

CONTENTS

Contributors	ix
Acknowledgments	xi
Introduction	3
M. Dolores Cimini and Jessica L. Martin	
I. SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT TOOLS AND TECHNIQUES	7
1. Screening, Brief Intervention, and Referral to Treatment: An Efficacious Public Health Approach to Substance Use Prevention and Treatment	9
Carlo C. DiClemente	
2. Approaches to Screening for Alcohol Misuse in Primary Health Care	31
James F. Schaus	
3. Screening and Intervention for Tobacco Use	51
Mary Schmidt-Owens	
4. Motivational Interviewing and Screening, Brief Intervention, and Referral to Treatment	67
Allen Zweben and Mary Piepmeier	
5. Approaches to Brief Interventions	85
Janice Pringle, Alexandra Nowalk, Alec Howard, and Matthew Taylor	

II. SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT IN DIFFERENT HEALTH CARE SETTINGS AND WITH DIVERSE POPULATIONS	103
6. Screening, Brief Intervention, and Referral to Treatment in Medical and Integrated Care Settings	105
Megan A. O’Grady and Sandeep Kapoor	
7. Screening, Brief Intervention, and Referral to Treatment in College and University Settings: Unique Challenges and Opportunities	125
Brianna Mintz, Mary A. Marchetti, Peter P. Ehlinger, and Jessica M. Cnonce	
8. Screening, Brief Intervention, and Referral to Treatment With Adolescents: Strategies, Opportunities, and Challenges	143
Miriam A. Schizer, Sharon Levy, and Elissa R. Weitzman	
9. Screening, Brief Intervention, and Referral to Treatment for Racial and Ethnic Minority Populations: State of the Science and Implications for Adaptation	161
Jason J. Burrow-Sánchez and Marjean Nielsen	
10. Screening, Brief Intervention, and Referral to Treatment for Older Adults: Lessons Learned From the Florida BRITE Project	179
Lawrence Schonfeld	
III. NEW FRONTIERS IN SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT	199
11. Using Technology for Training in and the Delivery of Screening, Brief Intervention, and Referral to Treatment	201
Michael V. Pantalon and Heather J. Gotham	
12. SBIRT for Cannabis Use: Improving Clinical Competencies for a Changing Cultural Landscape	223
Win Turner, Joseph Hyde, Jody Kamon, and Gregory R. Hancock	
13. Integrating SBIRT Training Into Graduate Programs for Mental Health Service Providers	247
Jessica L. Martin and M. Dolores Cimini	
14. The Role of Public Policy in Advancing SBIRT Implementation and Dissemination	267
Brett Harris	
Index	285
About the Editors	299

Introduction

M. Dolores Cimini and Jessica L. Martin

As part of our training as psychologists, a great deal of time and attention was focused on clinical assessment and intervention with individuals within a diagnostic and psychotherapeutic environment, with almost exclusive attention to diagnostic categories such as depression, anxiety, and other conditions in the more “traditional” mental health arena. Less attention was paid to how we, as professionals, might use our knowledge and skills to intervene within the domain of substance use assessment and treatment to enhance the health and resilience and mitigate the risks faced by individuals with whom we worked. To many psychologists and allied mental health professionals in training, it appeared as if the area of substance use diagnoses and treatment was relegated to a special practice silo, and we were, as a result, discouraged from entering this diagnostic and treatment territory when working with our patients and clients.

Though our training may have taken place within silos, the experiences of our patients and clients have not paralleled this reality. We cannot deny that patients and clients are coming to us with increasingly complex mental health and substance use concerns that, by definition, interface with each other. Likewise, we also cannot deny the priority that we must place in understanding and addressing the needs of the whole person in front of us, inclusive of any issues associated with substance use. No matter what our training may be or where our professional interests lie, it is incumbent on each of us to move beyond our comfort zone and gain a more expansive understanding of

<http://dx.doi.org/10.1037/0000199-001>

Screening, Brief Intervention, and Referral to Treatment for Substance Use: A Practitioner's Guide,
M. D. Cimini and J. L. Martin (Editors)

Copyright © 2020 by the American Psychological Association. All rights reserved.

the complexity, challenges, and unexplored opportunities that a comprehensive approach—one that includes a broader understanding of substance use assessment and treatment—may offer us.

Screening, brief intervention, and referral to treatment (SBIRT) is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons engaging in risky substance use and those with alcohol and other substance use disorders and co-occurring mental health disorders. Primary care centers, hospitals, emergency departments, college campuses, schools, and other community settings provide ideal opportunities for early intervention with at-risk patients and clients before more severe consequences occur. SBIRT comprises three components:

- *Screening* quickly assesses the severity of alcohol and other substance use and identifies the appropriate level of treatment.
- *Brief intervention* focuses on increasing insight and awareness regarding alcohol and other substance use and comorbid psychiatric conditions and enhancing motivation toward behavioral change as indicated.
- *Referral to treatment* provides those identified as needing more extensive treatment with access to specialty care.

