Appendix A:

Summary of Studies (listed in chronological order)

Study # & Title	Country	Research Design	Type & Length of Treatment(s)	Sample	Outcome Variables	Findings
#1: Dieperink et al. (2014). Efficacy of motivational enhancement therapy on alcohol use disorders in patients with chronic hepatitis C: A randomized controlled trial.	USA	Experimental	Two experimental conditions. Motivational Enhancement Therapy (MET) vs control intervention consisting of general health education. Three-month intervention. Six-month follow-up.	**n=139** Veterans with chronic hepatitis C virus (HCV) and alcohol use disorders (AUDs).	Percentage of days abstinent from alcohol and the number of standard drinks consumed per week.	The MET group had a statistically significant increase in the percentage of days abstinent, rising from about 35% at baseline to 73 % at six months, compared to the control group's increase from 35% to 59%. Both groups showed reductions in the number of drinks per week, with the MET group decreasing from 35.4 to 15.5 drinks per week on average and the control group from 38.86 to 22.1, with no significant differences between the two groups. Statistically significant improvements in 30-day abstinence and reductions in heavy drinking days were observed at 6 months in both groups, again with no statistically significant differences. Reductions in objective measures of alcohol use such as EtG were seen over 6 months in both groups, but there were no significant differences between the groups. Attendance rates were comparable, with 40 out of 70 MET participants and 38 out of 68 control participants attending all four sessions. There was a total of 14 adverse events among participants in the control group and seven events among those in the MET group.
#2: Owens & McCrady. (2016). A pilot study of a brief motivational intervention for incarcerated drinkers.	USA	Experimental	Two experimental conditions. Motivational intervention vs the control condition (an educational intervention). Single 50-60-minute intervention. One-month follow-up.	**n=40** males who were incarcerated and had AUD.	Substance use treatment engagement, percentage of days abstinent from alcohol and drugs, and changes in the composition of social networks post-release.	The treatment condition was not a significant predictor of percentage of days of alcohol use only, drug use only, joint alcohol and drug use, or complete abstinence. Within group comparisons showed that the MI group had a statistically significant increase in the mean number of days of complete abstinence and drug use. There was no significant within group change in the measure of alcohol use alone. The EI group did not have a significant within-group difference in any of the alcohol or drug use measures.

Study # & Title	Country	Research Design	Type & Length of Treatment(s)	Sample	Outcome Variables	Findings
#3: Morgenstern et al. (2017). Dismantling motivational interviewing: Effects on initiation of behavior change among problem drinkers seeking treatment.	USA	Experimental	Three experimental conditions. Motivational interviewing (MI) vs spirit-only motivational interviewing (SOMI) vs control (i.e., normative feedback and support for positive behavior change). Eight-week intervention.	n=139 individuals diagnosed with AUD.	Alcohol use (timeline follow-back and daily questionnaire), and readiness for change.	All three groups reduced their drinking from the start of the study, but there were no statistically significant differences between the groups. The groups did not differ in drinking outcomes regardless of beginning motivation levels of the participants.
#4: Walker et al. (2017). Randomized trial of motivational interviewing plus feedback for soldiers with untreated alcohol abuse.	USA	Experimental	Two experimental conditions. A single session of motivational interviewing plus feedback (MIF) vs one session of psychoeducation. Single session. Six-month follow-up.	n=242 active-duty army personnel with AUD.	Alcohol use (number of drinks per week, general frequency of drinking, and frequency of heavy drinking episodes), substance use disorder (SUD) diagnosis and consequences, and treatment-seeking behavior.	Participants in both groups reported statistically significant reductions in drinking over time. This included significant reductions in the number of drinks per week, in the frequency of drinking, and in the frequency of heavy drinking episodes. Although the results indicated no statistically significant treatment effect on general drinking frequency, participants in the MIF group reported having significantly fewer drinks per week and fewer heavy drinking episodes compared to the control. These results were maintained at the six-month follow-up. At six-month follow-up, participants in the MIF group had a statistically significantly lower alcohol dependence diagnosis compared to the control group. The authors reported overall high completion and retention rates. More specifically, 79.2% of participants in the MIF group and 86.9% of those in the control group completed the intervention.

