Annotated Bibliography

Professional Endorsements for Screening and Intervening:

American Academy of Family Physicians. Recommended Curriculum Guidelines for Family Medicine Residents - Substance Use Disorders. *http://www.aafp.org/dam/AAFP/documents/medical_education_residency/program_directors/Reprint277_Substance.pdf*
American Academy of Pediatrics. Updated Policy Statement Revision - Substance Use Screening, Brief Intervention, and Referral to Treatment Committee on Substance Use and Prevention. (2016). Pediatrics. *https://pediatrics.aappublications.org/content/early/2016/06/16/peds.2016-1210*
American College of Obstetricians and Gynecologists. (2015). Alcohol Abuse and Other Substance Use Disorders: Ethical Issues in Obstetric and Gynecologic Practice. Committee Opinion. *http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Ethics/Alcohol-Abuse-and-Other-Substance-Use-Disorders-Ethical-Issues-in-Obstetric-and-Gynecologic-Practice*
American Society of Addiction Medicine. *http://www.asam.org/public-resources/screening-and-assessment*
Center for Medicare and Medicaid Services Informational Bulletin regarding Screening and Intervention *https://www.medicaid.gov/federal-policy-guidance/downloads/CIB-03-27-2013.pdf*

Websites with Helpful Materials: Toolkits, Training Resources, Apps

Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities. (2014). Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use: A Step-by-Step Guide for Primary Care Practices. Atlanta, Georgia.

Center for Disease Control and Prevention endorsement of Screening and Intervention.

This guide is designed to help an individual or small planning team adapt alcohol SBI to the unique operational realities of their primary care practice. It walks through each of the steps required to plan, implement, and continually improve this preventive service as a routine element of standard practice. Rather than prescribing what the alcohol SBI services should look like, the Guide will help practices create the best plan for their unique situations.

http://www.cdc.gov/ncbddd/fasd/documents/alcoholsbiimplementationguide.pdf

IRETA - Institute for Research, Education and Training in Addictions SBIRT Toolkit

This toolkit is designed for practitioners and organizations who are using (or considering using) Screening, Brief Intervention and Referral to Treatment in a variety of settings. It includes educational resources for clients, and a range of materials for practitioners. Examples include general information about SBIRT, adolescent-specific materials, and examples and guidelines for screening tools, brief intervention techniques, and referral to treatment guidance.

http://ireta.org/improve-practice/toolkitforsbirt/

Levy, S., & Schrier, L. (2015). Adolescent SBIRT Toolkit for Providers
Boston, MA: Adolescent Substance Abuse Program, Boston Children's Hospital.

This toolkit is designed to provide up-to-date guidance on research-informed practices to address substance use, including providing anticipatory guidance, accurate brief medical advice, brief motivational interventions, and successful referrals. The toolkit includes an overview of the problem of adolescent alcohol and drug use, role of primary care providers, anticipatory guidance, screening tools, brief intervention, referral to treatment, and billing. It provides resources related to confidentiality issues, and practice case studies and vignettes.

http://massclearinghouse.ehs.state.ma.us/BSASSBIRTPROG/SA1099.html

National Institute of Alcohol Abuse and Alcoholism. Alcohol Screening and Brief Intervention for Youth | A Practitioner's Guide. NIH Publication No. 11-7805

With this Guide, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) introduces a simple, quick, empirically derived tool for identifying youth at risk for alcohol-related problems. It was produced in collaboration with the American Academy of Pediatrics, clinical researchers, and health practitioners.