To date, health care providers such as physicians, surgeons, nurses, and social workers, who often work on interdisciplinary health care teams with psychologists, have been trained in and use SBIRT to a far greater extent than psychologists. Few psychologists are aware of SBIRT as an evidence-based skill set that can effectively engage patients and clients in conversations about substance use, reduce substance use, and prevent serious negative consequences. Given that the majority of patients and clients report substance use (e.g., alcohol consumption, tobacco and marijuana use), it is imperative that psychologists increase their knowledge of SBIRT and build skills to deliver it in diverse health care settings to more effectively prevent and intervene with substance use.

OVERVIEW OF THE BOOK

In light of the timeliness and critical importance of disseminating information regarding SBIRT to psychologists and allied health care professionals, this volume

- describes the research supporting the efficacy of SBIRT within behavioral health care settings and other service delivery environments;
- provides an overview of motivational interviewing (MI), the theoretical framework for SBIRT, and outlines how practitioners may use MI techniques to deliver target population–relevant and responsive brief interventions addressing alcohol and other substance use;

- discusses the selection and use of the most appropriate screening tools and methods for assessing alcohol and other substance use among diverse target populations across the life span;
- explains how SBIRT may be implemented in a number of service delivery settings, such as primary care settings, colleges and universities, comprehensive health care settings, and other practice environments;
- highlights how SBIRT can be used for different target populations, such as adolescents, older adults, and marginalized populations; and
- describes technological advances in training and delivering SBIRT, as well as strategies to address the challenges associated with SBIRT training and implementation.

The researchers who wrote chapters for this volume describe their investigations of SBIRT and provide practical tips for the application of their findings to a variety of clinical practice settings. Likewise, the practitioners who contributed to this volume discuss how their work and success in promoting the behavioral health of their patients and clients was informed by substance use research in general and SBIRT best practices in particular. This book also addresses special topics regarding the translation of SBIRT research to practice, such as the delivery of interventions with fidelity and cultural and population-specific considerations in the development and implementation of evidence-based SBIRT practices within a wide range of intervention settings.

Part I of this volume focuses on strategies and tools for SBIRT implementation. In Chapter 1, Carlo C. Di Clemente provides an overview of SBIRT, the research supporting the effectiveness of SBIRT, and an exploration of the settings in which it is delivered. Chapters 2 and 3, by James F. Schaus and Mary Schmidt-Owens, respectively, will give the reader an overview of tools and strategies for conducting SBIRT for alcohol use and tobacco use. Chapter 4, by Allen Zweben and Mary Piepmeier, and Chapter 5, by Janice Pringle, Alexandra Nowalk, Alec Howard, and Matthew Taylor, focus on MI and the use of this framework to deliver brief interventions after screening for alcohol and drug use.

Subsequent chapters discuss the implementation of SBIRT within different settings and with diverse populations. In Chapter 6, Megan A. O'Grady and Sandeep Kapoor highlight the implementation of SBIRT in medical and integrated care settings. Chapters 7 and 8 address the unique challenges associated with SBIRT implementation in college student and adolescent populations based on the work of research teams led by Jessica M. Cronce at the University of Oregon and Sharon Levy at Boston Children's Hospital. In Chapter 9, Jason J. Burrow-Sánchez and Marjean Nielsen explore factors to be considered when SBIRT is conducted with populations representing racial and ethnic diversity. In Chapter 10, Lawrence Schonfeld describes the delivery of SBIRT with older adults, highlighting important clinical considerations when working with this population.

The remainder of the book addresses special issues and new frontiers in the practice of SBIRT, such as the use of technology to deliver and provide training in SBIRT (Chapter 11: Michael V. Pantalon & Heather J. Gotham), SBIRT for cannabis use in a changing legal landscape (Chapter 12: Win Turner, Joseph Hyde, Jody Kamon, & Gregory R. Hancock), the integration of SBIRT training in graduate programs in psychology based on our work conducted under a 3-year grant funded by the Substance Abuse and Mental Health Services Administration (Chapter 13: Jessica L. Martin and M. Dolores Cimini), and the role of public policy in advancing SBIRT implementation and dissemination (Chapter 14: Brett Harris).

The development of this book represents a career-long culmination of the journey we have shared in expanding our understanding of the increasingly complex behavioral health needs of our patients and clients, developing strategies and interventions to address these challenges, and helping to promote clients' resilience. Each of the colleagues involved in this project helped shape our work along the way and taught us the meaning of dedication, persistence, and excellence. In this spirit, we express our deepest thanks to the chapter authors of this volume, who generously shared their scholarship and practical suggestions with readers. Each of them has made a significant footprint within our nation's understanding of SBIRT best practices, and we are honored to have them as our colleagues and book contributors.