Psychological Interventions with Families of Alcohol Misusers: A Systematic Review

Abstract

Aims: To review the literature on psychological interventions for families affected by alcohol misuse, with a focus on outcomes for family members. **Methods:** A comprehensive and systematic literature review. A detailed search strategy was developed and implemented with no date, language or time restrictions. Two reviewers screened all identified titles and abstracts, and then independently assessed the eligibility and quality of all potential studies. The studies were analysed according to whether or not the alcohol misuser was involved in the primary intervention under investigation and analysed thematically. **Results:** 43 publications (34 studies) were included in the review. All were in English, covered the period 1979-2009, were mainly published articles in peer review journals and included 2,500-3,000 family members. Research with female family members (particularly spouses or partners), and 'white' family members dominated. The included studies show how the field has moved from primarily focusing on how family members can engage and support the user through treatment to adopting a wider holistic focus which considers the needs of family members in their own right. Studies in both categories demonstrated positive outcomes for family members across a range of domains. **Conclusions:** Adopting a broader review methodology has brought a fuller understanding of a field where few such reviews have been conducted, and offers direction for future research. Further work is needed in terms of broadening the reach of such interventions and embedding them more firmly into routine therapeutic practice.

Keywords

Families, systematic review, psychological interventions, alcohol misuse

BACKGROUND

The misuse of alcohol is an issue of major national and international public health concern[1] and can bring significant harm and burden to family members[2, 3], resulting in increased use of health and social care services and resources[4-6]. Family members often have significant health and social problems, akin to the trauma associated with living with other conditions[7], where associated physical and psychological health difficulties, unemployment and financial difficulties, relationship problems, marriage breakdowns and parenting difficulties are particularly prominent[8, 9]. A selection of studies have focused on the impact on families from different countries or cultural groups[2, 10], the coping mechanisms of males who live with a female problem drinker[11] and the unique aspects of being a child of an alcohol misuser[12-16].

There is evidence in the wider health field that offering psychosocial support to patients and their families, including to family members in their own right, can be beneficial[17]. Similarly, there is increasing evidence of a variety of ways of working with families affected by alcohol misuse[2, 18, 19]. These interventions are primarily psychological in orientation and fall into three main categories - those where the involvement of the family member is primarily oriented towards engaging the person with the alcohol or drug problem into treatment; those that work conjointly with alcohol or drug misusers and their family members (usually a spouse or partner); and those that work with family members in their own right (this includes network and whole family approaches)[18].

However, despite growing evidence of the impact of alcohol misuse on the family, increased awareness of the benefits of involving family members in treatment, including support to family members in their own right, and evidence which highlights the economic benefits/cost-savings of family focused interventions[4, 20, 21], there has been criticism levelled at the alcohol treatment field and its commissioners for not adequately including family members in service delivery[2, 22, 23]. Family members' suffering can be further exacerbated through this lack of support [24, 25]. The recent increased integration of the needs of family members who are affected by a relative's substance misuse into UK national policy[26-30] is therefore welcomed. An up-to-date review of interventions for family members would help guide this significant and

much overdue shift towards more holistic treatment, both in the United Kingdom and elsewhere. Whilst several systematic reviews have focused on interventions for people with alcohol problems[31-33], few reviews have attempted to synthesise findings from studies of family focused interventions. Some reviews of family involvement in alcohol treatment have been undertaken but they have focused on drug problems (or drug and alcohol problems), and on outcomes related to treatment engagement and retention, or the level of substance consumption of the misuser.

Janzen (1977)[34] identified 24 eligible articles, reporting that studies were disparate and often lacking in orientation, method, outcomes and the extent of focus on families. Further, whilst concluding that family involvement has its benefits, firmer statements about how these interventions compare with or may be better than other forms of treatment could not be drawn. Steinglass (1976 – in O'Farrell & Fals-Stewart, 2003[35]) also reported that the few available studies were generally methodologically poor with little evidence of the effectiveness of family treatment. McCrady (1989 – in O'Farrell & Fals-Stewart, 2003[35]) highlighted a gap between research and practice; "….*clinically popular family disease and family systems approaches have little or no empirical support….behavioural approaches, which have relatively more empirical support, are virtually unused in clinical practice*" (O'Farrell & Fals-Stewart, 2003 p12[35]). Edwards & Steinglass' meta-analysis of 21 studies (1995)[35] concluded that there were, "*….considerable benefits of involving family members of individuals experiencing problems with drugs and alcohol*" (in Thomas & Corcoran, 2001 p553[36]). Stanton & Shadish's meta-analysis review of 15 drug intervention studies which included a family-couples therapy component (1997[37]) also reported that these interventions performed better than other forms of intervention. Thomas & Corcoran's (2001)[36] review, whilst considering outcomes for family members themselves, focuses on how family members, through their own treatment, can influence the behaviour of their relative. O'Farrell & Fals-Stewart (2003)[35] reviewed 38 studies of marital and family therapy (MFT), concluding that MFT is more effective than individually oriented treatment and can be pivotal in motivating an alcoholic into treatment, but also beneficial to family members where the alcoholic relative is resistant to treatment.

Hence, an up-to-date review, focused on alcohol and on the evidence of helping family members in their own right is required. The evidence in this area is growing but is disparate and needs reviewing and synthesising in a systematic way so that informed decisions can be made about developing policy, practice and research in this area. To respond to this, the aims of this review were:

1. To undertake a comprehensive and systematic review of the literature on psychological interventions for families affected by alcohol misuse.
2. To assess the available evidence on the effectiveness of psychological interventions in improving life for family members of alcohol misusers.

METHOD

Following research team discussions and advice from the Cochrane Collaboration it was decided that the topic was both too diverse and too un-developed for a very specific review to be undertaken, and that a very broad review methodology should be adopted which followed the core steps and principles of a systematic review[38, 39]. This wide-ranging review may well trigger further, more focused and detailed, reviews on identified sub-topics.

Definitions

All definitions were deliberately broad to enable a comprehensive review to be conducted. The following definitions were agreed:

- **Population:** Family members of alcohol misusers, who were negatively affected by the alcohol misuse of an adult relative and who were in direct receipt of a psychological intervention, either in their own right or as part of a broader study (where the primary focus may in fact be on alcohol treatment outcomes or predictors thereof).
- **Studies:** Studies that employed a broad range of quantitative and/or qualitative methodologies were considered, including experimental studies that followed a randomised or non-randomised design, quantitative comparative studies (including control and cohort studies), other observational studies (such as case series, time series

or before and after studies), and studies that utilised a qualitative methodology. Prevention studies were excluded unless they were specific to families living with alcohol misuse.

- **Intervention:** Where appropriate, the 'experimental' group comprised an intervention that had a psychological component which is adequately described by the study authors. 'Psychological' was broadly interpreted to acknowledge the diversity of available interventions, thereby ensuring that as many eligible studies as possible were identified. Interventions could be of any duration, in any setting and delivered in a variety of ways. Where appropriate, the 'control' group(s) were comparative in terms of involving at least one other intervention/group. This control intervention might be another psychological intervention that involved families, a psychological intervention that did not involve families (i.e. works solely with the alcohol misuser), a non-psychological intervention (for example, the prescription of medication only), treatment as usual or no-treatment (includes waiting list controls).
- **Outcomes:** Included studies had to assess at least one outcome that had direct relevance for family members, measured at baseline and at least one follow-up time (including end of intervention), diagnostically or by a validated assessment measure for the specified outcome. An outcome could be physical, psychological or 'other', e.g. related to family functioning, relationships or use of health or social care services. For example, some interventions seek to alleviate psychological and/or psychosocial distress (such as anxiety or conflict) whilst others aim to empower family members by promoting psychological health and/or psychosocial functioning (such as raising self-esteem or developing social competence and effective coping strategies).
- **Alcohol Misuse:** There is wide variation in how alcohol misuse is defined, with some studies following ICD or DSM criteria, whilst others focus on the perception by the family member as to the severity of the alcohol misuse and the impact upon them, and use no medically grounded diagnostic criteria. This review adopts a similarly broad definition of alcohol misuse to the other study parameters, and further includes those studies that include the misuse of drugs other than alcohol (but only where the misuse of alcohol remains the primary focus).

Searching

A detailed search strategy was developed using words and combinations of terms associated with the above definitions of population, design, intervention, outcome and alcohol misuse. There were no date, language or time restrictions, and the bulk of the searching was conducted in 2006, allowing for studies published up to and including the first few months of that year to be identified and considered (some included studies are dated 2007 or 2008 because their status moved from unpublished to published). Several electronic and grey literature resources were searched (for example, ETOH, OVID, Science Direct, Medline, Web of Science, Cochrane database, Project CORK, SIGLE, CINAHL and the UK National Research Register). In addition, hard copies of Addiction Abstracts from 1990 were hand searched, as was an MHRDU database compiled as part of Scottish Executive commissioned review on parental substance misuse[15]. Colleagues (nationally and internationally) were e-mailed, key articles and other publications already known to the project team were considered and reference lists were hand searched as appropriate. Two reviewers screened all titles and abstracts to come from the searching process, looking at full papers where necessary. To deal with replication, studies were combined where more than one publication related to the same study or the same sample.

Eligibility and Quality Assessment

The development of the tools for these stages of the review was influenced by existing methods of eligibility and quality assessment, principally those advocated by the Cochrane Collaboration and by members of the review steering group. Two reviewers independently assessed the eligibility and quality of studies, focusing upon the population, design, intervention and outcome of each study. Queries or disagreements were resolved by the Steering Group (comprising the two reviewers, two external experts on systematic reviews, the University Subject Librarian, and the Research Unit Director) or by contact with the study author(s). Where the work involved a member of the review team, an independent member of the Steering Group was asked to assess the study. Attempts were made wherever possible

to contact authors to get clarity and information to enlighten the eligibility and/or quality assessments.

Analysis

Given the heterogeneity across the studies, and that this was the first review in this specific area, quantitative analysis or meta-analysis was not possible; hence, a thematic and narrative approach to analysis was employed. The included studies were grouped and reviewed according to whether or not the family member received an intervention with or without the alcohol misuser (Table 1).

RESULTS

Following screening, 88 potential publications from 79 studies were identified. Following eligibility and quality assessment, 43 publications from 34 studies were included in the review (Table One)[52-94].

Summary of excluded studies

There were 45 excluded publications (45 studies), published between 1974-2005[95-140]. The main reasons for exclusion were that the study was descriptive only, did not consider or include enough focus on alcohol, lacked focus on family members or was incomplete/ongoing and hence data were not available. In many cases authors were contacted (multiple attempts were often made) to get more information but in many cases no response was received.

