, K., Flickinger, A., et al. (1990) Failure of a 2-hour motivational intervention to alter recurrent drinking behavior in alcoholics with gastrointestinal disease. *Journal of Studies on Alcohol*, 51, 356-360.

KUENZLER2003

Kuenzler, A. & Beutler, L. E. (2003) Couple alcohol treatment benefits patients' partners. *Journal of Clinical Psychology*, 59, 791-806.

KYPRI2003

Kypri, K., Saunders, J. B., Callagher, S. J. (2003) Acceptability of various brief intervention approaches for hazardous drinking among university students. *Alcohol & Alcoholism*, 38(6), 626-628.

KYPRY2007

Kypri, K., Langley, J. D., Saunders, J. B., et al. (2007) Assessment may conceal therapeutic benefit: findings from a randomized controlled trial for hazardous drinking. *Addiction*, 102, 62-70.

KYPRY2008

Kypri, K., Bell, M. L., Hay, G. C., et al. (2008) Alcohol outlet density and university student drinking: a national study. *Addiction*, 103, 1131-1138.

KYPRY2009

Kypri, K., Hallett, J., Howatt, P., et al. (2009) Randomized controlled trial of proactive web-based alcohol screening and brief intervention for university students. *Archives of Internal Medicine*, 169, 1508-1514.

LABRIE2008A

LaBrie, J. W., Huchting, K., Tawalbeh, S., et al. (2008) A randomized motivational enhancement prevention group reduces drinking and alcohol consequences in first-year college women. *Psychology of Addictive Behaviors*, 22, 149-155.

LABRIE2008B

LaBrie, J. W., Hummer, J. F., Neighbors, C., et al. (2008) Live interactive group-specific normative feedback reduces misperceptions and drinking in college students: a randomized cluster trial. *Psychology of Addictive Behaviors*, 22, 141-148.

LAM2008

Lam, W. K., Fals-Stewart, W. & Kelley, M. L. (2008) Effects of parent skills training with behavioral couples therapy for alcoholism on children: a randomized clinical pilot trial. *Addictive Behaviors*, 33, 1076-1080.

LANE2008

Lane, J., Proude, E. M., Conigrave, K. M., et al. (2008) Nurse-provided screening and brief intervention for risky alcohol consumption by sexual health clinic patients. Sexually Transmitted Infections, 84, 524-527.

LARIMER2001

Larimer, M. E., Turner, A. P., Anderson, B. K., et al. (2001) Evaluating a brief alcohol intervention with fraternities. *Journal of Studies on Alcohol*, 62, 370-380.

LARIMER2007

Larimer, M. E., Lee, C. M., Kilmer, J. R., et al. (2007) Personalized mailed feedback for college drinking prevention: a randomized clinical trial. *Journal of Consulting & Clinical Psychology*, 75, 285-293.

LATIMER2003

Latimer, W. W., Winters, K. C., D'Zurilla, T., et al. (2003) Integrated family and cognitive-behavioral therapy for adolescent substance abusers: a stage I efficacy study. Drug & Alcohol Dependence, 71, 303-317.

LAUBARRACO2008

Lau-Barraco, C. & Dunn, M. E. (2008) Evaluation of a single-session expectancy challenge intervention to reduce alcohol use among college students. *Psychology of Addictive Behaviors*, 22, 168-175.

LEDGERWOOD2006

Ledgerwood, D. M. & Petry, N. M. (2006) Does contingency management affect motivation to change substance use? *Drug & Alcohol Dependence*, 83, 65-72.

LEDGERWOOD2008

Ledgerwood, D. M., Alessi, S. M., Hanson, T., *et al.* (2008) Contingency management for attendance to group substance abuse treatment administered by clinicians in community clinics. *Journal of Applied Behavior Analysis*, *41*, 517-526.

LEWIS2007

Lewis, M. A., Neighbors, C., Oster-Aaland, L., et al. (2007) Indicated prevention for incoming freshmen: personalized normative feedback and high-risk drinking. *Addictive Behaviors*, 32, 2495-2508.

LI2007

Li, G., Baker, S. P., Qiang, Y., et al. (2007) Alcohol violations and aviation accidents: findings from the U.S. mandatory alcohol testing program. Aviation Space & Environmental Medicine, 78, 510-513.

LIDDLE2008

Liddle, H. A., Dakof, G. A., Turner, R. M., et al. (2008) Treating adolescent drug abuse: A randomized trial comparing multidimensional family therapy and cognitive behavior therapy. *Addiction*, 103, 1660-1670.

