



Comparative Effectiveness Review Disposition of Comments Report

Research Review Title: *Interventions for Substance Use Disorders in Adolescents: A Systematic Review*

Draft report available for public comment from October 29, 2019, to November 26, 2019.

Research Review Citation: Steele DW, Becker SJ, Danko KJ, Balk EM, Saldanha IJ, Adam GP, Bagley SM, Friedman C, Spirito A, Scott K, Ntzani EE, Saeed I, Smith B, Popp J, Trikalinos TA. Interventions for Substance Use Disorders in Adolescents: A Systematic Review. Comparative Effectiveness Review No. 225. (Prepared by the Brown Evidence-based Practice Center under Contract No. 290-2015-00002-I.) AHRQ Publication No. 20-EHC014. Rockville, MD: Agency for Healthcare Research and Quality. May 2020. Posted final reports are located on the [Effective Health Care Program search page](https://doi.org/10.23970/AHRQEPCCER225). DOI: <https://doi.org/10.23970/AHRQEPCCER225>.

Comments to Draft Report

The Effective Health Care (EHC) Program encourages the public to participate in the development of its research projects. Each draft report is posted to the EHC Program Web site or AHRQ Web site for public comment for a 3-4-week period. Comments can be submitted via the Web site, mail or E-mail. At the conclusion of the public comment period, authors use the commentators' comments to revise the draft report.

Comments on draft reports and the authors' responses to the comments are posted for public viewing on the Web site approximately 3 months after the final report is published. Comments are not edited for spelling, grammar, or other content errors. Each comment is listed with the name and affiliation of the commentator, if this information is provided. Commentators are not required to provide their names or affiliations in order to submit suggestions or comments.

This document includes the responses by the authors of the report to comments that were submitted for this draft report. The responses to comments in this disposition report are those of the authors, who are responsible for its contents, and do not necessarily represent the views of the Agency for Healthcare Research and Quality.

Summary of Peer Reviewer Comments and Author Response

This evidence review underwent peer review before the draft report was posted for public comment on the EHC website.

- The draft results section was reported extensive detailed results of all analyses done. Based on feedback from peer review, we shorted and simplified the results section by
 - 1) adding a section summarizing introducing how results were organized by intervention, section and outcomes.
 - 2) added a 'Key Points' summary for each results subsection
 - 3) reporting primary analyses only and removing complementary sensitivity analyses.
 - 4) reduced the number of tables reporting effects presented in figures.
- Peer reviewers pointed out potential limitations of our network meta-analysis. We
 - 1) performed additional pairwise analyses (using restricted maximum likelihood estimation and Bayesian methods) for studies of brief interventions, e.g. MI vs. TAU and report these analyses along with with network meta-analyses.
 - 2) reported results of network meta-analyses of non-brief interventions with the added the proviso that these networks were very sparse and loosely connected, with very limited statistical power to detect inconsistencies between direct and indirect effects, and downgraded strength of evidence assessments based on these analyses.
- Peer reviewers requested additional details regarding baselines and outcomes were reported by individual studies. We
 - 1) expanded appendix tables to provide additional information regarding baseline characteristics and outcomes reported by individual studies.



Commentator & Affiliation	Section	Comment	Response
American Psychological Association (APA)	Methods	Was inter-rater reliability measured across the three coders using Kappa coefficient or other statistic?	Interventions were coded independently by two coders. Discrepant codes were discussed, and if needed, reviewed by a 3rd coder. Given our focus on consensus, we did not calculate inter-rater agreement.
APA	Results	While briefly mentioned in the baseline data and intervention tables, it would be helpful to note the types of providers that provided family therapy, CBT, or other modalities, such as whether the provider was a licensed clinical social worker, licensed professional counselor, licensed clinical psychologist, psychiatrist, or other staff.	For each study, appendix D provides the descriptions of the intervention providers for each paper. When reported, we provide details such as level of training (e.g. Master's level, PhD, community vs. research staff).
APA	Methods	Cognitive-behavioral therapy typically includes BOTH cognitive and behavioral components and we noticed in the coding book it appears that some included interventions either have "cognitive" or "behavioral" (not both). We were wondering if you could clarify this further and if the intervention used only "cognitive" or only "behavioral" we recommend specifying this in the systematic review.	We have used a broad definition of cognitive behavioral therapy that encompassed cognitive and/or behavioral therapy models. This approach is consistent with prior systematic reviews of adolescent substance use interventions, which have used a broad definition of CBT.
APA	Results	In the first sentence on p. 81 did you mean "randomized controlled trials"? It is currently written as "randomized comparative trials."	Thank you. We have changed to "randomized controlled trials".
	Introduction	We appreciate the continued efforts to review and report subgroup information, especially of racial/ethnic, gender, and sexual minorities. We were wondering if you could further explain your definition of the "other" racial/ethnic category (for example, in the Population category of PICOTS you list "African American/Other"). We recommend adding in any available information of participants' demographics in the studies reviewed, and in particular especially information on race/ethnicity.	We have added a summary of the reported race/ethnicity for each study to the Appendix baselines table. The information reported relating to race/ethnicity reflects the various and incompletely reported definitions used in the individual studies.
APA	General Comments	We appreciate the inclusion of user-friendly evidence profiles and recommend adding the effect sizes and confidence intervals to the evidence profiles	Effect sizes and confidence intervals from meta-analyses are reported in the results sections. Study level effect estimates are reported in Appendix tables F and G. Given the number of effects estimated, we prefer not to include in Key Points and Strength of Evidence tables.
APA	Methods	We agree that there needs to be better reporting on adolescents' quality of life and schooling after receiving these interventions.	Thank you.

Source: <https://effectivehealthcare.ahrq.gov/products/substance-use-disorders-adolescents/research>

Published Online: May 21, 2020