Summary of included studies

All included studies (43 publications from 34 studies) were in English, covered the period 1979-2009 and were mostly published articles in peer review journals. Nearly half of the studies were undertaken in the USA, with a further 10 conducted in England, 5 in Australia, 3 in Sweden, 1 in Canada and 1 in Italy. Across the included studies female (generally spouses/partners) and 'white' family members dominated. Whilst exact information was lacking in some studies, the first group of studies (where the user was not involved) included in the region of 1,500 family members, and the second group of studies (where the user was

involved) included in the region of 1,200 family members. With a few exceptions, it was broadly the case that the first group of studies involved unilateral or group-oriented interventions with family members whilst the second group included mainly couples and family focused approaches.

See table 1 - appendix

Studies of interventions which involve family members without the alcohol misuser (21 studies[52-77])

Over half of this group of studies came from the USA (seven studies) or the UK (six studies); with five from Australia, two from Sweden and one from Italy. Nine studies involved partners or spouses (with the vast majority of them being female) whilst another six studies adopted a broader definition of 'family member' although, invariably, the majority of those recruited were female and partners or spouses. The remaining six studies included children, usually 'adult children of alcoholics'.

Of the 15 studies which involved (mainly female) partners or spouses, nine were forms of trial, involving randomisation (details were not always specified) to usually two or three groups and involving follow-up data collection at the end of the intervention or at 12 months (24 months for one study). Some studies were pilot or feasibility studies of a new intervention where, in some cases, the addition of qualitative data made a valuable contribution towards understanding how and why such interventions might benefit family members.

Nine studies evaluated individually oriented treatments designed to support family members directly and in their own right, whilst the other six studies involved group treatments (three studies) or a comparison of an individual and a group treatment (three studies) (sometimes with a third intervention or control group as well). Two specific intervention models dominated in this group, the Australian 'Pressures to Change' approach (three studies[53-55]) and the UK '5-step intervention' (five studies, with one of those testing the model in Italy[57,58,66,67,71,75,76]); both support the family members individually and in their own right. The remaining studies in

this group were varied. Three were testing individually focused treatments: one was a comparison of three means of working with significant others to motivate treatment resistant drinkers into treatment[69,70], another asked family members to invite others in their family to attend a series of network support therapy sessions[62], and the third compared alcohol-couples focused therapy with two individually oriented control interventions[63,1]. The three other studies involved different approaches to group therapy[59,60,62,73] whilst the final study in this group compared an individual coping treatment with group support and a control condition of a one hour information session[65,77].

The premise behind this group of studies is that they are oriented towards assisting family members *in their own* right. However, alongside methodological limitations, the extent to which the included studies achieved this central aim varied; some studies commented on the impact of the intervention for the drinker/the drinking with, in some studies, this focus taking attention away from the impact of the intervention for family members 'in their own right'. Some authors offered comment on the difficulties that they, or the professionals who were trained to identify and recruit family members and deliver an intervention to them, experienced in study recruitment. The limited data collected in some studies (despite the seeming focus of the study being towards family members), along with the lack of longer-term follow-up in most studies and a wide range of outcomes being considered, makes a summary of quantitative findings hard. Nonetheless, collectively, the studies indicated that interventions which are targeting family members' own needs can result in positive change across a range of domains, including for example, health, coping, stress/distress, hardship, life satisfaction and relationship satisfaction. Where qualitative evidence supplemented the main outcome data there was greater understanding of how the intervention can help family members as well as evidence that intervening in this way can bring benefits for others in the family group, for example, children or the individual with the alcohol problem. Treatment groups generally fared better than control groups but, where interventions, or versions

[1] In the Halford et al. (2001) study, whilst one of the treatments under study was alcohol-focused couples therapy, the study (and the other two treatments) was very much focused on the female family member and so it has been grouped here (in the cases where the woman's drinking spouse declined to participate in couples therapy the woman received one of the individual treatments.

thereof, were compared with each other, generally no one intervention stood out as being better than another. Working with family members of alcohol misusers in these ways is still in its infancy but, nonetheless, the results in this group of studies demonstrate clear potential.

The other six studies in this group focused on children. Two studies[56,68] in the USA reported on studies with adult children of alcoholics (in one study the adult children also themselves had problems with alcohol), one study reported a case example of the Pressures to Change approach with an adult daughter with a drinking mother[52], another Swedish study focused on an intervention programme for University students who had a parent with an alcohol problem[64] and the final two studies (from one research group in the USA) reported on the development and testing of a school-based prevention programme for children in alcoholic families[72,74]. These latter studies were limited by their recruitment of groups of children, not all of whom were living with parental alcoholism, and by not fully reporting on sub-analyses of the group of children who did self-identify as living with parental alcoholism. In general, however, these studies report the benefits of their interventions, and offer additional ideas about potential mediating factors which, if altered, can facilitate more positive outcomes in a range of areas.

Studies of interventions which involved family members with the alcohol misuser (13 studies[78-94])

The majority of the studies in this group (nine studies[80-90,92,94]) involved couples therapy, primarily Behavioural Couples Therapy (BCT) or forms thereof, and were from the USA (with one Canadian study). The other four studies were small scale evaluations of holistic family interventions, all from the UK[78,79,91,93].

The majority of the studies involving couples therapy were generally well conducted, pragmatic and quantitative trials with six studies involving randomisation to between two and four groups of male drinkers and their female spouses/partners. Summative conclusions from these studies strongly indicated that couples therapy results in positive outcomes, particularly in drinking behaviour and marital adjustment, which can be maintained in varying degrees through follow-up. The power of these studies contributes to the high regard in which couples

therapy is held. Further, this group of studies included work that highlights the benefits of BCT plus additional couples relapse prevention sessions[86], the potential of a short form of BCT[81], the feasibility of BCT with female drinkers and male spouses[80], and how BCT can influence co-existing violent or aggressive behaviour[87-90] (one study also alluded to the indirect and positive outcomes that the intervention can have for children[87]). Since this review was completed the first meta-analysis of BCT has been undertaken[50], involving 12 studies (N=754, eight of which focused on alcohol). The findings clearly demonstrate that BCT out-performs the comparison individually oriented treatments. Whilst there is little specific attention given to the non-drinking spouses, the authors state that, "*BCT appears to improve relationship satisfaction first that later leads to reduced drinking and drug use*" (Powers, Vedel & Emmelkamp, 2008 p961).

There were four further studies in this group which evaluated different ways of working with family groups (usually, but not always, including the focal client with the alcohol or drug problem); three studies were final research reports and included a lot of qualitative data. All studies included children and young people in the study, including direct data collection from them. One study involved randomisation to one of two treatment groups[78] to compare two forms of family therapy whilst the other three studies were before and after studies where families participated in the study through a wider evaluation of the pilot family oriented service which they were receiving[79,91,93]. Bennun's study[78] reported positive changes for both groups in terms of marital and family satisfaction and alcohol dependence, changes which were maintained at six months. The other studies, primarily through qualitative data analysis, reported benefits to families in the areas of family dynamics, communication, family relationships, health and coping. Further, all studies presented useful evidence that adopting a therapeutic approach which closely considers family strengths and values, and how individual and familial resilience can be improved, can make a major contribution to the success of the intervention.

DISCUSSION

Summary

This review was undertaken to provide a timely and broad overview for a field in the midst of significant evolution. This systematic review has focussed on publications from 34 studies which considered the benefits of interventions for family members, either through receipt of an intervention aimed specifically at them, and delivered individually or in groups, or through receipt of an intervention together with their alcohol misusing relative. That this review has been possible is a promising finding in itself: it is an indication of how the impact of alcohol problems on family members is being increasingly seen as important; and hence that services and interventions aimed at family members are being developed and evaluated. The review could have simply focused on a tiny number of double-blind randomised controlled trials. However, for a field in relative infancy, and when there is debate about how flexibly the core principles of systematic review methodology can be interpreted, and whether, for example, studies which are not randomised controlled trials or which include qualitative data can be considered, this review has found that adopting a broader approach has brought benefits in terms of a fuller understanding of a field where few such reviews have been conducted. Moreover, whilst a more limited or focused review might have increased study homogeneity, given that this is an emerging field of study, such a review would not have been able to offer such a broad and useful overview of the field, how it is developing or its strengths and limitations.

A diverse range of studies and interventions was identified which highlights the chronology of how this field has moved from primarily focusing on how family members can engage and support the user through treatment to adopting a wider holistic focus which considers the needs of family members in their own right, Unilateral interventions for family members and group interventions for families have become more popular. However, despite this shift many studies retained a greater focus on the person with the alcohol problem. Whilst the needs of family members are inevitably entangled with those of the alcohol misuser, what emerges from this review is a sense of reluctance to disentangle the two and consider the broader needs of families in their own right.

Population

The majority of the included studies involved adult female family members, usually spouses or partners. However, more recent work, particularly in the UK, Australia and Sweden where unilateral or whole family approaches are more popular, has successfully engaged a wider range of family members albeit in quite small numbers. Furthermore, the BCT agenda in the United States is continuing to test and expand the model; for example, with female drinkers and male spouses and same sex couples, as well as by adapting the model into BFC (behavioural family counselling) for delivery to other family members such as parents or siblings[40].

Study design

In terms of study design, pragmatic, quantitative and controlled trial designs, usually conducted in the USA and involving couples therapies, dominated. Pilot and feasibility studies, which often included qualitative data, and were more likely to be unpublished, had a greater focus towards newer areas of intervention, such as some of the unilateral interventions and the group of family studies.

Intervention

Where several studies considered the same type of approach or intervention, a broader exploration of the associated strengths and limitations was possible. For example, the group of studies focused on behavioural couples therapy both emphasised the potential with this approach, including use of later ‘top up' sessions or of its use with male family members, but also highlighted limitations. For example, in one study[85] BCT was found to have an incremental positive impact when added to another form of intervention, leading the authors to hypothesise that BCT might be better suited to couples where the alcohol problem is more severe and where marital distress is greater, and to situations where the ultimate drinking goal is abstinence. Similarly, several studies which focused on brief interventions for family members such as the Pressures to Change or 5-step models, highlighted their potential with family members individually, and of the benefit of offering the intervention in self-help format.