LINCOUR2002

Lincour, P., Kuettel, T. J. & Bombardier, C. H. (2002) Motivational interviewing in a group setting with mandated

clients: a pilot study. Addictive Behaviors, 27, 381-391.

LOCK2006

Lock, C. A., Kaner, E., Heather, N., et al. (2006) Effectiveness of nurse-led brief alcohol intervention: a cluster randomized controlled trial. *Journal of Advanced Nursing*, 54, 426-439.

LOEBER2006

Loeber, S., Croissant, B., Heinz, A., et al. (2006) Cue exposure in the treatment of alcohol dependence: effects on drinking outcome, craving and self-efficacy. *British Journal of Clinical Psychology*, 45, 515-529.

LUKAS2005

Lukas, S. E., Penetar, D., Berko, J., et al. (2005) An extract of the Chinese herbal root kudzu reduces alcohol drinking by heavy drinkers in a naturalistic setting. *Alcoholism: Clinical & Experimental Research*, 29, 756-762.

MAIO205

Maio, R. F., Shope, J. T., Blow, F. C., *et al.* (2005) A randomized controlled trial of an emergency department-based interactive computer program to prevent alcohol misuse among injured adolescents. *Annals of Emergency Medicine*, 45, 420-429.

MAISTO1995

Maisto, S. A., McKay, J. R. & O'Farrell, T. J. (1995) Relapse precipitants and behavioral marital therapy. *Addictive Behaviors*, 20, 383-393.

MAISTO2030

Maisto, S. A. (2003) At 10 year follow up, brief interventions had no effect on harmful alcohol consumption. *Evidence-Based Mental Health*, 6, 31.

MANWELL2000

Manwell, L. B., Fleming, M. F., Mundt, M. P., et al. (2000) Treatment of problem alcohol use in women of childbearing age: results of a brief intervention trial. Alcoholism: Clinical & Experimental Research, 24, 1517-1524.

MARCUS2009

Marcus, M. T., Schmitz, J., Moeller, G., et al. (2009) Mindfulness-based stress reduction in therapeutic community treatment: a stage 1 trial. *The American Journal of Drug and Alcohol Abuse*, 35, 103-108.

MARQUES2001

Marques, A. C. & Formigoni, M. L. (2001) Comparison of individual and group cognitive-behavioral therapy for alcohol and/or drug-dependent patients. *Addiction*, 96, 835-846.

MARTENS2007

Martens, M. P., Neighbors, C., Dams-O'Connor, K., et al. (2007) The factor structure of a dichotomously scored Rutgers Alcohol Problem Index. *Journal of Studies on Alcohol*, 68, 597-606.

MATANO2007

Matano, R. A., Koopman, C., Wanat, S. F., et al. (2007) A pilot study of an interactive web site in the workplace for reducing alcohol consumption. *Journal of Substance Abuse Treatment*, 32, 71-80.

MCCRADY1986

McCrady, B., Longabaugh, R., Fink, E., *et al.* (1986) Cost effectiveness of alcoholism treatment in partial hospital versus inpatient settings after brief inpatient treatment: 12-month outcomes. *Journal of Consulting and Clinical Psychology*, 54, 708-713.

MCMANUS2003

McManus, S., Hipkins, J., Haddad, P., et al. (2003) Implementing an effective intervention for problem drinkers on medical wards. *General Hospital Psychiatry*, 25, 332-337.

MCNALLY2005

McNally, A. M., Palfai, T. P. & Kahler, C. W. (2005) Motivational interventions for heavy drinking college students: examining the role of discrepancy-related psychological processes. *Psychology of Addictive Behaviors*, 19, 79-87.

MCOUEEN2006

McQueen, J., Allan, L., Mains, D. (2006) Brief motivational counselling for alcohol abusers admitted to medical wards. *British Journal of Occupational Therapy*, 69(7), 327-333.

MCCRADY1991

McCrady, B. S., Stout, R., Noel, N., et al. (1991) Effectiveness of three types of spouse-involved behavioral alcoholism treatment. *British Journal of Addiction*, 86, 1415-1424.

MELLO2005

Mello, M. J., Nirenberg, T. D., Longabaugh, R., et al. (2005) Emergency department brief motivational interventions for alcohol with motor vehicle crash patients. Annals of Emergency Medicine, 45, 620-625.

