

## Glossary

**Alcohol Use Disorder:** The Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> ed. (DSM–5TR) defines AUD as “a problematic pattern of alcohol use leading to clinically significant impairment or distress” (American Psychiatric Association [APA], 2022). An individual may be diagnosed with AUD when they meet at least two of several criteria within a 12-month period including increased use over time, impaired ability to stop or control use, cravings, withdrawal symptoms, increased tolerance, and continued use despite negative consequences on health, psychological well-being, occupational, and social relationships (APA, 2022).

**Baseline:** A starting point or basis of comparison against which changes can be assessed.

**Blended Motivational Intervention:** A multicomponent intervention where motivational interviewing or motivational enhancement therapy is one of the core therapeutic approaches.

**CHOICE Intervention:** An alcohol care management approach that uses outreach and motivational interviewing techniques to increase client engagement. It involves repeated brief counseling sessions and shared decision-making about treatment options (Bradley et al., 2018).

**Cognitive Behavioral Therapy (CBT):** A psychological treatment modality that emphasizes helping patients/clients address and modify thinking patterns as a pathway to behavior change. CBT tends to focus on current life circumstances and teaches patients how to cope with problems to reduce symptoms.

**Community Reinforcement Approach (CRA):** A community-based outpatient treatment approach designed to assist clients in gaining skills to avoid substance use and transform their lifestyle through the incorporation of new recreational activities.

**Comparison Group:** A group of individuals who received alternative treatment.

**Contingency Management (CM):** A type of treatment that rewards individuals for demonstrating a desired behavior to instill positive behavior change.

**Control Group:** A group of individuals who received either no treatment or standard treatment (i.e., the most widely accepted treatment) within the context of experimental research.

**Withdrawal Management:** A multicomponent intervention that seeks to reduce any physical harm caused by substance abuse by managing acute intoxication and withdrawal.

**Effect Size:** A value that describes the strength of the relationship between variables or the extent of differences between groups. A large effect size indicates practical significance, while a small effect size indicates that a finding might have statistical significance but has limited practical applications.

**Ethyl glucuronide (EtG):** An ethanol metabolite found in urine that can serve as a marker for recent alcohol intake. It can be detected in urine for up to 72 hours (Kissack et al., 2018).

**Experimental Study Design:** A type of research design that evaluates the effectiveness of an intervention by randomly assigning participants to either the intervention group or a control group.

**Female-Specific Cognitive Behavior Therapy (FS-CBT):** A tailored approach to treating alcohol use disorder in women that integrates core themes of self-confidence and self-care into each session. It includes specialized modules addressing social support for abstinence, interpersonal functioning, emotional regulation, and women-specific alcohol education, all designed to enhance autonomy and well-being (Epstein et al., 2018).

**Fidelity:** The extent to which delivery of an intervention adheres to the model as originally developed.

**Follow-up Assessment:** A type of assessment conducted after the active treatment period ends in a research study. Its purpose is often to examine whether the outcomes achieved during the treatment are sustained.

**Harm Reduction Treatment for Alcohol (HaRT-A):** A practical and empathy-centered treatment method designed to minimize alcohol-related negative consequences and enhance overall well-being. It does not mandate sobriety or decreased alcohol consumption as a requirement (Collins et al., 2019).

**Hepatitis C:** A potentially life-threatening viral infection that primarily affects the liver via inflammation and other acute or chronic health conditions. The Hepatitis C virus can be spread through direct blood-to-blood contact, unprotected sex, intravenous drug use with tainted or shared needles, body piercings and body art using non-sterile ink and needles, and sharing personal items such as razors. Hepatitis C can be treated with antiviral medication.

**Integrated Stepped Alcohol Treatment (ISAT):** A three-step approach for treating alcohol use disorder, particularly in HIV care settings. It begins with addiction physician management and medication, progresses to additional motivational enhancement therapy for those still drinking heavily after 4 weeks, and continues with referral to specialty services for persistent heavy drinkers at 12 weeks. This model integrates pharmacological and behavioral interventions, adjusting treatment intensity based on patient response (Edelman et al., 2019).

**Motivational Enhancement Therapy (MET):** A four-session manualized treatment modality incorporating the key components of motivational interviewing.