The 5-step model places a lesser emphasis on the severity of the alcohol (or drug) misuse; however, through the recruitment of family members who had been living with the misuse for, on average, 8-10 years, the studies demonstrated that a brief intervention can be beneficial in offering support to family members who are living with long-standing problems. It was somewhat surprising, although not entirely unexpected given the anonymity associated with the movement, that no specific work considering Al-Anon was identified. However, Al-Anon type approaches were sometimes included as a study control group.

Outcomes

Whilst a range of outcome measures was used in the included studies, and an average of three outcome measures was used across all included studies, there continued to be a narrow range of outcomes considered, usually related to the alcohol consumption of the misuser (for example, abstinence or the number of drink-free days)[42] or marital functioning. Unilateral and family focused studies tended to consider a wider range of outcomes. Assessing physical and psychological well-being and coping emerged across the studies as important domains to study in terms of exploring positive change for family members in their own right. Often, however, the presentation of outcomes was misleading, with interpretation directed towards treatment outcomes for the misuser and less towards family members themselves. In some cases outcomes relating to the family members or to couples were measured but data were only gathered from the alcohol misusing clients. Furthermore, in some studies, outcome data related to alcohol consumption were reported first and often in far greater detail than family member specific outcomes. Ongoing research is therefore needed to increase consideration of outcomes specific to family members[17, 36]. Research also needs to consider outcomes for family members beyond those who specifically received the intervention (children, for example[108]) or for domains which can be directly affected by a substance misuse intervention (for example, violence, parenting or family environment).

Whilst a detailed analysis of study outcomes in each group was not undertaken, the fact that positive change was seen across the included studies (either through statistically significant analyses or thematic qualitative findings) suggests that there may not be a ‘best’ intervention

for family members living with alcohol misuse. Rather, it may be that elements of support non-specific to the intervention approach itself are equally important in contributing to positive outcomes. More research is needed to better understand the active ingredients of interventions, the processes and mechanisms by which they effect change and whether other factors contribute to positive change[23, 35].

Definitions

Finally, whilst many of the studies reviewed here (perhaps because of the dominance of work from the USA) are based on a diagnostic definition of alcoholism, and hence on a treatment goal of abstinence for the drinker; future work could usefully extend this to consider how interventions might also operate when broader definitions and goals, such as 'problem drinking' and moderate consumption, are considered. Further work would also be helpful to consider the impact of the severity of the alcohol problem on the outcome of the intervention. Whilst some of the successful interventions for family members without the user place less emphasis on the severity of the problem, drinking or treatment status of the drinker, or on the presence of other significant problems such as violence, some of the findings from the studies reviewed, particularly related to BCT, indicated that this is an issue for further consideration.

Methodological comments

Identification of studies

The deliberately broad definitions used for this review, and the use of multiple searching resources with different methods for searching, made the identification and selection of studies difficult but comprehensive[43]. However, some studies we would have expected to identify (because we already knew of them) were not easily identified through even such a broad search strategy. Further, some earlier studies (largely from the 1950s-1970s) were also not identified.

Quality assessment

Assessing the quality of the included studies identified variation across different aspects of the studies. Descriptions of background, design and interventions were usually adequate and

the discussions were usually relevant. Studies tended to lack detail (where appropriate) in many of the same areas: ethics, detail of randomisation, justification of sample size, presentation of data (the latter includes basic distribution of data, analysis [e.g. intent to treat], blinding and attrition) and description of outcomes (lack of detail of the names of specific measures or who completed them). However, in many cases the work being done was innovative, and the studies were pilot/feasibility studies, with little to no previous work on which to base decisions on study design etc. As such it is less helpful to report on those things (such as effect sizes, attrition and intention to treat) which are usually the mainstay of randomised controlled trials and reviews published in the Cochrane Library and it was therefore necessary to broaden the assessment of quality to ensure that it was applicable to the range of studies included. Further, methodological parameters attached to the studies, whilst enhancing the power with which the results can be interpreted, come with their own limitations in terms of generalisation.

Other limitations

Another limitation of many studies related to the length of follow-up, up to a maximum of two to three years for a handful of studies. In many cases funding placed restrictions on what could be achieved. Nevertheless, for this developing field it is important that future research is able to include longer follow-ups to enhance understanding of whether change associated with family focused interventions is sustained, or results in subsequent and delayed positive change[83-4]. 'Recovery' for a family can continue for years after the cessation of consumption, with change in different domains occurring at different time periods, so work which considers a range of outcomes over longer time periods would also be beneficial[42].

Finally, the study was focused on interventions which wholly or primarily considered alcohol misuse. There is evidence from a meta-analysis of BCT[50] that the effect sizes for the included alcohol and drug studies (when analysed separately) are similar. Further, some of the studies reviewed here did include drug misuse but highlighted few differences in outcomes between family members of alcohol and drug misusers. Nonetheless, a similarly broad and narrative review of studies focused on illegal drug misuse, or which, in

acknowledging the prevalence of polydrug use, offers a more detailed comparison of interventions across and within these major substance groups, would be a useful companion to the present review.

Implications for Research and Practice

There are several implications which inform where future practice and research in this area should be focused, and offer guidance on where more focused reviews could be undertaken. Firstly, there is a need to consider the involvement of a wider range of family members, including children, male family members, family members from black and minority ethnic groups, the needs of family members of younger alcohol misusers, and family members, such as children, who are not involved directly in an intervention or service, but who might benefit because another family member does participate. Next, given that developments in the field are still in their infancy, flexibility and innovation in service and intervention design should be encouraged. The research and development agenda, and reviews thereof, must be wider-ranging, including pilot and feasibility studies; adequately powered and conducted randomised controlled trials with sufficient follow-up; evaluations and effectiveness trials of the implementation of interventions into routine practice; and consideration of the economic benefits of family interventions[4]. Qualitative methods are a necessary part of all areas of this agenda. Whilst, in their development and testing of a small number of successful interventions, a relatively select number of internationally recognised groups of clinicians and researchers have played a major role in highlighting the plight of family members and driving the treatment agenda forward in this regard, a broader research and practice agenda would allow for greater application of these models in a range of settings.

The findings from this review indicate the way in which the aforementioned recommendations need to be applied will differ according to the intervention under consideration. For many interventions there are indications of promise suggesting that an applied programme of research is needed. Others already have stronger evidence in their favour, including, for example, Behavioural Couples Therapy, the 5-step approach and the Pressures to Change model, and the focus here needs to be on considering how best to roll-out the intervention

into routine practice or in how to adapt an intervention to reach different sub-populations of family members or to be delivered in different settings.

Despite major developments at a strategic level in some countries, and the fact that many of the included studies in this review alluded in their discussion to a need to translate the interventions studied into routine practice[23, 45], there was often little discussion on how to do this, although some of the challenges in doing this have been highlighted[46, 51]. In the USA, a national survey of the use of couples therapy in community substance abuse treatment[45] found that less than five per cent of responding services used behaviourally oriented couples therapy and none used BCT specifically, despite strong research evidence of the benefits of some forms of family focused intervention (particularly BCT). Further, when members of the BCT research group returned to five previous research sites (all community based substance abuse treatment programmes in the USA where BCT had been tested), they found that, whilst BCT had 'flourished' in one site it was non-existent in the other four sites[51]. However, a UK study[49] has described the journey taken by one statutory drug and alcohol team and one non-statutory alcohol team to become more family focused across all area of practice; for both services the work which was achieved has been sustained and now extended to other parts of the organisations of which the teams are part. Such work supports important policy developments in this area[28, 44].

Conclusion

In a climate where treatment focused on the individual with the alcohol (or drug) problem dominates and the broader response framework is biased towards prevention and crime, barriers remain at the patient, counsellor, supervisor and organisational level, barriers which have largely prevented the wider dissemination of well validated and qualitatively supported treatments involving families. To a certain extent it is the case that because the field is quite new it takes a few years to gather the necessary research evidence before considering the next phase of work about translating that work into clinical practice. It is also sometimes the case that a manualised intervention delivered 'under research conditions' operates in a more flexible and responsive way when adapted for everyday practice. Some work[23, 47-49] offers

ideas and examples on how to successfully bridge this gulf between research and practice, the opportunities which arise and the barriers which need to be overcome. Nonetheless, there is much more which needs to be done to support the development of these research, practice and policy agendas. Assessing outcomes for families is an essential part of this work, and work is needed to understand the best ways of assessing outcomes and integrating the consistent use of outcome assessment tools (standardised questionnaires or newly developed tools) within pre-existing organisational or nationally driven monitoring systems so that the routine assessment of outcomes for all family members receiving a service becomes embedded into routine practice. It is possible that the way alcohol treatment services currently operate, for example within the United Kingdom, and the expectations of how services must report to commissioners, with the focus on the number of clients engaged with, retention rates and success with regards to alcohol consumption and criminal behaviour, are preventing the required move towards consideration of a broader range of outcomes for clients and their families. The evidence is mounting that involving the family in treatment, including responding to their own needs directly, and largely regardless of the nature of the intervention, can bring huge benefits to family members, including children and the alcohol misusing relatives, as well as bringing potential cost-savings to services.

ACKNOWLEDGEMENTS

The authors would like to thank the Alcohol Education and Research Council (AERC) for funding the review. Through their membership of the project steering group or specific support, thanks are also extended to Ray Hodgson, David Foxcroft, Gordon Taylor, Isobel Stark and Justin Hodds. Finally, the authors thank the anonymous reviewer and the Editor for their generous and helpful comments on a draft of this paper.

REFERENCES - GENERAL

1. The National Center on Addiction and Substance Abuse. *Family Matters: Substance Abuse and the American Family: A CASA White Paper.* CASA at Columbia University; 2005.