Study # & Title	Country	Research Design	Type & Length of Treatment(s)	Sample	Outcome Variables	Findings
#5: Bradley et al. (2018). Alcohol-related nurse care management in primary care: A randomized clinical trial.	USA	Experimental	Two experimental conditions. Nurse-delivered alcohol care management (CHOICE intervention) vs usual care. 12-month intervention.	**n=304** Veterans diagnosed with AUD.	Percentage of heavy drinking days, good drinking outcomes (e.g., abstinence or drinking below recommended and no alcohol-related symptoms).	There were no statistically significant differences in any of the alcohol use measures between the groups. The CHOICE group showed 39% heavy drinking days, while the usual care group had 35% at 12-month assessment. Good drinking outcomes, defined as abstinence or drinking below recommended limits in the previous 28 days, were observed in 15% of patients (18 out of 124) in the intervention group and 20% (27 out of 134) in the usual care group.
#6: Epstein et al. (2018). Individual versus group female-specific cognitive behavior therapy for alcohol use disorder.	USA	Experimental	Two experimental conditions. Group-based Female-Specific Cognitive Behavioral Therapy (G-FS-CBT) vs Individual Female-Specific Cognitive Behavioral Therapy (I-FS-CBT). Six-week intervention. 12-month follow-up.	**n=155** women diagnosed with AUD.	Percentage of drinking days (PDD), percentage of heavy drinking days (PHDD), mean drinks per drinking day (MDPDD), and percent of sample abstinent.	The results pointed to comparable efficacy of G-FS-CBT I-FS-CBT for alcohol use. Women in both study conditions reported statistically significant reductions in the percent drinking days (PDD) and percent heavy days drinking (PHD) by equivalent amounts. These reductions were sustained at the 12-month follow-up. There were no statistically significant differences between the groups. The authors reported that women in the I-FS-CBT group attended statistically significantly more sessions (M=9.7) compared to those in the G-FS-CBT group (M=7.6). In addition, women in the I-FS-CBT group stayed in treatment for about 10 days longer than those in the G-FS-CBT group.

Study # & Title	Country	Research Design	Type & Length of Treatment(s)	Sample	Outcome Variables	Findings
#7: Collins et al. (2019). Randomized controlled trial of harm reduction treatment for alcohol (HaRT-A) for people experiencing homelessness and alcohol use disorder.	USA	Experimental	Two treatment conditions. Harm reduction treatment for alcohol (HaRT-A) vs services-as-usual control. Three-week intervention plus one-month booster session. One- and three-month follow-ups.	n=169 individuals experiencing homelessness and diagnosed with AUD.	Alcohol harm reduction, motivation to change, and alcohol abstinence (self-reported abstinence and urinary toxicology testing).	Results showed that when compared to the control group, HaRT-A participants showed significantly greater increase in confidence about engaging in harm reduction as well as decreases in AUD symptoms, peak alcohol use, alcohol-related harm, and positive urinary ethyl glucuronide tests. Retention rates were similar between groups, ranging from 100% at the first session to 76% for HaRT-A and 72% for the control group by the last session.
#8: Edelman et al. (2019). Integrated stepped alcohol treatment for patients with HIV and alcohol use disorder: A randomised controlled trial.	USA	Experimental	Twi experimental conditions. Integrated stepped alcohol treatment (ISAT) vs treatment as usual. 13 weeks. Five-week baseline and eight-week intervention. No follow-up period.	n=128 individuals diagnosed with HIV and AUD.	Alcohol use (i.e., number of drinks per week over the past 30 days), treatment completion, receipt of medication, days without heavy drinking, number of drinks per drinking day, days of abstinence, blood alcohol concentration, and two HIV measures.	The results pointed to an overall decrease in alcohol use among participants in both study groups. At 24 weeks, ISAT participants consumed an average of 10.4 drinks per week, compared to 15.6 drinks per week for TAU participants, but this difference was not statistically significant. The proportion of participants without heavy drinking, the number of drinks per drinking day, and proportion of days abstinent were also comparable and not statistically different between the ISAT and TAU groups. At the 52-week assessment, more participants in the ISAT group reported no heavy drinking day, less drinks per drinking day compared to the TAU, but none of these differences were statistically significant. Participants in the ISAT groups were statistically significantly more likely to have a higher proportion of days abstinent, as compared to TAU. Despite reporting no group differences in the proportion of participants with an