MELLO2008

Mello, M. J., Longabaugh, R., Baird, J., et al. (2008) DIAL: a telephone brief intervention for high-risk alcohol use with injured emergency department patients. *Annals of Emergency Medicine*, 51, 755-764.

MENGIS2002

Mengis, M. M., Maude-Griffin, P. M., Delucchi, K., et al. (2002) Alcohol use affects the outcome of treatment for cocaine abuse. *American Journal on Addictions*, 11, 219-227.

MEZZANI2007

Mezzani, L., Patussi, V., Rossi, A., et al. (2007) Establishing an Italian general practitioner brief intervention pilot

project for problem drinkers. Substance Use & Misuse, 42, 1979-1989.

MICHAEL2006

Michael, K., Curtin, L., Kirkley, D., et al. (2006) Group-based motivational interviewing for alcohol use among college students: an exploratory study. *Professional Psychology: Research and Practice*, 37, 629-634.

MILLER1978

Miller, M. E., Adesso, V. J., Fleming, J. P., et al. (1978) Effects of alcohol on the storage and retrieval processes of heavy social drinkers. *Journal of Experimental Psychology: Human Learning & Memory*, 4, 246-255.

MILLER1980

Miller, W. R. & Taylor, C. A. (1980) Relative effectiveness of bibliotherapy, individual and group self-control training in the treatment of problem drinkers. *Addictive Behaviors*, 5, 13-24.

MILLER1999

Miller, W. R., Meyers, R. J. & Tonigan, J. S. (1999) Engaging the unmotivated in treatment for alcohol problems: a comparison of three strategies for intervention through family members. *Journal of Consulting & Clinical Psychology*, 67, 688-697.

MILLER2003

Miller, W. R., Yahne, C. E. & Tonigan, J. S. (2003) Motivational interviewing in drug abuse services: a randomized trial. *Journal of Consulting & Clinical Psychology*, 71, 754-763.

MONTI1999

Monti, P. M., Rohsenow, D. J., Hutchison, K. E., et al. (1999) Naltrexone's effect on cue-elicited craving among alcoholics in treatment. *Alcoholism: Clinical & Experimental Research*, 23, 1386-1394.

MONTI2007

Monti, P. M., Barnett, N. P., Colby, S. M., et al. (2007) Motivational inyterveiewing verses feedback only in emergency care for young adult problem drinking. *Addiction*, 102(8), 1234-1243.

MOORE2005

Moore, M. J., Soderquist, J. & Werch, C. (2005) Feasibility and efficacy of a binge drinking prevention intervention for college students delivered via the Internet versus postal mail. *Journal of American College Health*, 54, 38-44.

MOOS1999

Moos, R. H., Finney, J. W., Ouimette, P. C., et al. (1999) A comparative evaluation of substance abuse treatment: I. Treatment orientation, amount of care, and 1-year outcomes. *Alcoholism: Clinical & Experimental Research*, 23, 529-536.

MORGENSTERN2003

Morgenstern, J. & Bux, D. A. J. (2003) Examining the effects of sex and ethnicity on substance abuse treatment and mediational pathways. *Alcoholism: Clinical & Experimental Research*, 27, 1330-1332.

MORGENSTERN2009

Morgenstern, M., Wiborg, G., Isensee, B., et al. (2009) School-based alcohol education: results of a cluster-randomized controlled trial. *Addiction*, 104(3), 402-412.

MURGRAFF2007

Murgraff, V., Abraham, C. & McDermott, M. (2007) Reducing Friday alcohol consumption among moderate, women drinkers: evaluation of a brief evidence-based intervention. *Alcohol & Alcoholism*, 42, 37-41.

MURPHY1986

Murphy, T. J., Pagano, R, R., Marlatt, G. A. (1986) Lifestyle modification with heavy alchol drinkers: effects of aerobic exercise and meditation. *Addictive Behaviors*, 11(2), 175-186

MURPHY2001

Murphy, J. G., Duchnick, J. J., Vuchinich, R. E., et al. (2001) Relative efficacy of a brief motivational intervention for college student drinkers. *Psychology of Addictive Behaviors*, 15, 373-379.

MURPHY2004

Murphy, J. G., Benson, T. A., Vuchinich, R. E., et al. (2004) A comparison of personalized feedback for college student drinkers delivered with and without a motivational interview. *Journal of Studies on Alcohol*, 65, 200-203.

