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Peer Review

Review of: "Online Community Reinforcement and Family Training (CRAFT) for Concerned Significant Others in Rural Australia: A Randomized Controlled Trial"

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Thank you for the opportunity to review this work. This study addresses a critically needed area of research by investigating the effectiveness of an online treatment program for significant others of individuals with substance abuse, targeting the often underserved, rural areas of Australia. This is a well-structured research paper on an RCT conducted in this community, which only enhances the clarity and accessibility of the content. The introduction does a good job of highlighting the necessity for more accessible and scalable programs in these rural communities. The training for the facilitators was robust and incorporated important components – such as supervision – and allowed for a bit of flexibility in participant completion, which is another benefit of the study. Thus, overall, this paper thoughtfully addresses a critical need in rural Australia and provides a strong foundation for continuing work with CSOs of a loved one with substance use.

However, I do have some feedback that may strengthen the manuscript:

METHODS

1. What was the eligibility criteria for IPs and CSOs? Or Facilitators? Relatedly, why did facilitators who weren't accredited provide sessions?
2. Please further describe CRAFT/the intervention, as a lot of the concepts are only relevant to those familiar with CRAFT.
3. The measures descriptions could benefit from more specifics in terms of the items and scale used

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4. Why were not CSO outcomes used? Since the goal of CRAFT is to engage IPs into substance use treatment, it may make sense to run mediator/moderator analyses on the number of sessions attended and overall outcomes for both the CSO and IP. Relatedly, was IP substance use evaluated at all when assessing the effectiveness of CRAFT? Or treatment initiation? If there is no plan to analyze, it may be worthwhile mentioning and providing a rationale as to why not.
5. How were facilitator characteristics considered, if at all, in the models? If not – why not?

RESULTS

1. Were covariates (i.e., demographic variables) included in the models, and if so, what were they? If not, why not?
2. What are the OM1-3 timepoints exactly referring to?
3. For the DASS-21, it may be helpful to use the Reliable Change Index (RCI) in addition to the descriptive means to determine clinical significance.

DISCUSSION

1. The results are limited by the lack of generalizability of the sample – given they were predominantly White, middle-aged, educated females – this should be better discussed as a limitation
2. Currently, the discussion suggests that the control condition was "ineffective/insufficient" – yet, the control group also showed improvement – thus, it is inaccurate to conclude that the control group was insufficient; it was just not significantly more effective than CRAFT – but it did actually suggest benefits were gained in the Waitlist Control condition as well
3. The outcomes on coping are novel and interesting, yet they're only brushed on in the discussion – it might be worthwhile further exploring as it relates to the intervention or as a mediator/moderator of other outcomes – without it, it feels a bit speculative

Declarations

Potential competing interests: No potential competing interests to declare.