Study # & Title	Country	Research Design	Type & Length of Treatment(s)	Sample	Outcome Variables	Findings
						undetectable HIV viral load at week 24, the authors found that the proportion was significantly higher at week 52 in the ISAT group than in the TAU group.
#9: Polcin et al. (2019a). Intensive motivational interviewing for heavy drinking among women.	USA	Experimental	Two experimental conditions. Intensive motivational interviewing (IMI) vs single-session standard motivational interviewing (SMI). Two-month follow-up.	n=215 women diagnosed with AUD.	Self-report of percent drinking days (PDDs) and percent heavy drinking days (PHDDs), and alcohol severity outcomes.	Both groups had statistically significant reductions in alcohol use, heavy alcohol use, and addiction severity index (ASI) scores with no significant differences between the two groups. However, when comparing outcomes between subsamples characterized by heavy drinking (i.e., drinking to intoxication for more than 14 days in the past 30 days), the results showed that women in the IMI group had greater improvements in percent drinking days. Specifically, among women who were heavy drinkers, those in the IMI group reported drinking on 47% of the past 60 days, compared to 61% for those in the SMI group. Similarly, among women who were heavy drinkers, those in the IMI group reported heavy drinking on 23% of the past 60 days, compared to 32% for those in the SMI group.
#10: Polcin et al. (2019b). Heavy drinking among women receiving intensive motivational interviewing: 6-month outcomes.	USA	Experimental	Two experimental conditions. Intensive motivational interviewing (IMI) vs single-session standard motivational interviewing (SMI). Six-month follow-up.	n=183 women diagnosed with AUD.	Self-report of percent drinking days (PDDs) and percent heavy drinking days (PHDDs), and alcohol severity outcomes.	Both IMI and SMI groups had reductions in the percent drinking days, with no statistically significant differences between the groups. Similar to the 2-month outcomes, women who were heavy drinkers in the IMI group reported greater improvements in percent drinking days compared to their counterparts in the SMI group, with a statistically significant difference. The percent heavy drinking days, however, was not statistically significantly different between the two groups.

Study # & Title	Country	Research Design	Type & Length of Treatment(s)	Sample	Outcome Variables	Findings
#11: Andersen et al. (2020). Evaluation of adding the community reinforcement approach to motivational enhancement therapy for adults aged 60 years and older with DSM-5 alcohol use disorder: A randomized controlled trial.	USA	Experimental	Two experimental conditions. MET treatment vs MET + CRA-S treatment. 12-week intervention. 24-week follow-up.	n=693 individuals 60 years of age and older diagnosed with AUD.	Total alcohol abstinence or an expected blood alcohol concentration of $\leq 0.05\%$ during the 30 days preceding the 26 weeks follow-up (success) or blood alcohol concentration of $> 0.05\%$ during the follow-up period (failure). Measurements of change in drinks per week, change in number of binge drinking days and quality of life.	Overall, the authors found no evidence that adding CRA-S to MET improved alcohol outcomes among seniors with AUD. Specifically, the treatment success rate was 48.9% among participants in the MET groups compared to 52.3% among those who received MET + CRA-S. There was not a statistically significant difference in the odds of success between the two conditions. However, older male participants had a statistically significantly higher probability of treatment success. Participants in both groups reported fewer drinking days and binge drinking days as well as improved quality of life. At the 12 and 26-week assessment, the rates of treatment success among US participants assigned to MET + CRA-S were higher compared to those among the MET group. It is unknown whether these differences were statistically significant. At 26-week follow-up, there were comparable retention rates among the two groups, with 76.9% in the MET group and 76.0% in the MET + CRA-S group, and an overall rate of 76.2%. Overall retention rates for each country ranged from 72.4% to 87.2%. It is unclear whether any of these differences were statistically significant.
#12: Morgenstern et al. (2021). An efficacy trial of adaptive interventions for alcohol use disorder.	USA	Experimental	Four experimental conditions. Brief advice (BA) vs motivational interviewing (MI) and MI vs MI plus behavioral self-control therapy (BSCT). Eight-week intervention. Four-,	n=160 individuals with AUD.	Sum of standard drinks (SSD) and the number of heavy drinking days (HDD) at various time points.	Participants receiving any BSCT achieved the greatest reductions in drinking. Specifically, those who received MI at week 4 followed by BSCT at week 8 outperformed all other groups in reducing alcohol consumption, particularly in lowering the number of heavy drinking days. The authors hypothesized that among non-responders to initial BA, week 4 MI would outperform week 4 BA Plus, but they concluded that their findings did not support this with null findings. The study concluded that prolonged treatment involving a combination of MI and

