

Reference	Outcome	Population	Intervention and comparison	Duration of intervention	Number of studies and patients	Key findings	Risk of bias	Duration of follow-up	Summary of follow-up	Comments
Bischof 2016	Primary: treatment utilization by the ADI. Secondary: alcohol consumption of the ADI and changes in alcohol consumption of the ADI and mental health status of the CSO	Concerned significant other (CSO) having a close one meeting diagnostic criteria for alcohol dependence, spending at least 20 hrs or living with the ADI (alcohol dependent individual), at least 18 yrs, absence of severe violence, absence of substance specific treatment of the ADI within the last 3 months.	For CSOs: 12 weekly sessions of 60 min each. Immediate intervention (II) condition vs. wait list (WL) condition (received CRAFT after 3 months)	12 weeks	94 CSOs (II=50, WL=44)	Community reinforcement and Family Training (CRAFT) is effective for treating CSOs of alcohol dependent individuals in terms of treatment engagement and improvement of CSOs mental health and family	Not a representative subgroup of CSOs (higher educated), all data assessed from CSOs.	Up to 12 months	At 3-mo follow-up, II revealed significant higher ADI engagement rates. After WL received the CRAFT intervention, engagement rates did not differ between both groups.	
Magill 2010	Primary: reported alliance, satisfaction and engagement.	Adult emergency and trauma department patients from Level I trauma center, blood alcohol concentration greater than 0.1% or self-reported alcohol use in the 6 hours prior to the event precipitating hospital entry, scored at least 8 on AUDIT. SOs had to be at least "supportive" in patient's life and no more than a "moderate" drinker.	Motivational Interviewing (MI) sessions vs. MI sessions including a significant other (SOMI)	Individual MI session.	423 randomized (IMI=204, SOMI=204, assessment only=9). Participants=382 (?).	Perceived alliance did not differ across conditions, but patients and SOs reported higher alliance, satisfaction and engagement than was perceived by the therapist.	Study is described as cross-sectional, conducts secondary analysis. Study included only "supportive" SOs.	At 6 and at 12 months.	Follow-up data not reported.	Study was conducted with baseline and treatment process data from a RCT that compared the efficacy of an individual MI session to a MI session that included a concerned significant other. The number of randomized and number of participants differ: not ITT analysis?
Drummond 2017	Primary: mean drinks per drinking day, percent day abstinent at 12 months measured using the Timeline Followback (TLFB). Secondary: total alcohol consumed, other consumption measures at 6 months and other drug use measured using TLFB, alcohol-related problems, severity of alcohol dependence, health utility, health-related quality of life, motivation to change, social network involvement, health service utilization.	Adults, attended NHS community addiction service for alcohol dependence on at least one occasion in the last 5 years, and ICD-10 dg of alcohol dependence. Psychiatric	ACT (intervention by the original ACT model used for people with psychosis) plus TAU vs. TAU alone. ACT comprised regular contact minimum once a week, assertive engagement, input from a multidisciplinary team, max 15 patients per practitioner.	Length of contact, mean days (SD): ACT+TAU 335.09 (55.87), TAU 95.54 (SD 87.35). ACT intervention closure: intended 365 days.	94 participants (ACT=45, TAU=49).	Those in ACT had better treatment engagement, and were more often seen in their homes or local community than TAU participants. At 12 months the ACT group had more problems related to drinking and lower quality of life than TAU but no differences in drinking measures. The ACT group had a higher percentage of days abstinent but lower quality of life at 6 months. The ACT group had less unplanned healthcare use than TAU.	Single blind, individually randomized. More drop-outs in TAU than in ACT+TAU (number of patients at 6 months 86% vs. 100%, and at 12 months 88% vs. 98%). It is stated that pilot study not designed to be statistically powered to test effectiveness of ACT+TAU vs TAU.	At 6 and at 12 months	See Key findings	
O'Farrell 2016	Primary: Timeline Followback Interview percentage days abstinent, Inventory of Drug Use Consequences measure of substance-related problems. Secondary: Dyadic Adjustment Scale	Adult heterosexual couples: patients with alcohol dependence (past 12 months) and their relationship partners.	Group Behavioral couples therapy BCT (G-BCT) plus 12-step oriented IBT (individually-based therapy, IBT) vs. one couple at a time Standard BCT (S-BCT) plus IBT	A total of 23 therapy sessions over the course of 12 weeks: 12 weekly 12-step group sessions plus condition-specific treatment for 11 consecutive weeks during 12 weeks.	101 patients (G-BCT=50, S-BCT=51). Fema during follow-up	Substance and relationship outcomes were significantly worse for G-BCT than S-BCT in the last 6-9 months of the 12-month follow-up, because G-BCT deteriorated and S-BCT maintained gains	No comparison group in which IBT only. Research assistants collecting study outcome data were not blind to treatment conditions. Those who received G-BCT received a greater dose of therapy, characteristics of a single therapy might have accounted for a poorer response. Somewhat underpowered. Fairly selected sample due to high study refusal rates (of the 559 potentially eligible 361 + another 65 were not interested or were unable to reconnect) and scheduling constraints.	Quarterly up to 1-yr follow-up	See Key findings	