Murphy2005

Murphy, J. G., Correia, C. J., Colby, S. M., et al. (2005) Using behavioral theories of choice to predict drinking outcomes following a brief intervention. *Experimental & Clinical Psychopharmacology*, 13, 93-101.

MURRAY207

Murray, E., McCambridge, J., Khadjesari, Z., et al. (2007) The DYD-RCT protocol: an on-line randomised controlled trial of an interactive computer-based intervention compared with a standard information website to reduce alcohol consumption among hazardous drinkers. *BMC Public Health*, 7, 306.

NAGEL2009

Nagel, T., Robinson, G., Condon, J., et al. (2009) Approach to treatment of mental illness and substance dependence in remote Indigenous communities: results of a mixed methods study. *The Australian Journal of Rural Health*, 17, 174-182.

NEIGHBORS2004

Neighbors, C., Larimer, M. E. & Lewis, M. A. (2004) Targeting misperceptions of descriptive drinking norms: efficacy of a computer-delivered personalized normative feedback intervention. *Journal of Consulting & Clinical*

Psychology, 72, 434-447.

NEUMANN2006

Neumann, T., Neuner, B., Weiss-Gerlach, E., et al. (2006) The effect of computerized tailored brief advice on atrisk drinking in subcritically injured trauma patients. *Journal of Trauma-Injury Infection & Critical Care, 61,* 805-814

NIELSEN2007

Nielsen, P., Rojskjaer, S. & Hesse, M. (2007) Personality-guided treatment for alcohol dependence: a quasi-randomized experiment. *American Journal on Addictions*, 16, 357-364.

NILSEN2009

Nilsen, P., Festin, K., Guldbrandsson, K., et al. (2009) Implementation of a computerized alcohol advice concept in routine emergency care. *International Emergency Nursing*, 17, 113-121.

NILSSEN2004

Nilssen, O. (2004) Long-term effect of brief intervention in at-risk alcohol drinkers: a 9-year follow-up study. *Alcohol & Alcoholism*, 39, 548-551.

OAKEY2008

Oakey, F., Ayoub, A. F., Goodall, C. A., et al. (2008) Delivery of a brief motivational intervention to patients with alcohol-related facial injuries: role for a specialist nurse. *British Journal of Oral and Maxillofacial Surgery*, 46(2), 102-106

OCKENE1999

Ockene, J. K., Adams, A., Hurley, T. G., et al. (1999) Brief physician- and nurse practitioner-delivered counselling for high risk drinkers: does it work. Archives of Internal Medicine, 159(18), 2198-2202.

OFARRELL1985

O'Farrell, T. J., Cutter, H. S. G. & Floyd, F. J. (1985) Evaluating behavioral marital therapy for male alcoholics: Effects on marital adjustment and communication from before to after treatment. *Behavior Therapy*, 16, 147-167.

OFARRELL2007

O'Farrell, T., Murphy, M., Alter, J., *et al.* (2007) Brief family treatment intervention to promote aftercare among male substance abusing patients in inpatient detoxification: a quasi-experimental pilot study. *Addictive Behaviors*, 32, 1681-1691.

OFARRELL2008

O'Farrell, T. J., Murphy, M., Alter, J., et al. (2008) Brief family treatment intervention to promote continuing care among alcohol-dependent patients in inpatient detoxification: a randomized pilot study. *Journal of Substance Abuse Treatment*, 34, 363-369.

OGBORNE1979

Ogborne, A. C. & Wilmot, R. (1979) Evaluation of an experimental counseling service for male Skid Row alcoholics. *Journal of Studies on Alcohol*, 40, 129-132.

OJEHAGEN1992

Ojehagen, A., Berglund, M., Appel, C. P., et al. (1992) A randomized study of long-term out-patient treatment in alcoholics: psychiatric treatment versus multimodal behavioural therapy, during 1 versus 2 years of treatment. *Alcohol & Alcoholism*, 27, 649-658.

OSILLA2008

Osilla, K. C., Zellmer, S. P., Larimer, M. E., et al. (2008) A brief intervention for at-risk drinking in an employee assistance program. *Journal of Studies on Alcohol, 69,* 14-20.

OUIMETTE1997

Ouimette, P., Ahrens, C., Moos, R., et al. (1997) Posttraumatic stress disorder in substance abuse patients: relationship to 1-year posttreatment outcomes. *Psychology of Addictive Behaviors*, 11, 34-47.