2. Orford J., Natera G., Copello A., Atkinson C., Tiburcio M., Velleman R., Crundall I., Mora J., Templeton L. & Walley G. *Coping with Alcohol and Drug Problems: The Experiences of Family Members in Three Contrasting Cultures*. London; Taylor and Francis; 2005.
3. Rossow I. & Hauge R. Who pays for the drinking? Characteristics of the extent and distribution of social harms from others' drinking. *Addiction* 2004; 99: 1094-1102.
4. Mortimer D. & Segal L. Economic Evaluation of Interventions for Problem Drinking and Alcohol Dependence: Do Within-Family External Effects Make a Difference? *Alcohol and Alcoholism* 2004; 41(1): 92-98.
5. Ray G., Mertens J. and Wiesner C. The Excess Medical Cost and Health Problems of Family Members of Persons Diagnosed with Alcohol or Drug Problems. *Medical Care* 2007; 45(2):116-122.
6. Svenson L., Forster D., Woodhead S. & Platt G. Individuals with a chemical-dependent family member. Does their health care use increase? *Canadian Family Physician* 1995; 41: 1488-1493.
7. Orford J. *Coping with Disorder in the Family*. Croom Helm; 1987.
8. Barnard M. *Drug Addiction and Families***.** London and Philadelphia: Kingsley; 2007.
9. Velleman R., Bennett G., Miller T., Orford J., Rigby K. & Tod A. The families of problem drug users: a study of 50 close relatives. *Addiction* 1993; 88: 1281-1289.
10. Biegel DE., Ishler KJ., Katz S. & Johnson P. Predictors of Burden of Family Caregivers of Women with Substance Use Disorders or Co-Occurring Substance and Mental Disorders. *Journal of Social Work Practice in the Addictions* 2007; 7(1/2): 25-49.
11. Philpott H. & Christie M. Coping in male partners of female problem drinkers. *Journal of Substance Use* 2008; 13(3): 193-203.
12. Girling M., Huakau J., Casswell S. & Conway K. *Families and Heavy Drinking: Impact on Children's Well-being. Systematic Review*. Centre for Social and Health Outcomes Research and Evaluation and Te Ropu Whariki Massey University; 2006.
13. Gorin S. Understanding what children say. *Children's experiences of domestic violence, parental substance misuse and parental health problems*. London National Children's Bureau; 2004.
14. Kroll B. & Taylor A. *Parental Substance misuse and child welfare*. London: Jessica Kingsley; 2003.
15. Templeton L., Zohhadi S., Galvani S. & Velleman R. *"Looking Beyond Risk": Parental Substance Misuse, A Scoping Study*. Final report to the Scottish Executive: Substance Misuse Research Team; 2006.
16. Turning Point. *Bottling it up: The effects of alcohol misuse on children, parents and families*. London: Turning Point; 2006.
17. Martire LM., Lustig AP., Schulz R., Miller GE. and Helgeson VS. Is It Beneficial to Involve a Family Member? A Meta-Analysis of Psychosocial Interventions for Chronic Illness. *Health Psychology* 2004; 23(6): 599-611.

18. Copello A., Velleman R. & Templeton L. Family interventions in the treatment of alcohol and drug problems. *Drug & Alcohol Review* 2005; 24(4): 369-385.
19. Raistrick D., Heather N. & Godfrey C. *Review of the effectiveness of treatment for alcohol problems*. London: National Treatment Agency; 2006.
20. Meads C., Ting S., Dretzke J. & Bayliss S. *A systematic review of the clinical and cost-effectiveness of psychological therapy involving family and friends in alcohol misuse or dependence*. A West Midlands Health Technology Assessment Collaboration Report. Birmingham: University of Birmingham; 2007.
21. UKATT Research Team. Cost effectiveness of treatment for alcohol problems: findings from the UK Alcohol Treatment Trial (UKATT). *British Medical Journal* 2005; 331(7516): 544-547.
22. Copello A. & Orford J. Addiction and the family: is it time for services to take notice of the evidence? *Addiction* 2002; 97: 1361-1363.
23. Orford J. Asking the right questions in the right way: the need for a shift in research on psychological treatments for addiction. *Addiction* 2008; 103(6): 875-885.
24. De Civita M., Dobkin PL. & Robertson E. *A study of barriers to the engagement of significant others in adult addiction treatment*. Journal of Substance Abuse Treatment 2000; 19: 135-144.
25. Orford J., Natera G., Davies J., Nava A., Mora J., Rigby K., Bradbury C., Copello A., & Velleman R. Social support in coping with alcohol and drug problems at home: findings from Mexican and English Families. *Addiction Research* 1998; 6(5): 395-420.
26. Department of Health et al. *Safe Sensible Social. The next steps in the National Alcohol Strategy*. London: Stationery Office; 2007.
27. Home Office. *Drugs: protecting families and communities. The 2008 drug strategy*. London: Home Office; 2008.
28. National Treatment Agency for Substance Misuse. *Services for families and carers; families and carers in services. Guidance for commissioning support for families and carers, and involving them in existing treatment services*. London: National Treatment Agency for Substance Misuse; 2008.
29. Scottish Government. *The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem*. The Scottish Government; 2008.
30. Welsh Assembly. *Working Together to Reduce the Harm – the Substance Misuse Strategy for Wales 2008-2018*. Welsh Assembly; 2008.
31. Emmen M., Schippers G., Bleijenberg G. & Wollersheim H. Effectiveness of opportunistic brief interventions for problem drinking in a general hospital setting: systematic review. British Medical Journal 2004; 328: 318.
32. Moyer A., Finney J., Swearingen C. & Vergun P. Brief interventions for alcohol problems: a meta-analytic review of controlled investigations in treatment-seeking and non-treatment-seeking populations. *Addiction* 2002; 97: 279-92.

33. Miller W., & Wilbourne P. Mesa Grande: a methodological analysis of clinical trials of treatments for alcohol use disorders. *Addiction* 2002; 97(3): 265-277.
34. Janzen C. Families in the Treatment of Alcoholism. *Journal of Studies on Alcohol* 1977; 38(1): 114-130.
35. O'Farrell TJ. & Fals-Stewart W. Alcohol Abuse. *Journal of Marital and Family Therapy* 2003; 29(1): 121-146.
36. Thomas C. & Corcoran J. Empirically Based Marital and Family Interventions for Alcohol Abuse: A Review. *Research on Social Work Practice* 2001; 11(5): 549-575.
37. Stanton MD. & Shadish WR. Outcome, Attrition, and Family-Couples Treatment for Drug Abuse: A Meta-Analysis and Review of the Controlled, Comparative Studies. *Psychological Bulletin* 1997; 122 (2): 170-191.
38. Glasziou P., Irwig L., Bain C. & Colditz G. *Systematic reviews in health care; A Practical Guide*. Cambridge: Cambridge University of Press; 2001.
39. Khan KS., Kunz R., Kleijnen J. & Antes G. *Systematic Reviews to Support Evidence-based Medicine*. London: Royal Society of Medicine Press Ltd; 2003.
40. O'Farrell TJ. & Fals-Stewart W. *Behavioral Couples Therapy for Alcoholism and Drug Abuse*. New York: Guildford Press; 2006.
41. O'Farrell TJ. (Ed). *Treating Alcohol Problems: Marital and Family Interventions*. New York: Guildford Press; 1993.
42. Navarra R. Family Response to Adults and Alcohol. *Alcoholism Treatment Quarterly* 2207; 25 (1/2): 85-104.
43. Dixon-Woods M., Bonas S., Booth A., Jones DR., Miller T., Sutton AJ., Shaw RL., Smith JA. & Young B. How can systematic reviews incorporate qualitative research? A critical perspective. *Qualitative Research* 2006; 6(1): 27-44.
44. National Institute for Health and Clinical Excellence (NICE). *Drug misuse: psychosocial interventions*. London: NICE, 2007.
45. Fals-Stewart W., & Birchler GR. A national survey of the use of couples therapy in substance abuse treatment. *Journal of Substance Abuse Treatment* 2001; 20: 277-283.
46. Barlow DH., Levitt JT. & Bufka LF. *The dissemination of empirically supported treatments: a view to the future*. Behaviour Research & Therapy 1999; 37: S147-S162.
47. O'Farrell TJ., Murphy M., Alter J. & Fals-Stewart W. Brief family treatment intervention to promote aftercare among male substance abusing patients in inpatient detoxification: A quasi-experimental pilot study. *Addictive Behaviours* 2006; 32: 1681-1691.
48. O'Farrell TJ., Murphy M., Alter J. & Fals-Stewart W. Brief family treatment intervention to promote aftercare among male substance abusing patients in inpatient detoxification: Transferring a research intervention to clinical practice. *Addictive Behaviours*; 2007; 33: 464-471.
49. Orford J., Templeton L., Copello A., Velleman R., Ibanga A. & Binnie C. Increasing the involvement of family members in alcohol and drug treatment services: the results of an

action research project in two specialist agencies. *Drugs: Education, Prevention and Policy* 2009, 1-30 iFirst.

50. Powers M., Vedel E. & Emmelkamp P. Behavioral couples therapy (BCT) for alcohol and drug use disorders: A meta-analysis. *Clinical Psychology Review* 2008; 28: 952-962.
51. Fals-Stewart W. & Logsdon T. Diffusion of an Empirically Supported Treatment for Substance Abuse: An Organizational Autopsy of Technology Transfer Success and Failure. *Clinical Psychology: Science and Practice* 2004; 11: 177-182.

REFERENCES – INCLUDED STUDIES

Studies of interventions which involve family members without the alcohol misuser

52. Barber J., Gilbertson R. & Crisp B. Promoting controlled drinking in a mother by intervening with her daughter. *Families in Society* 1995; 76: 248-253.
53. Barber J. & Crisp B. The Pressures to Change approach to working with the partners of heavy drinkers. *Addiction* 1995; 90: 271-278.
54. Barber J. & Gilbertson R. Evaluation of a Self-Help Manuel for the Female Partners of Heavy Drinkers. *Research on Social Work Practice* 1998; 8(2): 141-151.
55. Barber J. & Gilbertson R. An Experimental Study of a Brief Unilateral Intervention for the Partners of Heavy Drinkers. *Research on Social Work Practice* 1996; 6: 325-336.
56. Cooper A. & McCormack W. Short-Term Group Treatment for Adult Children of Alcoholics. *Journal of Counselling Psychology* 1992; 39(3): 350-355.
57. Copello A., Templeton L., Orford J., Velleman R., Patel A., Moore L., MacLeod J. & Godfrey C. The relative efficacy of two levels of a primary care intervention for family members affected by the addiction problem of a close relative: a randomised trial. *Addiction* 2009*;* 104: 49-58.
58. Copello A., Templeton L., Krishnan M., Orford J. & Velleman R. A Treatment Package to Improve Primary Care Services for Relatives of People with Alcohol and Drug Problems. *Addiction Research* 2000; 8(5): 471-484.
59. Dittrich J. A group program for wives of treatment-resistant alcoholics. In O'Farrell T., editor. *Treating alcohol problems: marital and family interventions*. New York: Guildford Press; 1993. p78-114.
60. Dittrich J. & Trappold M. A treatment program for wives of alcoholics: an evaluation. *Bulletin of the Society of Psychologists in Addictive Behaviours* 1984; 3(2): 91-102.
61. Ellis J. *A quasi-experimental trial of network support therapy for alcohol problems*. Clinical Psychology Thesis, University of Birmingham, UK 1998.
62. Farid B., El Sherbini M. & Raistrick D. Cognitive group therapy for wives of alcoholics – a pilot study. *Drug and Alcohol Dependence* 1986; 17: 349-358.
63. Halford W., Price J., Kelly A., Bouma R. & Young R. Helping the female partners of men abusing alcohol: a comparison of three treatments. *Addiction* 2001; 96: 1497-1508.