Study # & Title	Country	Research Design	Type & Length of Treatment(s)	Sample	Outcome Variables	Findings
			eight-, 13-, and 24-week assessments.			BSCT provided the most effective outcomes, suggesting that adaptive interventions could be helpful in treating AUD, especially for individuals who do not respond to initial brief interventions. The study reported overall high retention ranging from 92.0% at week four to 74.2% at the 24-week assessment. Participants in the MI-only group had a 97% attendance rate, while those in the MI plus BSCT group attended 90% of possible sessions. Participants in the MI only group had a 97% attendance rate, while those in the MI + BSCT had a 90% attendance rate. Of note, MI + BSCT were given the highest number of sessions to attend throughout the course of eight weeks.
#13: Santa Ana et al. (2021). Randomized controlled trial of group motivational interviewing for veterans with substance use disorders.	USA	Experimental	Two experimental conditions. Group motivational interviewing (GMI) vs treatment-control (TCC). Four-session intervention. Three-month follow-up period.	**n=118** Veterans diagnosed with AUD.	Alcohol use, SUD treatment and 12-step session attendance, and drug use days.	GMI participants showed statistically significant reductions in binge drinking days compared to TCC participants at both one and three months. GMI was linked to a 26% decrease in binge drinking days at both follow-ups. At three months, GMI participants also had statistically significant fewer alcohol use days, with a 21% reduction. GMI was more effective at reducing alcohol-related consequences, showing a statistically significant 51% reduction at three months compared to TCC. While both groups saw decreases in alcohol use days and consequences from the start, the differences between groups at one month assessment were not statistically significant. On average, participants attended 3.4 out of 4 sessions, with 86.4% of GMI and 79.7% of control group participants attending 3 or more sessions. No statistically significant differences were found between groups.

Study # & Title	Country	Research Design	Type & Length of Treatment(s)	Sample	Outcome Variables	Findings
#14: Polcin et al. (2022). Characteristics of women with alcohol use disorders who benefit from intensive motivational interviewing.	USA	Experimental	Two experimental conditions. Intensive motivational interviewing (IMI) vs single-session standard motivational interviewing (SMI). 12-month follow-up.	**n=182** women diagnosed with AUD.	Self-report of percent drinking days (PDDs) and percent heavy drinking days (PHDDs), and alcohol severity outcomes.	Women who were heavy drinkers and received IMI had a trend towards greater improvement in heavy drinking. Further analyses showed that specific characteristics of the women were associated with better outcomes. Those who had lower psychiatric severity, higher motivation, and severe physical and impulse problems related to drinking benefited most from MI. The effects of motivation and psychiatric severity were evident at two- and 12-month follow-ups whereas the effects of physical and impulse control problems were observed at all time points.
#15: Stasiewicz et al. (2023). Pretreatment changes in drinking: A test of a tailored treatment approach.	USA	Experimental	Three experimental conditions. Six sessions of relapse prevention treatment (RPT) vs 12 sessions of standard cognitive behavioral treatment (CBT) vs. MI plus CBT. 12 weeks.	**n=201** individuals diagnosed with AUD.	Number of days abstinent per week (NDA) and number of heavy drinking days per week (NDH).	Results found that for participants with minimal pretreatment change, there was no significant difference between standard CBT and MI plus CBT groups in drinking outcomes as measured by NDA and NDH. This result was held for end-of-treatment and the three- and six-month post treatment follow-ups. For those with the substantial change in the pretreatment phase, the study found that six sessions of RPT were no less effective than 12 sessions of CBT for both NDA and NDH.