**Motivational Interviewing (MI):** A therapeutic approach aimed at enhancing motivation for change and improving treatment outcomes among individuals with substance use disorders.

**Recall Bias:** Inaccuracies in reporting past events or behaviors. While some details may be accurate, people may systematically under- or overestimate the frequency of certain behaviors when recalling from memory (American Psychological Association, 2018).

**Self-Report:** A report about one's own behavior provided by the subject of the research.

**Sequential Multiple Assignment Randomized Trial Design (SMART):** A type of complex clinical trial design involving multiple phases of randomization. Participants may undergo randomization at two or more decision points throughout the study, which may depend on how they responded to earlier interventions.

**SMART Recovery:** A support group led by trained volunteers to empower individuals in their recovery from addictive behaviors.

**Social Desirability Bias:** The tendency to present oneself in a way that is likely to be viewed positively by others (American Psychological Association, 2018).

**Spirit-Only Motivational Interviewing (SOMI):** A type of motivational interviewing (MI) that includes client-centered elements of MI, emphasizing therapist warmth, client responsibility, collaboration, and reflective listening, while avoiding MI-inconsistent behaviors such as advising, confronting, or taking expert role. It deliberately avoids techniques aimed at evoking change talk or directing the therapy process toward positive change, instead focusing on affective content and maintaining a non-directive stance (Morgenstern et al., 2017).

**Statistical Significance:** Measures the probability that observed relationships can be attributed to chance or sampling error. A high degree of statistical significance means the observed relationship is unlikely to be due to chance.

**Treatment as Usual (TAU):** A commonly used study condition or control/comparison group in

therapeutic and clinical intervention studies. TAU groups often represent a study condition where no changes to practice or treatment are implemented. Participants assigned to this condition receive a version of treatment that is considered standard or typical within the discipline. Researchers typically compare a TAU group to one or more groups that receive an intervention or treatment of interest.

### References

- American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders (5th ed., text rev.)*. <https://doi.org/10.1176/appi.books.9780890425787>
- American Psychological Association. (2018). Recall bias. *APA Dictionary of Psychology*. <https://dictionary.apa.org/recall-bias>
- American Psychological Association. (2018). Social desirability. *APA Dictionary of Psychology*. <https://dictionary.apa.org/social-desirability>
- Collins, S. E., Clifasefi, S. L., Nelson, L. A., Stanton, J., Goldstein, S. C., Taylor, E. M., Hoffmann, G., King, V. L., Hatsukami, A. S., Cunningham, Z. L., Taylor, E., Mayberry, N., Malone, D. K., & Jackson, T. R. (2019). Randomized controlled trial of harm reduction treatment for alcohol (HaRT-A) for people experiencing homelessness and alcohol use disorder. *The International Journal on Drug Policy*, 67, 24–33. <https://doi.org/10.1016/j.drugpo.2019.01.002>
- Edelman, E. J., Maisto, S. A., Hansen, N. B., Cutter, C. J., Dziura, J., Deng, Y., Fiellin, L. E., O'Connor, P. G., Bedimo, R., Gibert, C. L., Marconi, V. C., Rimland, D., Rodriguez-Barradas, M. C., Simberkoff, M. S., Tate, J. P., Justice, A. C., Bryant, K. J., & Fiellin, D.

A. (2019). Integrated stepped alcohol treatment for patients with HIV and alcohol use disorder: a randomised controlled trial. *The Lancet. HIV*, 6(8), e509–e517.

[https://doi.org/10.1016/S2352-3018\(19\)30076-1](https://doi.org/10.1016/S2352-3018(19)30076-1)

Epstein, E. E., McCrady, B. S., Hallgren, K. A., Gaba, A., Cook, S., Jensen, N., Hildebrandt, T., Holzhauser, C. G., & Litt, M. D. (2018). Individual versus group female-specific cognitive behavior therapy for alcohol use disorder. *Journal of substance abuse treatment*, 88, 27–43. <https://doi.org/10.1016/j.jsat.2018.02.003>

Kissack, J. C., Bishop, J., & Roper, A. L. (2008). Ethylglucuronide as a biomarker for ethanol detection. *Pharmacotherapy: The Journal of Human Pharmacology and Drug Therapy*, 28(6), 769-781.