64. Hansson H., Rundberg J., Zetterlind U., Johnsoon K. & Berglund M. An intervention program for university students who have parents with alcohol problems: a randomized controlled trial. *Alcohol and Alcoholism* 2006; 41(6): 655-663.
65. Hansson H., Zetterlind U., Aberg-Orbeck K. & Berglund M. Two-year outcome of coping skills training, group support and information for spouses of alcoholics – A Randomised Controlled Trial. *Alcohol and Alcoholism* 2004; 39(2): 135-140.
66. Howells E. *Coping with a problem drinker: the development and evaluation of a therapeutic intervention for the partners of problem drinkers, in their own right*. PhD Thesis, University of Exeter 1996.
67. Howells L. & Orford J. Coping with a problem drinker: A therapeutic intervention for the partners of problem drinkers, in their own right. *Journal of Substance Use* 2006; 11(1): 53-71.
68. Kingree J. & Thompson M. Mutual Help Groups, Perceived Status Benefits, and Well-being: A Test with Adult Children of Alcoholics with Personal Substance Abuse Problems. *American Journal of Community Psychology* 2000; 28(3): 325-342.
69. Knapp Manuel J. Dynamics of coping in substance abusing families. Master of Science in Psychology thesis. Rutgers University 2001.
70. Miller W., Meyers R. & Tonigan J. Engaging the unmotivated in treatment for alcohol problems: A comparison of 3 strategies for intervention through family members. *Journal of Consulting and Clinical Psychology* 1999; 67(5): 688-697.
71. Orford J., Templeton L., Patel A., Copello A. & Velleman R. Qualitative study of a controlled family intervention trial in primary care: I The views of family members. *Drugs: Education, Prevention and Policy* 2007; 14 (1): 29-47.
72. Roosa M., Gensheimer L., Short J., Ayers T. & Shell R. A Preventive Intervention for Children in Alcoholic Families: Results of a Pilot Study. *Family Relations* 1989; 38(3): 295-300.
73. Rychtarik R. & McGillicuddy N. Coping Skills Training and 12-Step Facilitation for Women Whose Partner Has Alcoholism: Effects on Depression, the Partner's Drinking, and Partner Physical Violence. *Journal of Consulting and Clinical Psychology* 2005; 73(2): 249-261.
74. Short J., Roosa M., Sandler I., Ayers T., Gensheimer L., Braver S. & Tein J. Evaluation of a Preventive Intervention for a Self-Selected Subpopulation of Children. *American Journal of Community Psychology* 1995; 23(2): 223-247.
75. Templeton L., Zohhadi S. & Velleman R. Working with Family Members in SDAS: Findings from a Feasibility Study. *Drugs: Education. Prevention and Policy* 2007; 14(2): 137-150.
76. Velleman, R., Arcidiacono C., Procentese F., Copello A. & Sarnacchiaro P. A 5-Step intervention to help family members in Italy who live with substance misusers. *Journal of Mental Health*, published on-line, 5th December 2007, 1-13, iFirst article.

77. Zetterlind U., Hansson H., Arberg-Orbeck K. & Berglund M. Effects of coping skills training, group support and information for spouses of alcoholics. A controlled randomised study. *Nordic Journal of Psychiatry* 2001; 55(4): 257-262.

Studies of interventions which involved family members with the alcohol misuser

78. Bennun I. Treating the System or Symptom: Investigating Family Therapy for Alcohol Problems. *Behavioural Psychotherapy* 1988; 16: 165-176.
79. Boon S. & Templeton L. *Moving Parents and Children Together (M-PACT): The Evaluation of the Second Phase of the Pilot*. Bath: University of Bath; 2007.
80. Fals-Stewart W., Birchler G. & Kelley M. Learning Sobriety Together: A Randomised Clinical Trial Examining Behavioral Couples Therapy with Alcoholic Female Patients. *Journal of Consulting and Clinical Psychology* 2006; 74(3): 579-591.
81. Fals-Stewart W., Klosterman K., Yates B., O'Farrell T. & Birchler G. Brief Relationship Therapy for Alcoholism: A Randomised Clinical Trial Examining Clinical Efficacy and Cost-effectiveness. Psychology of Addictive Behaviours 2005; 19(4): 363-371.
82. McCrady B., Paolino T., Longabough R. & Rossi J. Effects of joint hospital admission and couples treatment for hospitalised alcoholics: a pilot study. *Addictive Behaviours* 1979; 4: 155-165.
83. McCrady B., Stout R., Noel N., Abrams D. & Nelson H. Effectiveness of three types of spouse-involved behavioural alcoholism treatment. *British Journal of Addiction* 1991; 86: 1415-1424.
84. McCrady B., Noel N., Abrams D., Stout R., Nelson H. & Hay W. Comparative Effectiveness of Three Types of Spouse Involvement in Outpatient Behavioral Alcoholism Treatment. *Journal of Studies on Alcohol* 1986; 46(6): 459-467.
85. O'Farrell T., Choquette K. & Cutter H. Couples Relapse Prevention Sessions after Behavioural Marital Therapy for Male Alcoholics: Outcomes during the Three Years after Starting Treatment. *Journal of Studies on Alcohol* 1998; 59: 357-370.
86. O'Farrell T., Choquette K., Cutter H., Brown E. & McCourt W. Behavioural Marital Therapy with and without Additional Couples Relapse Prevention Sessions for Alcoholics and Their Wives. *Journal of Studies on Alcohol* 1993; 54: 652-666.
87. O'Farrell T., Murphy C., Stephan S., Fals-Stewart W. & Murphy M. Partner Violence Before and After Couples-Based Alcoholism Treatment for Male Alcoholic Patients: The Role of Treatment Involvement and Abstinence. *Journal of Consulting and Clinical Psychology* 2004; 72(2): 202-217.
88. O'Farrell T., Murphy C., Neavins T. & Van Hutton V. Verbal Aggression Among Male Alcoholics Patients and Their Wives in the Year Before and Two Years After Alcoholism Treatment. *Journal of Family Violence* 2000; 15(4): 295-310.
89. O'Farrell T. & Murphy C. Marital Violence Before and After Alcoholism Treatment. *Journal of Consulting and Clinical Psychology* 1995; 63(2): 256-262.

90. O'Farrell T., Van Hutton V. & Murphy C. Domestic Violence before and after Alcoholism Treatment: A Two-Year Longitudinal Study. *Journal of Studies on Alcohol* 1999; 60: 317-321.
91. Velleman R., Templeton L., Taylor A. & Toner P. *Evaluation of the Pilot Family Alcohol Service*. Bath: University of Bath; 2003.
92. Walitzer K. & Dermen K. Alcohol-Focused Spouse Involvement and Behavioural Couples Therapy: Evaluation of Enhancements to Drinking Reduction Treatment for Male Problem Drinkers. *Journal of Consulting and Clinical Psychology* 2004; 72(6): 944-955.
93. Zohhadi S., Templeton L. & Velleman R. *Parents and Children Together (PACT): Evaluation of the Pilot*. Bath: University of Bath; 2006.
94. Zweben A., Pearlman S. & Li S. A Comparison of Brief Advice and Conjoint Therapy in the Treatment of Alcohol Abuse: the results of the Marital Systems Study. *British Journal of Addiction* 1988; 83: 899-916.

REFERENCES – EXCLUDED STUDIES

95. AR-CARES Program. The Development and Evaluation of an Alcohol and Drug Prevention and Treatment Program for Women and Children. *Journal of Substance Abuse Treatment* 1999; 16(3): 265-275.
96. Barrowclough C., Haddock G., Tarrier N., Lewis S., Moring J., O'Brien R., Schofield N. & McGovern J. Randomized controlled trial of motivational interviewing, cognitive behaviour therapy and family intervention for patients with comorbid schizophrenia and substance use disorders*. American Journal of Psychiatry* 2001; 158(10): 1706-1713.
97. Bennun I. Two approaches to family therapy with Alcoholics: Problem-solving and Systemic Therapy. *Journal of Substance Abuse Treatment* 1985; 2: 19-26.
98. Boyd-Ball A. A Culturally Responsive, Family-Enhanced Intervention Model. *Alcoholism: Clinical and Experimental Research* 2003; 27(8): 1356-1360.
99. Coletti S. PAR Village for Chemically Dependent Women: Philosophy and Program Elements. *Journal of Substance Abuse Treatment* 1995; 12(4): 289-296.
100. Conners N., Bradley R., Whiteside-Mansell L. & Crone C. A comprehensive substance abuse treatment program for women and their children: an initial evaluation. *Journal of Substance Abuse Treatment* 2001; 21: 67-75.
101. Copello A., Orford J., Velleman R., Templeton L. & Krishnan M. Methods for reducing alcohol and drug related family harm in non-specialist settings. *Journal of Mental Health* 2000; 9(3): 32-343.
102. Doyle M., Carr A., Rowen S., Galvin P., Lyons S. & Cooney G. Family-oriented treatment for people with alcohol problems in Ireland: a comparison of the effectiveness of residential and community-based programmes. *Journal of Family Therapy* 2003; 25: 15-40.
103. Emshoff J. A Preventive Intervention with Children of Alcoholics. *Prevention in Human Services* 1989; 7(1): 225-253.

