Reference characteristics:
(a) Reference type = quantitative study, qualitative study, mixed methods study, systematic review, report, guideline
(b) Country of publication
(c) Target population = Adult clients with problematic substance use; Youth clients with problematic substance use; Health care providers in substance use treatment settings; Both clients and health care providers
(d) Main substance category = Alcohol; Tobacco; Cannabis; Opioids; Stimulants; Poly-substance; Dual Diagnosis; People receiving addiction treatment in general
(e) Addiction treatment delivered = Pharmacological (includes medication assisted maintenance and detox); Psychosocial (includes education, counseling, etc); Pharmacological & Psychosocial (when a combination of those approaches was used); Not specified (sometimes references did specify the kind of addiction treatment)
(f) Setting = Inpatient; Outpatient; Inpatient & Outpatient

Table 1. Coding Guide for Objective 2

<table>
<thead>
<tr>
<th>Category</th>
<th>Subcategory</th>
<th>Code</th>
<th>Definition and Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapeutic alliance</td>
<td>Defining characteristics of TA</td>
<td>Non-judgmental, respectful, dignity, accepting approach, minimized power differences</td>
<td>These characteristics reflect the attitudes or behaviours of the provider</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Anti-stigmatizing approach</td>
<td>More than just non-judgmental or non-discriminating, but an active approach at challenging stigma</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Trust</td>
<td>Trust may also be a condition or outcome of this and may appear in some of the other principles, depending on the context.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Empathy, understanding, warmth, kindness, supportive approach</td>
<td></td>
</tr>
<tr>
<td>Bond</td>
<td>Added because it was defined in other frameworks of PCC.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------------</td>
<td>----------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time flexible, not being rushed</td>
<td>This could also be some of the factors contributing to developing TA. For now, we'll keep it here but might end up moving depending on the context given in the references to these attributes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Openness, active listening, conversational communication style</td>
<td>This could also be some of the factors contributing to developing TA. For now, we'll keep it here but might end up moving depending on the context given in the references to these attributes. Need to really see how these aspects are framed/contextualized in the references, these codes might need to be split up and/or moved to factors contributing to.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Open codes</td>
<td>To be used when the TA was defined in a way that is not synonymous with any of the above codes.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Consequences or outcomes of TA</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency of substance use</td>
<td>e.g., number of days</td>
</tr>
<tr>
<td>Severity or intensity of substance use</td>
<td>e.g., number of times per day, number of drinks per week, a standardized severity score</td>
</tr>
<tr>
<td>Craving, withdrawal</td>
<td></td>
</tr>
<tr>
<td>Adherence</td>
<td>Adhering to treatment protocol or treatment plan; treatment completion</td>
</tr>
<tr>
<td>Engagement</td>
<td>Initiated treatment, number of counseling</td>
</tr>
<tr>
<td>Factors contributing to increased TA</td>
<td>Open codes</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Quantitative measure of TA</td>
<td>Measured with Working Alliance Inventory</td>
</tr>
<tr>
<td></td>
<td>Measured with Helping Alliance Inventory</td>
</tr>
<tr>
<td></td>
<td>Measured with other tool</td>
</tr>
<tr>
<td>Open Subcategories</td>
<td>Open codes</td>
</tr>
</tbody>
</table>
### PCC Scoping Review – Directed content analysis coding framework