PAL2007

Pal, H. R., Yadav, D., Mehta, S., *et al.* (2007) A comparison of brief intervention versus simple advice for alcohol use disorders in a North India community-based sample followed for 3 months. *Alcohol & Alcoholism*, *42*, 328-332.

PARKER1978A

Parker, J., Gilbert, G. & Thoreson, R. (1978) Reduction of autonomic arousal in alcoholics: A comparison of relaxation and meditation techniques. *Journal of Consulting and Clinical Psychology*, 46, 879-886.

PARKER1978B

Parker, J. C. (1978) Reduction of autonomic arousal in alcoholics: A comparison of relaxation and meditation techniques. *Journal of Consulting & Clinical Psychology*, 46(5), 879-886.

PARSONS2001

Parsons, J. T., Golub, S. A., Rosaf, E., *et al.* (2001) Motivational interviewing and cognitive-behavioural intervention to improve HIV medication adherence among hazardous drinkers: a randomized controlled trial. *Journal of Acquired Immune Deficiency Syndromes*, 19(1), 443-450.

PETERSON2006

Peterson, J. B., Conrod, P., Vassileva, J., et al. (2006) Differential effects of naltrexone on cardiac, subjective and behavioural reactions to acute ethanol intoxication. *Journal of Psychiatry & Neuroscience*, 31, 386-393.

PETRY2006

Petry, N. M., Alessi, S. M., Carroll, K. M., et al. (2006) Contingency management treatments: Reinforcing abstinence versus adherence with goal-related activities. *Journal of Consulting & Clinical Psychology*, 74, 592-601.

PRADO2007

Prado, G., Pantin, H., Briones, E., *et al.* (2007) A randomized controlled trial of a parent-centered intervention in preventing substance use and HIV risk behaviors in Hispanic adolescents. *Journal of Consulting & Clinical Psychology*, 75, 914-926.

PRATT2005

Pratt, W. M. & Davidson, D. (2005) Does participation in an alcohol administration study increase risk for excessive drinking? *Alcohol*, *37*, 135-141.

PRENDERGAST2008

Prendergast, M. L., Hall, E. A., Roll, J., et al. (2008) Use of vouchers to reinforce abstinence and positive behaviors among clients in a drug court treatment program. *Journal of Substance Abuse Treatment*, 35, 125-136.

RAPP2008

Rapp, R. C., Otto, A. L., Lane, D. T., et al. (2008) Improving linkage with substance abuse treatment using brief case management and motivational interviewing. *Drug and Alcohol Dependence*, 94(3), 172-182.

RASH2008

Rash, C. J., Alessi, S. M. & Petry, N. M. (2008) Cocaine abusers with and without alcohol dependence respond equally well to contingency management treatments. *Experimental and Clinical Psychopharmacology*, 16, 275-281.

RASSOOL2008

Rassool, G. H. & Rawaf, S. (2008) Educational intervention of undergraduate nursing students' confidence skills with alcohol and drug misusers. *Nurse Education Today*, 28, 284-292.

REIFHEKKING2005

Reif-Hekking, S., Ockene, J. K., Hurley, T. G., et al. (2005) Brief physician and nurse practitioner-delivered counselling for high-risk drinking: results at 12 month follow-up. *Journal of General Internal Medicine*, 20(1), 7-13.

REINHARDT2008

Reinhardt, S., Bischof, G., Grothues, J., *et al.* (2008) Gender differences in the efficacy of brief interventions with a stepped care approach in general practice patients with alcohol-related disorders. *Alcohol & Alcoholism*, 43, 334-340.

RESNICK2007

Resnick, H. S., Acierno, R., Amstadter, A. B., et al. (2007) An acute post-sexual assault intervention to prevent drug abuse: updated findings. *Addictive Behaviors*, 32, 2032-2045.

REYNOLDS2005

Reynolds, M., Valmana, A., Kouimtsidis, C., et al. (2005) An investigation of descriptive and experimental aspects of intrusive thoughts in a sample of substance-dependent inpatients. *Addiction Research & Theory*, 13, 347-357

RICHMOND1995

Richmond, R., Heather, N., Wodak, A., et al. (1995) Controlled evaluation of a general practice-based brief intervention for excessive drinking. *Addiction*, 90, 119-132.

RICHMOND2000

Richmond, R., Kehoe, L., Heather, N., et al. (2000) Evaluation of a workplace brief intervention for excessive alcohol consumption: the workscreen project. *Preventive Medicine*, 30, 51-63.