104. Fals-Stewart W., Birchler G. & O'Farrell T. Behaviour Couples Therapy for Male Substance-Abusing Patients: Effects on Relationship Adjustment and Drug-Using Behaviour. *Journal of Consulting and Clinical Psychology* 1996; 64(5): 959-972.
105. Gance-Cleverland B. Qualitative Evaluation of a School-Based Support Group for Adolescents With an Addicted Parent. *Nursing Research* 2004; 53(6): 379-386.
106. Gruber K., Fleetwood T. & Herring M. In-Home Continuing Care Services for Substance-Affected Families: The Bridges Program. *Social Work* 2001; 267-277.
107. Hedberg A. & Campbell L. A comparison of four behavioural treatments of alcoholism. *Journal of Behaviour Therapy and Experimental Psychiatry* 1974; 5: 251-256.
108. Kelley M. & Fals-Stewart W. Couples- versus Individual-Based Therapy for Alcohol and Drug Abuse: Effects on Children's Psychosocial Functioning. *Journal of Consulting and Clinical Psychology* 2002; 70(2): 417-427.
109. Latimer W., Winters K., D'Zurilla T. & Nichols M. Integrated Family and Cognitive-Behavioural Therapy for adolescent substance abusers: a Stage I efficacy study. *Drug and Alcohol Dependence* 2003; 71: 303-317.
110. LePantois J. Group Therapy for Children of Substance Abusers. Social Work with Groups 1986;
111. Loneck B., Garrett J. & Banks S. A comparison of the Johnson Intervention with Four Other Methods of Referral to Outpatient Treatment. *American Journal of Drug & Alcohol Abuse* 1996; 22(2): 233-246.
112. McCormish J., Greenberg R., Ager J., Essenmacher., Orgain. & Bacik W. Family-Focused Substance Abuse Treatment: A Program Evaluation. *Journal of Psychoactive Drugs* 2003; 35(3): 321-331.
113. McCrady B., Hayaki J., Epstein E. & Hirsch L. Testing Hypothesized Predictors of Change in Conjoint Behavioral Alcoholism Treatment for Men. *Alcoholism: Clinical and Experimental Research* 2002; 26(4): 463-470.
114. McCrady B., Epstein E. & Kahler C. Alcoholics Anonymous and Relapse Prevention as Maintenance Strategies After Conjoint Behavioral Alcohol Treatment for Men: 18-Month Outcomes. Journal of Consulting and Clinical Psychology 2004; 72(5): 870-878.
115. McKay J., Longabaugh R., Beattie M., Maisto S. & Noel N. Changes in family functioning during treatment and drinking outcomes for high and low autonomy alcoholics. *Addictive Behaviours* 1991; 18: 355-363.
116. Meyers R., Miller W., Hill D. & Tonigan J. Community Reinforcement and Family Training (CRAFT): Engaging Unmotivated Drug Users in Treatment. *Journal of Substance Abuse* 1999; 10(3`: 291-308.
117. Mueser K. & Fox L. A family intervention study Program for Dual Disorders. *Community Mental Health* 2002; 38(3): 253-270.
118. Murphy R., O'Farrell T., Lloyd F. & Connors G. School adjustment of children of alcoholic fathers: comparison to normal controls. *Addictive Behaviours* 1991; 16: 275-287.

119. Nye C., Zucker R. & Fitzgerald H. Early Family-Based Intervention in the Path to Alcohol Problems: Rationale and Relationship between Treatment Process Characteristics and Child and Parenting Outcomes. *Journal of Studies on Alcohol* (Supplement 13) 1999: 10-21.
120. O'Farrell T. & Cutter H. Behavioral Marital Therapy for Male Alcoholics: Clinical Procedures from a Treatment Outcome Study in Progress. *The American Journal of Family Therapy* 1984; 12(3): 33-46.
121. O'Farrell T., Kleinke C. & Thompson D. Differences between Alcoholic Couples Accepting and Rejecting an Offer of Outpatient Marital Therapy. *American Journal of Drug and Alcohol Abuse* 1986; 12(3): 285-294.
122. O'Connor L., Morgenstern J., Gibson F. & Nakashian M. "Nothing About Me Without Me": Leading the Way to Collaborative Relationships in Families. *Child Welfare* 2005: 153-170.
123. Orford J. & Edwards G. Alcoholism: a comparison of treatment & advice, with a study of the influence of marriage. Institute of Psychiatry Maudsley Monorgraph 26 1977.
124. Osterman F. & Grubic V. Family functioning of recovered alcohol-addicted patients: A comparative study. *Journal of Substance Abuse Treatment* 2000; 19: 475-479/
125. Roosa M., Gensheimer L., Ayers T. & Short J. Development of a School-Based Prevention Program for Children in Alcoholic Families. *Journal of Primary Prevention* 1990; 11(2): 119-141.
126. Rotunda R. & O'Farrell T. Marital and Family Therapy of Alcohol Use Disorders: Bridging the Gap Between Research and Practice. *Professional Psychology: Research and Practice* 1997; 28(3): 246-252.
127. Schmidt S., Liddle H. & Dakof G. Changes in parenting practices and adolescent drug abuse during multidimensional family therapy. *Journal of Family Psychology* 1996; 10(1): 12-27.
128. Schuler M., Nair P., Black M. & Kettinger L. Mother-Infant Interaction: Effects of a Home Intervention and Ongoing Maternal Drug Use. *Journal of Clinical Child Psychology* 2000; 29(3): 424-431.
129. Shoham V., Rohrbaugh M., Stickle T. & Jacob T. Demand-Withdraw Couple Interaction Moderates Retention in Cognitive-Behavioural Versus Family-Systems Treatments of Alcoholism. *Journal of Family Psychology* 1998; 12(4): 557-577.
130. Sisson R. & Azrin N. Family member involvement to initiate and promote treatment of problem drinkers. *Journal of Behaviour Therapy and Experimental Psychiatry* 1986; 17(1): 15-21.
131. Sobell M., Sobell L. & Leo G. Does enhanced social support improve outcomes for problem drinkers in guided self-change treatment? *Journal of Behaviour Therapy and Experimental Psychiatry* 2000; 31: 41-54.

132. Stuart G., Ramsey S., Moore T., Kahler C., Farrell L., Recupero. & Brown R. Reductions in Marital Violence Following Treatment for Alcohol Dependence. *Journal of Interpersonal Violence* 2003; 18(10): 1113-1131.
133. Thomas E., Santa C., Bronson D. & Oyserman D. Unilateral Family Therapy with the Spouses of Alcoholics. *Progress in Behavioral Social Work* 1987: 145-162.
134. Toumbourou J., Blyth A., Bamberg J. & Forer D. Early Impact of the BEST Intervention for Parents Stressed by Adolescent Substance Abuse. *Journal of Community and Applied Social Psychology* 2001; 11: 291-304.
135. Trepper T., McCollum E., Dankoski M., Davis S. & LaFazia M. Couples therapy for drug abusing women in an inpatient setting: a pilot study. *Contemporary Family Therapy* 2000; 22(2): 201-221.
136. Vetere A. & Henley M. Integrating couples and family therapy into a community alcohol service: a pan theoretical approach. *Journal of Family Therapy* 2001; 23: 85-101.
137. Winters J., Fals-Stewart W., O'Farrell T., Birchler G. & Kelley M. Behavioral Couples Therapy for Female Substance-Abusing Patients: Effects on Substance Use and Relationship Adjustment. *Journal of Consulting and Clinical Psychology* 2002; 70 (2): 344-355.
138. Yates F. The Evaluation of a 'Cooperative Counselling' Alcohol Service which uses Family and Affected Others to Reach and Influence Problem Drinkers. *British Journal of Addiction* 1988; 83: 1309-1319.
139. Zohhadi S., Templeton L. & Velleman R. *Clouds Families Plus: An Evaluation*. University of Bath Final Report 2004.
140. Zohhadi S., Templeton L. & Velleman R. *Evaluation of Clouds Carer Support Groups: An Evaluation*. University of Bath Final Report 2006.

Table One: Included Studies (categorised by whether or not the alcohol misuse was included in the intervention and by the relationship status of the family member to the alcohol misuser, N=34

(Studies have been combined where more than one publication relates to the same study or the same sample)[2]

Title, Authors and Location of study	Study population	Study design and intervention(s) involved	Details about outcome measures and outcomes (selective and specific to family members)
Studies of interventions which involve family members without the alcohol misuser (N=21: 9 with partners/spouses, 6 with a range of family members and 6 with children)			
The Pressures To Change Approach To Working With The Partners Of Heavy Drinkers. Barber & Crisp [1995, Australia]	Partners of heavy drinkers N=22 [21 female]	Experimental before and after study with randomisation to 3 groups – individual pressures to change [8], group pressures to change [8] or a waiting list control group [7]	Before and after data collection Drinker's Partner Distress Scale, Life Satisfaction Scale Partners in both intervention groups reported increased life satisfaction and reduced distress, compared to no change for those in the waiting list control group (change also reported for the drinker)
An Experimental Study Of Brief Unilateral Intervention For The Partners Of Heavy Drinkers. Barber & Gilbertson [1996, Australia]	Partners of heavy drinkers N=48 [45 female]	Randomisation to 4 groups - individual Pressures to Change, group Pressures to Change, no treatment waiting list or Al-Anon. After 'treatment' those in the waiting list or Al-Anon groups were offered the chance of receiving the individual or group intervention	Before and after data collection (before data collection was done several weeks prior to randomisation and after data collection was done about five weeks after randomisation) Life Satisfaction Scale and Marital Consensus Scale Individual pressures to change resulted in a decrease in reported problems for the partners (a similar finding reported by those in the Al-Anon group) and improved marital relationships. Both pressures to change groups reported positive change for the drinker
Evaluation Of A Self-Help Manual For The Female	Female partners of heavy drinkers N=38	RCT with randomisation to 3 groups (Individual Pressures to	Before & after data collection only Drinker's Partner Distress Scale, Life Satisfaction

[2] Data related to alcohol consumption are presented in many studies but are not reported here as the focus is on the family members.