<table>
<thead>
<tr>
<th>Shared decision-making (SDM)</th>
<th>Defining characteristics of SDM</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Encouragement and/or empowerment from provider for patient to make treatment decisions, sharing power</strong></td>
<td>Empowerment is a tricky one because it can also be something that leads to SDM or is an inherent characteristic of SDM. Be very thorough on capturing the context and making sure that is transparent</td>
<td></td>
</tr>
<tr>
<td><strong>Building client’s capacity for self-management and self-care, helping client be aware that they’re not powerless outside of treatment</strong></td>
<td>This is distinct from empowerment within the actual treatment process itself. That should be captured above.</td>
<td></td>
</tr>
<tr>
<td><strong>Autonomous, independent, client-led decision-making</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Collaborative decision-making, mutual agreement, mutual decision-making, client participation in, sharing responsibility</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sharing information in a manner that is appropriate for the client, allows them to make an informed decision</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Discussions of client concerns, uncertainties, questions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Open codes</strong></td>
<td>For characteristics that don’t fit into any of the above codes.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Consequences or outcomes of SDM</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Frequency of substance use</strong></td>
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<td></td>
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<td>----------------------</td>
<td>--------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Craving, withdrawal</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Adherence</strong></td>
<td>Adhering to treatment protocol or treatment plan; treatment completion</td>
</tr>
<tr>
<td><strong>Engagement</strong></td>
<td>Initiated treatment, number of counseling sessions,</td>
</tr>
<tr>
<td><strong>Retention</strong></td>
<td>Length of stay in treatment</td>
</tr>
<tr>
<td><strong>Patient-reported outcome measures</strong></td>
<td>e.g., Health-related QoL, psychosocial outcomes, functionality,</td>
</tr>
<tr>
<td><strong>Patient-reported experiences</strong></td>
<td>e.g., Treatment satisfaction</td>
</tr>
<tr>
<td><strong>Decisional quality; decisional comfort</strong></td>
<td>Feeling informed, feeling that personal values are supported, perceived effectiveness of decision-making process</td>
</tr>
<tr>
<td><strong>Perceived empowerment outside of the treatment (e.g., in relationships, in feelings of increased confidence, accessing other health care)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Other dimensions of PCC as a consequence of SDM</strong></td>
<td>Open code at first</td>
</tr>
<tr>
<td><strong>Open codes</strong></td>
<td>For any consequences or outcomes or outcomes not captured above</td>
</tr>
<tr>
<td><strong>Factors contributing to SDM</strong></td>
<td>Open codes</td>
</tr>
<tr>
<td>Individualized care (IC)</td>
<td>Defining characteristics of IC</td>
</tr>
<tr>
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</tr>
</tbody>
</table>
### Consequences or outcomes of IC

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intermittent, mid-point, or ongoing evaluation of client outcomes, goals, and preferences</td>
<td></td>
</tr>
<tr>
<td>Transition or discharge planning at clients pace</td>
<td></td>
</tr>
<tr>
<td>Open codes</td>
<td></td>
</tr>
<tr>
<td>Frequency of substance use</td>
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<td>e.g., Treatment satisfaction</td>
</tr>
<tr>
<td>Other dimensions of PCC as a consequence of IC</td>
<td>Open code at first</td>
</tr>
<tr>
<td>Open codes</td>
<td>For any qualitative consequences or outcomes or outcomes not captured above</td>
</tr>
</tbody>
</table>
### PCC Scoping Review – Directed content analysis coding framework

<table>
<thead>
<tr>
<th>Factors contributing to IC</th>
<th>Open codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quantitative measures of IC</td>
<td>Open codes</td>
</tr>
<tr>
<td>Open Subcategories</td>
<td>Open codes</td>
</tr>
</tbody>
</table>