RIPER2008

Riper, H., Kramer, J., Smit, F., et al. (2008) Web-based self-help for problem drinkers: a pragmatic randomized trial. Addiction, 103, 218-227.

RIPER2009

Riper, H., Kramer, J., Conijn, B., et al. (2009) Translating effective web-based self-help for problem drinking into the real world. *Alcoholism: Clinical and Experimental Research*, 33, 1404-1408.

ROLL2005

Roll, J. M., Prendergast, M. L., Sorensen, K., et al. (2005) A comparison of voucher exchanges between criminal justice involved and noninvolved participants enrolled in voucher-based contingency management drug abuse treatment programs. American Journal of Drug & Alcohol Abuse, 31, 393-401.

ROUDSARI2009

Roudsari, B., Caetano, R., Frankowski, R., et al. (2009) Do minority or white patients respond to brief alcohol intervention in trauma centers? A randomized trial. *Annals of Emergency Medicine*, 54, 285-293.

ROWE2007

Rowe, M., Bellamy, C., Baranoski, M., *et al.* (2007) A peer-support, group intervention to reduce substance use and criminality among persons with severe mental illness. *Psychiatric Services*, *58*, 955-961.

RUSH2008

Rush, B. R., Dennis, M. L., Scott, C. K., et al. (2008) The interaction of co-occurring mental disorders and recovery management checkups on substance abuse treatment participation and recovery. Evaluation Review, 32, 7-38.

SAITZ2006

Saitz, R., Svikis, D., D'Onofrio, G., et al. (2006) Challenges applying alcohol brief intervention in diverse practice settings: populations, outcomes, and costs. *Alcoholism: Clinical & Experimental Research*, 30, 332-338.

SAITZ2007

Saitz, R., Palfai, T. P., Freedner, N., et al. (2007) Screening and brief intervention online for college students: the iHealth study. Alcohol & Alcoholism, 42, 28-36.

SANCHEZCRAIG1996

Sanchez-Craig, M., Davila, R. & Cooper, G. (1996) A self-help approach for high-risk drinking: effect of an initial assessment. *Journal of Consulting & Clinical Psychology*, 64, 694-700.

SAPIRWEISE1999

Sapir-Weise, R., Berglund, M., Frank, A., et al. (1999) Acupuncture in alcoholism treatment: a randomized outpatient study. Alcohol & Alcoholism, 34, 629-635.

SCHAUS2009

Schaus, J. F., Sole, M. L., McCoy, T. P., et al. (2009) Alcohol screening and brief intervention in a college student health center: a randomized controlled trial. *Journal of Studies on Alcohol and Drugs*, S16, 131-141.

SCHERMER2006

Schermer, C. R., Moyers, T. B., Miller, W. R., et al. (2006) Trauma center brief interventions for alcohol disorders decrease subsequent driving under the influence arrests. *Journal of Trauma-Injury Infection & Critical Care*, 60, 29-34.

SCHILLING2002

Schilling, R., El-Bassel, N., Finch, J., et al. (2002) Motivational interviewing to encourage self-help participation following alcohol detoxification. Research on Social Work Practice, 12, 711-730.

SJOBERG1985

Sjoberg, L. & Samsonowitz, V. (1985) Coping strategies and relapse in alcohol abuse. *Drug & Alcohol Dependence*, 15, 283-301.

SMITH2006

Smith, D. C., Hall, J. A., Williams, J. K., et al. (2006) Comparative efficacy of family and group treatment for adolescent substance abuse. *American Journal on Addictions*, 15 Suppl 1, 131-136.

SOBELL2000

Sobell, M. B., Sobell, L. C. & Leo, G. I. (2000) Does enhanced social support improve outcomes for problem drinkers in guided self-change treatment? *Journal of Behavior Therapy & Experimental Psychiatry*, 31, 41-54.

SODERSTROM2007

Soderstrom, C. A., DiClemente, C. C., Dischinger, P. C., et al. (2007) A controlled trial of brief intervention versus brief advice for at-risk drinking trauma center patients. *Journal of Trauma-Injury Infection & Critical Care*, 62, 1102-1111

SOMMERS2006

Sommers, M. S., Dyehouse, J. M., Howe, S. R., et al. (2006) Effectiveness of brief interventions after alcohol-related vehicular injury: a randomized controlled trial. *Journal of Trauma-Injury Infection & Critical Care*, 61, 523-531.