Partners Of Heavy Drinkers. Barber & Gilbertson [1998, Australia]		Change [12], a Self-help version of Pressures to Change [15] or a no treatment waiting list control [11])	Scale The two intervention groups both brought improvements for the family members, but the two groups did not differ from each other, and both groups performed better than the control group
A Group Program For Wives Of Treatment Resistant Alcoholics. Dittrich J [1984, 1993 USA]	Wives of alcoholics N=23	Randomised Controlled Trial (RCT) with 2 groups - 8 week group therapy (N=10, 2 groups) and a waiting list control group (n=13)	Data collection at baseline, 8 weeks & 16 weeks, plus telephone follow-up at 1 year Tennessee Self-Concept Scale, Beck Depression Inventory, Taylor Manifest Anxiety Scale, Memphis Enabling Behaviours Inventory Significant improvement for the group sample in anxiety, self-concept and enabling behaviour with changes maintained at 1 year (control group changed only in enabling behaviours but changed in line with the experimental group when they themselves received the group program) At 1 year, 40% of wives reported divorce or separation; nearly half reported that their husbands had entered treatment (overlap of 4)
Cognitive Group Therapy For Wives Of Alcoholics - A Pilot Study. Farid et al. [1986, UK]	Wives of alcoholics N=6	Cognitive group therapy (1 group, 24 weeks)	Before and after data collection Coping, marital hardship, marital cohesion – names of measures not given Change on all measures over time, particularly in coping behaviour. Change was greatest for the 3 women who attended the group most regularly Paper also reports details for each couple as a brief qualitative vignette
Helping The Female Partners Of Men Abusing Alcohol: A Comparison Of Three Treatments. Halford et al. [2001, Australia]	Female partners of alcohol abusers N=61 [47 completed treatment and 44 provided 6 month data]	RCT with randomisation to 3 groups (individual supportive counselling, individual stress management or alcohol-focused couples therapy – all 15 sessions)	Before and after data collection with follow-up to 6 months Relative Stress Scale, General Health Questionnaire, Dyadic Adjustment Scale, Marital Status Inventory and Conflict Tactics Scale Stress reduced for the women in all 3 groups, and was greatest for the women in the stress management and couples therapy groups. There

			were no significant changes across the 3 groups in relationship distress or drinking behaviour
Coping With A Problem Drinker: A Therapeutic Intervention For The Partners Of Problem Drinkers, In Their Own Right. Howells & Orford [2006, UK] Howells (PhD thesis) [1996, UK]	Female partners of problem drinkers N=50 [47 women], 37 providing data at all times	1 (experimental) group study with an additional quasi-experimental sub-study with delayed treatment control Brief intervention based on newly developed guidelines and delivered to participants individually over a number of weeks	Data collection before and after, and a 6 months with a partial 12 month follow-up through the second part of the study Measures – Symptom Rating Test [primary]; measures of coping, self-esteem and independence also used Significant change in symptoms seen to 6 months; change on other measures also seen (some significant) Data from waiting list control suggest change occurs after intervention starts with data also suggesting change maintained at 12 months
Coping Skills Training and 12-Step Facilitation for Women Whose Partner Has Alcoholism: Effects on Depression, the Partner's Drinking, and Partner Physical Violence. Rychtarik & McGillicuddy [2005, USA]	Female partners of alcoholics N=171 [ITT analysis] 96% f-up at 8 weeks and 73% completed all post-treatment & f-up assessments	3 group longitudinal design with each 4-6 consecutively recruited women forming a cohort and being randomly assigned to 3 groups (Group coping skills training [8 weeks], Group 12-step facilitation [8 weeks] or delayed treatment)	Before and after data collection with f-ups at 3 & 9 months ('phone) and 6 & 12 months (in-person) (all f-ups blind) Beck Depression Inventory [primary] plus Conflict Tactics Scale, Purpose in Life Test, Seeking of Noetic Goals Scale, Dyadic Adjustment Scale, Interpersonal Dependency Inventory, Feeling About Your Treatment Schedule Significant reduction in depression for both the treatment groups (no different between the two groups), maintained at 12 months Some evidence that the coping group was helpful to women in violent relationships
Effects Of Coping Skills Training, Group Support & Information For Spouses Of Alcoholics. A Controlled Randomised Study. Zetterlind et al. [1999, Sweden] Plus 2 year follow-up data Hansson et al. [2004, Sweden]	Spouses of alcoholics N=39 (36 women) Data for 38 spouses available at 24 months	RCT with 3 groups – individual coping skills training (5 sessions, monthly), group support (13 sessions, fortnightly), a single individual information session (1 hour)	Data collection before and after, and at 12 and 24 months (researcher blind at 12 and 24 months) Coping Behaviour Scale, Hardship Scale, Symptom Checklist Significant improvements in all 3 areas seen at 12 months, and maintained at 24 months. Change was similar for all 3 groups with the authors discussing where changes might be better for the two

			treatment groups Rate of divorce and separation high in the two treatment groups
The relative efficacy of two levels of a primary care intervention for family members affected by the addiction problem of a close relative: a randomised trial. Copello et al. [2009, UK] Plus qualitative data from family members, Orford et al. [2007, UK]	Family members of problem alcohol and drug users N=143 [over half were female and over half of relatives were misusing alcohol or alcohol/drugs]	RCT with randomisation to 2 groups (a minimal or full version of a brief 5-step intervention for family members, delivered to participants individually over a number of weeks	Before and after data collection Quantitative data (primarily Symptom Rating Test and Coping Questionnaire) reported in one paper, qualitative data reported in the other There were significant improvements in symptoms and coping for family members in both groups. The qualitative data provided greater insight into the change experienced by family members and their views on the different versions of the intervention
A Treatment Package To Improve Primary Care Services For Relatives Of People With Alcohol And Drug Problems. Copello et al. [2000, UK]	Family members of problem alcohol and drug users N=38 [more female, over 60% had relatives of alcohol problems]	Pilot before and after cohort study Brief 5-step intervention, delivered to participants individually over a number of weeks	Before and after data collection Symptom Rating Test and Coping Questionnaire Qualitative data also collected but not reported Significant reductions in symptoms and coping behaviour demonstrated the positive impact of the intervention
A Quasi-Experimental Trial Of Network Support Therapy For Alcohol Problems (Clinical Psychology Thesis). Ellis [1998, UK]	People receiving treatment for alcohol problems + network members. 26 network members were involved as part of the network support therapy intervention group (mainly partners but also other relatives, friends and neighbours)	Quasi-experimental study with no randomisation. Two groups (6 session network support therapy [17] and a standard treatment control group [17]) were recruited at different times	Before and after data collection plus a 1 month follow-up but due to response at follow-up before and after data analysed only Network members completed the Symptom Rating Test and the Coping Questionnaire. Before and after data available and reported for 13 network members. Post-treatment networks members had significantly reduced symptoms and significant reduction in some forms of coping behaviour were also reported Qualitative data were also collected and reported as part of the thesis
Engaging The Unmotivated In Treatment For Alcohol Problems: A Comparison Of 3 Strategies For Intervention	Significant others of people with alcohol problems N=130 (118 women, just over half of total sample were spouses)	RCT with randomisation to 3 groups (Al-Anon facilitation therapy [45], Johnson Institute intervention [40], Community	Before and after data collection with follow-ups to 6 months for Miller et al. and 12 months for Knapp A lot of outcome measures across the 2 studies – including Conflict Tactics Scales, Beck Depression

Through Family Members. Miller et al. [1999, USA] Dynamics Of Coping In Substance Abusing Families Knapp Manuel (Masters in Psychology Thesis [2001, USA]	[ITT] Knapp's study involved 220 (mainly) female spouses (including the 130 above plus another group of family members recruited to a similar drugs study)	Reinforcement and Family Training (CRAFT) [45])	Inventory, Dyadic Adjustment Scale, Family Environment Scale, relationship happiness scale, spouse enabling inventory/spouse sobriety influence inventory Miller et al. (1999) - All 3 treatments resulted in similar positive outcomes for significant others in terms of depression, anger, family conflict, family cohesion and relationship happiness but the CRAFT approach performed better in terms of outcomes for the drinker Knapps's study explored coping in much more detail, reporting that significant others' coping behaviour changed in very similar ways regardless of treatment received, and further explored how changes in coping behaviour influenced other behaviours and outcomes
Working with Family Members in Specialist Drug and Alcohol Services: Findings from a Feasibility Study. Templeton et al. [2007, UK]	Relatives of problem alcohol and drug users N=20 [16 female, 8 alcohol] [data from 15 family members at follow-up]	Pilot before and after cohort study Brief 5-step intervention, delivered to participants individually over a number of weeks	Before and after data collection Symptom Rating Test, Coping Questionnaire, Impact Questionnaire but not specifically reported in the paper. Qualitative interview data are also reported Family members found the intervention beneficial on a number of levels and many reported positive change which had occurred (e.g. related to health, coping and support)
A 5-step intervention to help family members in Italy who live with substance misusers. Velleman et al. [2007, Italy]	Family members of substance misusers N=52 [47 female, 24 had a relative with an alcohol or alcohol/drug problem] [full data from 42 family members]	Pilot before and after cohort study Brief 5-step intervention, delivered to participants individually over a number of weeks	Before and after data collection Symptom Rating Test, Coping Questionnaire Significant changes in symptoms and coping behaviour were reported. More generally, the authors reported positively on the feasibility of adapting and delivering an intervention, originally developed in England, for use in Italy
Promoting Controlled Drinking. Barber, Gilbertson & Crisp [1995, Australia]	Adult daughter of problem drinking mother, N=1	Case study Pressures to Change, conducted in this case over 4 sessions	Drinker's Partner Distress Scale was used, with scores on both domains of the scale (depression and relationship discord) falling from 12 to 7 & 8

			respectively. However, the paper mainly summarises the case study of the work. The changes that were made and the impact that this had on both daughter and mother, and their relationship, are discussed
Short-Term Group Treatment For Adult Children Of Alcoholics. Cooper & McCormack [1992, USA]	Adult Children of Alcoholics N=24 (with no attrition)	Four groups of 6 students Short-term (8 week) group therapy	Before & after design with 8 week follow-up UCLA loneliness scale, Multiple Affect Adjective Check-List Revised (anxiety, depression and hostility), Interpersonal Dependency Inventory plus minimal qualitative data (5 questions) exploring satisfaction with the group Anxiety and depression both reduced; hostility rose at the end of treatment before reducing (well below baseline score) at follow-up. Loneliness also reduced but there was little change on the dimensions of the dependency inventory
An Intervention Program For University Students Who Have Parents With Alcohol Problems: A Randomized Controlled Trial. Hansson et al. [2006, Sweden]	University students with parents with alcohol problems N=82 [95% follow-up at 1 year, not ITT]	RCT with randomisation to 3 groups (individual alcohol intervention program [27], individual coping intervention program [26], a combination of 2 programs [29])	Before and after data collection with follow-ups to 1 year (researcher blind at follow-up) Coping Questionnaire, Symptom Checklist, interview schedule for social interaction Those receiving the alcohol intervention demonstrated an improved drinking pattern, those who received the coping intervention did not differ from those who didn't in terms of how they coped with their parents drinking
Mutual Help Groups, Perceived Status Benefits, And Well-Being: A Test With Adult Children Of Alcoholics With Personal Substance Abuse Problems. Kingree & Thompson [2000, USA]	Adult Children of Alcoholics [in treatment for their own alcohol problems] N=114 [with data analysis conducted with 78, 43 in the experimental group and 36 in the control group]	Experimental design with random assignment to 2 groups (experimental mutual help group and control group)	Data collection before and after and at 6 months Status of the participants as adult children of alcoholics, perceived status benefit, depression measure, substance use measure Changes in perceived status benefit which led to changes in depression and substance use
A Preventive Intervention for Children in Alcoholic Families:	Children in alcoholic families N=81 [with 55 in the control	Pilot study with children from 3 schools	Data collection before and after and at 12 weeks Harter's Self-Perception Profile for Children, Wills