**Holistic care (HC)**

<table>
<thead>
<tr>
<th>Defining characteristics of HC</th>
<th>Direct provision of addiction treatment within a primary care, psychosocial treatment and/or case management type of care setting that is not addiction specific</th>
<th>Making clear that our definition of psychosocial and/or behavioural interventions includes individual and/or group therapy. Interventions may include any of the following: CBT, MI, MET, psychodynamic, etc)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Direct provision of primary, psychosocial care and/or case management as part of an addiction treatment setting</td>
<td>Case management - employment support, housing support, legal support, family reconnection</td>
</tr>
<tr>
<td></td>
<td>Coordination or referral for primary, psychosocial care and/or case management or a continuum of care approach</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Involvement of family, community and close others</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provision of childcare</td>
<td></td>
</tr>
<tr>
<td>Consequences or outcomes of HC</td>
<td>Delivery of services or treatment that client’s perceived spiritual treatment needs</td>
<td></td>
</tr>
<tr>
<td>--------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Open codes</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Consequences or outcomes of HC</strong></td>
<td></td>
</tr>
<tr>
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<td>Engagement</td>
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<td></td>
</tr>
<tr>
<td>Retention</td>
<td>Length of stay in treatment</td>
<td></td>
</tr>
<tr>
<td>Health outcomes, improvement in health unrelated to addiction, clinical and/or objective outcomes</td>
<td>Clinical, lab, observed, objective, not self-report</td>
<td></td>
</tr>
<tr>
<td>Patient-reported outcome measures</td>
<td>e.g., Health-related QoL, psychosocial outcomes, functionality,</td>
<td></td>
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<tr>
<td>Patient-reported experiences</td>
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<td>Other dimensions of PCC as a consequence of HC</td>
<td>Open code at first</td>
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<tr>
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<td>For any qualitative consequences or outcomes or outcomes not captured above</td>
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</tr>
<tr>
<td>Factors contributing to HC</td>
<td>Open codes</td>
<td></td>
</tr>
<tr>
<td>---------------------------</td>
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<td></td>
</tr>
<tr>
<td>Quantitative measures of HC</td>
<td>Open codes</td>
<td></td>
</tr>
<tr>
<td><strong>Open Subcategories</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Defining characteristics of TIC</td>
<td><strong>TIC framework applied with a citation</strong></td>
<td></td>
</tr>
<tr>
<td>Open Codes</td>
<td><strong>Nuanced or unique way of expanding on their approach, etc.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Trauma informed care (TIC)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consequences or outcomes of HC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequency of substance use</td>
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</tr>
<tr>
<td>Patient-reported experiences</td>
<td>e.g., Treatment satisfaction</td>
<td></td>
</tr>
</tbody>
</table>
### Factors contributing with TIC

<table>
<thead>
<tr>
<th>Other dimensions of PCC as a consequence of HC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open code at first</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Factors contributing with TIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open codes</td>
</tr>
</tbody>
</table>

### Quantitative measures of TIC

<table>
<thead>
<tr>
<th>Open codes</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Open sub-categories</th>
</tr>
</thead>
</table>

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### Culturally safe care (CSC)

#### Defining characteristics of CSC

- Framework applied with a citation (including training, compliance monitoring)
- Matching culture/ethnicity between provider and client

<table>
<thead>
<tr>
<th>Open codes</th>
</tr>
</thead>
</table>

For those references that include a nuanced or unique way of expanding on their approach

#### Consequences or outcomes of CSC

- Frequency of substance use: e.g., number of days
- Severity or intensity of substance use: e.g., number of times per day, number of drinks per week, a standardized severity score
- Adherence: Adhering to treatment protocol or treatment plan; treatment completion
- Engagement: Initiated treatment, number of counseling sessions,
<table>
<thead>
<tr>
<th><strong>Retention</strong></th>
<th>Length of stay in treatment, may need to add a qualifier for in this principle.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient-reported outcome measures</strong></td>
<td>e.g., Health-related QoL, psychosocial outcomes, functionality,</td>
</tr>
<tr>
<td><strong>Patient-reported experiences</strong></td>
<td>e.g., Treatment satisfaction</td>
</tr>
<tr>
<td><strong>Other dimensions of PCC as a consequence of CSC</strong></td>
<td>Open code at first</td>
</tr>
<tr>
<td><strong>Open codes</strong></td>
<td>For any qualitative consequences or outcomes or outcomes not captured above; For discussion of possible outcomes associated with CSC point out that this is usually relevant to the particular sub-group of interest.</td>
</tr>
<tr>
<td><strong>Factors contributing to CSC</strong></td>
<td>Open codes</td>
</tr>
<tr>
<td><strong>Quantitative measures of CSC</strong></td>
<td>Open codes</td>
</tr>
</tbody>
</table>