SPIRITO2004

Spirito, A., Monti, P. M., Barnett, N. P., *et al.* (2004) A randomized clinical trial of a brief motivational intervention for alcohol-positive adolescents treated in an emergency department. *Journal of Pediatrics*, 145, 396-402.

SPOTH2002

Spoth, R. L., Redmond, C., Trudeau, L., et al. (2002) Longitudinal substance initiation outcomes for a universal preventive intervention combining family and school programs. *Psychology of Addictive Behaviors*, 16, 129-134.

STAHLBRANDT2007

Stahlbrandt, H., Johnsson, K. O. & Berglund, M. (2007) Two-year outcome of alcohol interventions in Swedish university halls of residence: a cluster randomized trial of a brief skills training program, twelve-step-influenced intervention, and controls. *Alcoholism: Clinical & Experimental Research*, 31, 458-466.

STAIGER1999

Staiger, P. K., Greeley, J. D. & Wallace, S. D. (1999) Alcohol exposure therapy: generalisation and changes in responsivity. *Drug & Alcohol Dependence.*, 57, 29-40.

STEIN2002

Stein, L. A. R. & Lebeau-Craven, R. (2002) Motivational interviewing and relapse prevention for DWI: A pilot study. *Journal of Drug Issues, 32*, Date.

SUSSMAN2003

Sussman, S., Sun, P., McCuller, W. J., et al. (2003) Project towards no drug abuse: two-year outcomes of a trial that compares health educator delivery to self-instruction. *Preventive Medicine*, 37, 155-162.

SZAPOCZNÍK1983

Szapocznik, J., Kurtines, W. M., Foote, F. H., et al. (1983) Conjoint versus one-person family therapy: some evidence for the effectiveness of conducting family therapy through one person. *Journal of Consulting & Clinical Psychology*, 51, 889-899.

SZAPOCZNIK1986

Szapocznik, J., Kurtines, W. M., Foote, F., et al. (1986) Conjoint versus one-person family therapy: further evidence for the effectiveness of conducting family therapy through one person with drug-abusing adolescents. *Journal of Consulting & Clinical Psychology*, 54, 395-397.

TAIT2004

Tait, R. J., Hulse, G. K. & Robertson, S. I. (2004) Effectiveness of a brief-intervention and continuity of care in enhancing attendance for treatment by adolescent substance users. *Drug & Alcohol Dependence*, 74, 289-296.

TAIT2004

Tait, R. J., Hulse, G. K., Robertson, S. I., *et al.* (2005) Emergency department-based intervention with adolescent substance users: 12-month outcomes. *Drug & Alcohol Dependence*, 79, 359-363.

TEICHNER2002

Teichner, G., Horner, M. D., Roitzsch, J. C., et al. (2002) Substance abuse treatment outcomes for cognitively impaired and intact outpatients. *Addictive Behaviors*, 27, 751-763.

TEVYAW2007

Tevyaw, T. O., Borsari, B., Colby, S. M., et al. (2007) Peer enhancement of a brief motivational intervention with mandated college students. *Psychology of Addictive Behaviors*, 21, 114-119.

TIMKO1994

Timko, C., Moos, R. H., Finney, J. W., et al. (1994) Outcome of treatment for alcohol abuse and involvement in alcoholics anonymous among previously untreated problem drinkers. *The Journal of Behavioural Health Services and Research*, 21(2), 145-160.

TIMKO2006

Timko, C., Debenedetti, A. & Billow, R. (2006) Intensive referral to 12-Step self-help groups and 6-month substance use disorder outcomes. *Addiction.*, 101, 678-688.

TONEATTO2005

Toneatto, T. (2005) Cognitive versus behavioral treatment of concurrent alcohol dependence and agoraphobia: A pilot study. *Addictive Behaviors*, 30, 115-125.

TRACY2007

Tracy, K., Babuscio, T., Nich, C., et al. (2007) Contingency management to reduce substance use in individuals who are homeless with co-occurring psychiatric disorders. *American Journal of Drug & Alcohol Abuse*, 33, 253-258.

VAN2006

Van de Luitgaarden, J., Wiers, R. W., Knibbe, R. A., et al. (2006) From the laboratory to real life, a pilot study of an expectancy challenge with "heavy drinking" young people on holiday. Substance Use and Misuse, 41(3), 353-368

WALTERS2000

Walters, S. T., Bennett, M. E. & Miller, J. H. (2000) Reducing alcohol use in college students: a controlled trial of two brief interventions. *Journal of Drug Education*, 30, 361-372.