Results of a Pilot Study. Roosa et al. [1989, USA]	group] Unknown on how many children analysis is based	Self-selection of pupils to study followed by random assignment to two groups (SMAAP - Stress Management and Alcohol Awareness Programme for 8 weeks or a control). In 1 school there was an additional personal trainer component (N=10)	Coping Strategies Inventory (modified), Children's Depression Inventory, Behaviour Rating Scale Positive change in coping seen for children who received the intervention programme. Scores on the depression inventory also fell Additional reporting from teachers indicated that children's' classroom behaviours improved
Evaluation of a Preventive Intervention for a Self-Selected Subpopulation of Children. Short [1995, USA]	4th-6th grade (aged 9-13) children from 13 schools. N=271; 197 completed 6 or more sessions and 159 completed at least half of homework tasks. N=119 self-reported as concerned about a parents drinking	RCT with randomisation to treatment (6-8 children per group) (group program or group program + personal trainer) or delayed treatment conditions An 8 session group preventive intervention (SMAAP - Stress Management and Alcohol Awareness Program)	Before and after data collection only Response Profile of the Coping Assessment Battery (modified), Harter's Self-Perception Profile for Children, Children's Depression Inventory, Youth Self-report Hostility Scale, plus the Alcohol Expectancies Questionnaire The data demonstrated the program's role in improving knowledge and influencing coping behaviour for the whole sample. A brief summary of the impact of the intervention on the 119 children who self-identified as concerned about their parents drinking reported that the intervention had only slightly better outcomes for them
Studies of interventions which involved family members with the alcohol misuser (N=13: 10 with couples and 3 with families)			
Learning Sobriety Together: A Randomized Clinical Trial Examining Behavioural Couples Therapy With Alcoholic Female Patients. Fals-Stewart, Birchler & Kelley [2006, USA]	Female alcoholics and male partners N=138 couples [ITT]	RCT with randomisation to 3 groups (BCT + individual treatment for drinker, individual treatment for drinker or psycho-educational attention control treatment [46 in each group, all groups received 32 weekly sessions])	Before and after data collection with follow-ups to 12 months Drinker Inventory of Consequences, Dyadic Adjustment Scale, Marital Happiness Scale plus measures of violence (some uncertainty as to who completed what) Outcomes were best for the group who received BCT with improvements in relationship satisfaction and reduction in violence (plus improved drinking outcomes) maintained to 12 months

Brief Relationship Therapy For Alcoholism: A Randomized Clinical Trial Examining Clinical Efficacy And Cost-Effectiveness. Fals-Stewart et al. [2005, USA]	Male alcoholics and female partners N=100 couples [ITT]	RCT with randomisation to 4 groups (brief relationship therapy [BRT, short version of BCT], standard BCT, individual based treatment or a psycho-educational attention control treatment)	Before and after data collection with follow-ups to 12 months Dyadic Adjustment Scale Relationship satisfaction improved in both the BRT and BCT groups, though change deteriorated less and was more likely to be maintained for the BCT group (and the difference was not significant) Data also showed that the brief version of BCT was equally as effective as standard BCT in terms of drinking outcomes (and both performed better than the other two groups)
Effects Of Joint Hospital Admission And Couples Treatment For Hospitalised Alcoholics: A Pilot Study. McCrady et al. [1979, USA]	Alcoholics and spouses N=33 couples	Pilot Study with randomisation to 3 groups (joint hospitalisation followed by couples and individual outpatient treatment groups [18], couples and individual outpatient treatment groups with no hospital admission [8] and individual inpatient and outpatient treatment for patient alone [7])	Data collection before treatment and at 2 and 6 months post-treatment (hospital discharge) Marriage Adjustment Inventory, Psychological Screening Inventory & Multiple Affect Adjective Checklist All groups demonstrated significant reductions (maintained at follow-up) in marital problems, depression, anxiety, other psychological symptoms (where the groups differed was with regards to the drinker)
Effectiveness Of Three Types Of Spouse-Involved Behavioural Alcoholism Treatment. McCrady et al. [1991, USA] Earlier paper report preliminary 6 month data, McCrady et al. [1986, USA]	Alcoholics and spouses [approx. 75% drinkers male] N=89 couples [data reported on 45 couples]	RCT with randomisation to 3 groups (minimal spouse involvement [14], alcohol focused spouse involvement (AFSI) [12] or AFSI + BMT [19] – all groups received 15 sessions)	Before and after data collection with follow-ups to 18 months (researchers blind at all follow-ups) Locke-Wallace Marital Adjustment Test, Areas of Change Questionnaire Improvements in marital satisfaction was greatest for the couples who received the BMT component; further, marital separation was higher the two groups which not receive the BMT component
Behavioural Marital Therapy with and without Additional Couples Relapse Prevention Sessions for Alcoholics and Their Wives O'Farrell et al. [1993, USA]	Male alcoholics and female spouses N=59 couples	All couples had received weekly couples Behavioural Marital Therapy (BMT) for 5-6 months and were then randomised to receive (or not) additional relapse prevention sessions (15 sessions	Data collection before and after BMT and then every 3 months to 30 months after BMT Marital Adjustment Test, Couples Behaviour Questionnaire Good, sustained, marital outcomes better for the group of couples who received the additional

Plus 3 year data, O'Farrell et al. [1998, USA]		over 12 months)	relapse prevention sessions. Drinking outcomes were also better for this group
Partner Violence Before and After Couples-Based Alcoholism Treatment for Male Alcoholic Patients: The Role of Treatment Involvement and Abstinence. O'Farrell et al. [2004, USA]	Male alcoholics with female wives or partners, [N=303 couples – 88% provided data at 1 year and 84% at 2 years] Plus a matched non-alcohol control sample [N=303]	Single cohort study with matched control sample Behavioural Couples Therapy (BCT), weekly sessions over about 6 months	Before and after data collection followed by every 3 months for 2 years post-treatment Conflict Tactics Scale (Violence and Verbal aggression sub-scales), Dyadic Adjustment Scale, Areas of Change Questionnaire Main results presented related to reductions in violence (at both 1 and 2 years) for the BCT group (but stayed higher than the control group)
Marital Violence Before and After Alcoholism Treatment O'Farrell et al. [1999, USA] Plus 2 year data, O'Farrell et al. [2000, USA] and data focused on verbal aggression, O'Farrell et al. [2000, USA]	Male alcoholics and wives N=88 couples [75 couples provided 2 year data] N=88 couples – matched control	BMT intervention with a matched control group	Before and after data collection with follow-ups to 2 years Conflict Tactics Scale The significant reduction in violence seen at 1 year in the BMT group continued at 2 years (further, the amount of violence related to the extent of drinking), and was more similar to the level seen in the control group Verbal aggression also reduced significantly at both 1 and 2 years but remained higher than in the control group (and verbal aggression correlated with drinking)
Alcohol-Focused Spouse Involvement and Behavioural Couples Therapy: Evaluation of Enhancements to Drinking Reduction Treatment for Male Problem Drinkers. Walitzer & Dermen [2004, USA]	Male alcoholics and female partners N=64 couples [ITT]	RCT with randomisation to 3 groups (treatment for problem drinkers only [22], couples alcohol-focused treatment [21] or couples alcohol-focused treatment plus BCT [21])	Before and after data collection with follow-ups to 12 months Dyadic Adjustment Scale and Significant Other Behaviour Questionnaire plus a measure completed by drinker about spouse support Findings were inconclusive as to whether additional BCT sessions yielded better outcomes (relationship satisfaction or drinking). Involving a partner brought improved drinking outcomes
A Comparison of Brief Advice and Conjoint Therapy in the Treatment of Alcohol Abuse: the	Alcohol misusers (over 80% male) and spouses N=218 couples recruited [N=116	Randomisation to 2 groups (8 sessions of conjoint therapy [139, data reported on 70] or one	Before and after data collection with follow-ups to 18 months Dyadic Adjustment Scale and Revised Marital

results of the Marital Systems Study. Zweben, Pearlman & Li [1988, Canada]	analysis]	session of advice counselling [79, data reported on 46])	Relationship Scale, Spouse Hardship Scale Both groups demonstrated significant change on all marital measures (and also with regards to drinking outcomes)
Treating The System Or Symptom: Investigating Family Therapy For Alcohol Problems. Bennun I [1988, UK]	Families where a parent has an alcohol problem N=12 families	Random (consecutive) allocation to 2 groups (different forms of family therapy)	Before and after data collection with 6 month follow-up Marital Adjustment Test and Family Satisfaction Rating Similar results were reported for both groups across the two measures
Moving Parents and Children Together (M-PACT): The Evaluation of the Second Phase of the Pilot Boon & Templeton [2007, UK]	Families where there is an alcohol or drug problem N=5 families (2 alcohol, 3 drugs)	Single cohort, before & after design M-PACT family intervention [approximately 8-10 weeks]	Before and after data collection with follow-up about four weeks later Various measures adapted from the USA Strengthening Families programme Interviews with all participants Due to small numbers report focuses on qualitative data with all reporting positive change for them and their families
Evaluation of the Pilot Family Alcohol Service. Velleman et al. [2003, UK]	Families where there is an alcohol problem N=74 families seen by FAS in first year N=19 families (at least one family member) participated in evaluation – 29 interviews conducted	Single cohort, before & after design. Families received a range of support (family, individual, couple support) according to need	Before and after data collection with some interviews Range of measures with different family members (Strengths and Difficulties, Coping Questionnaire, Symptom Rating Test, Kidcope, Revised Children's Manifest Anxiety Scale, Birleson Depression Inventory) The report discusses a range of positive outcomes for families and family members, including health, coping, family functioning, parenting, keeping children safe and other information (such as attending school and child protection status)
Parents and Children Together (PACT): Evaluation of the Pilot. Zohhadi et al. [2006, UK]	Families where there is an alcohol or drug problem N=3 families (2 alcohol, 1 drugs)	Single cohort, before & after design PACT family intervention [approximately 8-10 weeks]	Before and after data collection with follow-up about four weeks later Family Environment Scale, Strengths & Difficulties, Rosenberg self-esteem, Adolescent Resilience

			Scale Interviews with all participants Due to small numbers report focuses on qualitative data with all reporting positive change for them and their families