

**Supplemental material:** Snowdon, N., Allan, J., Shakeshaft, A., Rickwood, D., Stockings, E., Boland, V. C., & Courtney, R. J. (2019). "Outpatient psychosocial substance use treatments for young people: An overview of reviews". *Drug and alcohol dependence*, 205, 107582.

High quality review	Intervention under investigation	Description of the intervention	Review findings
Filges and Jørgensen (2015)	Cognitive behavioural therapy (CBT)	CBT is an individualised treatment that views problematic behaviour as the manifestation of an interplay between faulty core belief systems, unhelpful thinking styles and subsequent unpleasant emotions The aim of the CBT therapist is to provide psycho-education on the cognitive and behavioural maintenance of problematic behaviours and address unhelpful thinking styles and behaviours. The intervention can range from 5 to 24 weeks, in individual and group settings.	They found no relative effects of CBT (with and without add-on components) on substance use reduction or secondary outcome measures, at any length of follow-up time compared to the Adolescent Community Reinforcement Approach, Chestnut Bloomington Outpatient and Assertive Continuing Care , Drugs Harm Psychoeducation curriculum, Family Functional Therapy, Interactional Therapy , multidimensional family therapy and Psychoeducational Therapy.
Filges, Andersen and Jørgensen (2015)	Family functional therapy (FFT)	Aimed at YP with behavioural concerns such as drug use and delinquency. To participate, the YP must be involved in a family unit. FFT considers YP's problematic behaviours in the context of interactional dynamics. The treatment duration ranges from 8 to 30 sessions and the therapist seeks to engage, motivate, identify the mechanisms of behavioural problems and address same with the family unit	Given the few methodologically robust trials on FFT, no conclusions can be drawn about the efficacy of FFT
Filges, Rasmussen, Andersen and Jørgensen (2015)	Multidimensional family therapy (MDFT)	Manualised family system-based approach that aims to address problematic behaviours in YP, such as delinquency and substance abuse. MDFT views problematic behaviours as a response to multi-dimensional interactions with the environment, such as school, the community and family unit. MDFT therapists assess and address risk and protective factors within the family unit. Treatment focuses on improving individual and familial functioning across social, interpersonal, cognitive and interpersonal dimensions with the presupposition that YP's problematic behaviours will be consequently addressed. Treatment length and intensity is individualised and ranges from 12 sessions over 3 months through to 25 sessions in 6 months.	At 6-month follow-up pooled effects of drug abuse frequency for MDFT was small but significant, when compared to CBT, peer group, TAU and motivational enhancement therapy/CBT5. This effect was not found for MDFT at 12-month follow-up when compared to CBT, TAU, peer group and MET/CBT5/ACRA. For secondary outcomes, they found MDFT demonstrated significant participant retention when compared to CBT, peer group, TAU, ACT and MET/CBT5.
Foxcroft, Coombes, Wood, Allen and Santimano (2014)	Motivational interviewing (MI)	This style originally conceptualised to address substance use in the primary care setting. Based on principles of self-determination, MI aims to activate positive behaviour change by applying specified techniques to elicit and 'firm	The authors concluded that given the small effect sizes are not likely to be clinically significant, the heterogeneity of findings, and due to the ROB in the sample data being low, there is no

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		up’ the individual’s reasons and commitment for positive change with particular attention paid to their values and abilities. MI can be used alone but it is commonly coupled with other interventions, such as CBT. The length of an MI intervention can vary from 15 minutes through to 19 one hour sessions	substantive evidence for the effectiveness of MI in this population.
Lindstrøm, Rasmussen, Kowalski, Filges and Jørgensen (2015)	Brief strategic family therapy (BSFT)	BSFT is a family system-based approach that aims to address problematic behaviours in YP, such as delinquency and substance abuse. Similar to FFT and MDFT, BSFT considers YP’s problematic behaviours in the context of family dynamics. BSFT aims to strategically identify and address problematic interactional patterns within the family. The duration of BSFT is typically 12 to 16 sessions	Found that BSFT had a small effect on substance use frequency at the completion of treatment compared to low contact comparison, community treatment programs and group treatment. However, they found no impact on family functioning at the completion of treatment in comparison to control conditions. Results indicated that there was a positive impact of BSFT on treatment retention compared to controls. The review concluded that given the lack of quality studies on BSFT, these results must be interpreted with caution.
Lindstrøm, Saidj, Kowalski, Filges, Rasmussen, and Jørgensen (2015)	Family Behavioral Therapy (FBT)	FBT is a skills-based intervention aimed at addressing reinforcing stimuli associated with YP substance use. The family unit is viewed as an inter-dependent structure and considers YP’s problematic behaviours in the context of familial interactional dynamics. Following the development of contingency management of relevant triggers and reinforcers, the FBT clinician establishes that basic necessities for the YP are available within the family unit. Following this, the family unit may engage in communications training, support to reach vocational/educational goals of the YP, while continuing to monitor substance using reinforcers. Treatment duration ranges from 6 to 12 months with up to 20 treatment sessions	The review found no statistically significant effect of FBT on drug use frequency at the end of treatment when compared to individual cognitive problem solving (ICPS)). No significant effects were found for family functioning or at-risk behaviours.

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