WALTERS2007

Walters, S. T., Vader, A. M. & Harris, T. R. (2007) A controlled trial of web-based feedback for heavy drinking college students. *Prevention Science*, *8*, 83-88.

WALTERS2009

Walters, S. T., Vader, A. M., Harris, T. R., et al. (2009) Dismantling motivational interviewing and feedback for college drinkers: a randomized clinical trial. *Journal of Consulting and Clinical Psychology*, 77, 64-73.

WALTON2008

Walton, M. A., Goldstein, A. L., Chermack, S. T., et al. (2008) Brief alcohol intervention in the emergency department: moderators of effectiveness. *Journal of Studies on Alcohol*, 69, 550-560.

WASHINGTON2001

Washington, O. G. (2001) Using brief therapeutic interventions to create change in self-efficacy and personal control of chemically dependent women. *Archives of Psychiatric Nursing*, 15, 32-40.

WATSON1999

Watson, H. E. (1999) A study of minimal interventions for problem drinkers in acute care settings. *International Journal of Nursing Studies*, 36(5), 425-434.

WATT2006

Watt, M., Stewart, S., Birch, C., et al. (2006) Brief CBT for high anxiety sensitivity decreases drinking problems, relief alcohol outcome expectancies, and conformity drinking motives: evidence from a randomized controlled trial. *Journal of Mental Health*, 15, 683-695.

WATT2008

Watt, T. T. (2008) The race/ethnic age crossover effect in drug use and heavy drinking. *Journal of Ethnicity in Substance Abuse*, 7, 93-114.

WEINSTOCK2007

Weinstock, J., Alessi, S. M. & Petry, N. M. (2007) Regardless of psychiatric severity the addition of contingency management to standard treatment improves retention and drug use outcomes. *Drug & Alcohol Dependence*, 87, 288-296.

WEISNER2001

Weisner, C., Mertens, J., Parthasarathy, S., et al. (2001) Integrating primary medical care with addiction treatment: a randomized controlled trial. *JAMA*, 286, 1715-1723.

WERCH2000

Werch, C. E., Pappas, D. M., Carlson, J. M., et al. (2000) Results of a social norm intervention to prevent binge drinking among first-year residential college students. *Journal of American College Health*, 49, 85-92.

WHITE2006

White, H. R., Morgan, T. J., Pugh, L. A., et al. (2006) Evaluating two brief substance-use interventions for mandated college students. *Journal of Studies on Alcohol and Drugs*, 67(2), 309-317.

WHITE2007

White, H. R., Mun, E. Y., Pugh, L., *et al.* (2007) Long-term effects of brief substance use interventions for mandated college students: sleeper effects of an in-person personal feedback intervention. *Alcoholism: Clinical & Experimental Research*, 31, 1380-1391.

WHITE2007

White, H. R., Mun, E. Y. & Morgan, T. J. (2008) Do brief personalized feedback interventions work for mandated students or is it just getting caught that works? *Psychology of Addictive Behaviors*, 22, 107-116.

WINTERS2002

Winters, J., Fals-Stewart, W., O'Farrell, T. J., et al. (2002) Behavioral couples therapy for female substance-abusing patients: effects on substance use and relationship adjustment. *Journal of Consulting & Clinical Psychology*, 70, 344-355.

WINTERS2007

Winters, K. C. & Leitten, W. (2007) Brief intervention for drug-abusing adolescents in a school setting. *Psychology of Addictive Behaviors*, 21, 249-254.

WOOD2007

Wood, M. D., Capone, C., Laforge, R., et al. (2007) Brief motivational intervention and alcohol expectancy challenge with heavy drinking college students: a randomized factorial study. *Addictive Behaviors*, 32, 2509-2528.

WUTZKE2002

Wutzke, S. E., Conigrave, K. M., Saunders, J. B., et al. (2002) The long-term effectiveness of brief interventions for unsafe alcohol consumption: a 10-year follow-up. *Addiction*, 97, 665-675.

ZEMORE2007

Zemore, S. E. (2007) A role for spiritual change in the benefits of 12-step involvement. *Alcoholism: Clinical & Experimental Research*, 31, 76s-79s.

ZLOTNICK2009

Zlotnick, C., Johnson, J. & Najavits, L. M. (2009) Randomized controlled pilot study of cognitive-behavioral therapy in a sample of incarcerated women with substance use disorder and PTSD. *Behavior Therapy*, 40, 325-336.