http://pubs.niaaa.nih.gov/publications/Practitioner/YouthGuide/YouthGuide.pdf

Websites with Helpful Materials: Toolkits, Training Resources, Apps

National Center on Addiction and Substance Abuse. (2012). An SBIRT Implementation and Process Change Manual for Practitioners, Columbia University: New York. This manual provides a resource for creating a sustainable SBIRT program. It is meant to be used as a guide and resource for those who want to integrate SBIRT into their practice, and covers four main areas: 1) The components of SBIRT, 2) Process improvement strategies, 3) Planning your SBIRT program to fit your agency using tailored implementation strategies, and 4) Toolkit and worksheets to guide SBIRT implementation. *http://www.casacolumbia.org/sites/default/files/files/An-SBIRT-implementation-and-process-change-manual-for-practitioners.pdf*
SBIRT: Screening, Brief Intervention, and Referral to Treatment. SAMHSA-HRSA Center for Integrated Health Solutions. This website includes resources for training for each component of SBIRT, as well as resources and examples for workflow, screening tools, and financing. It includes webinars, fact sheets and resources for implementing SBIRT across a range of populations and settings. *http://www.integration.samhsa.gov/clinical-practice/SBIRT*
SBIRT Oregon This website presents information and tools designed to counter barriers to SBIRT implementation. It emphasizes a team-based approach. Resources address SBIRT workflow, screening forms, clinic tools, training materials, and information about billing and documentation. *http://www.sbirtoregon.org/*
The SBIRT App for Screening, Brief Intervention and Referral to Treatment for substance use provides users with detailed steps to complete and SBIRT interventions with patients or clients. The app is designed for use by physicians, other health workers, and mental health professionals, and can be used with patients and clients 12 years and older. *https://itunes.apple.com/us/app/sbirt/id877624835?mt=8*
The Power of Best Practices - Launching SBIRT in a Community Health Center. (2013). New Hampshire Charitable Foundation. A publication to cultivate an appreciation for the opportunities and challenges that community health centers face in adopting the practice known as SBIRT (Screening, Brief Intervention and Referral to Treatment). *http://4nt012chvn61qlz923lj4nhu.wpengine.netdna-cdn.com/wp-content/uploads/2016/05/The-Power-of-Best-Practices-Launching-SBIRT-in-a-Community-Health-Center.pdf*

Supporting Literature

Agerwala, S., & McCance-Katz, E. (2012). Integrating Screening, Brief Intervention, and Referral to Treatment (SBIRT) into Clinical Practice Settings: A Brief Review. Psychoactive Drugs.

Screening, brief intervention, and referral to treatment (SBIRT) is a public health approach to the delivery of early intervention and treatment services for individuals at risk of developing substance use disorders (SUDs) and those who have already developed these disorders. SBIRT has been adapted for use in hospital emergency settings, primary care centers, office- and clinic-based practices, and other community settings, providing opportunities for early intervention with at-risk substance users before more severe consequences occur. In addition, SBIRT interventions can include the provision of brief treatment for those with less severe SUDs and referrals to specialized substance abuse treatment programs for those with more severe SUDs. Screening large numbers of individuals presents an opportunity to engage those who are in need of treatment.

http://4nt012chvn61qlz923lj4nhu.wpengine.netdna-cdn.com/wp-content/uploads/2016/05/Integrating-SBIRT-into-Clinical-Practice-Settings.pdf

American Board of Addiction Medicine Foundation. (2015). Identifying and Responding to Substance Use among Adolescents and Young Adults: A Compendium of Resources for Medical Practice.

Prepared by The National Center for Physician Training in Addiction Medicine, this compendium is a comprehensive toolkit with resources for practitioners treating adolescents and young adults. Available resources begin with Screening tools and follow through Referral to Treatment guidance, and also include resources for other important components of care.

http://www.abam.net/wp-content/uploads/2015/07/ABAMF-Compendium-Final.pdf

American Public Health Association and Education Development Center, Inc. (2008). Alcohol screening and brief intervention: A guide for public health practitioners. Washington DC: National Highway Traffic Safety Administration, U.S. Department of Transportation.

The purpose of this manual is to provide public health professionals, such as health educators and community health workers, with the information, skills, and tools needed to conduct SBI so that they can help at-risk drinkers reduce their alcohol use to a safe amount or stop drinking. Using this effective intervention to reduce risky drinking can help improve the health of individuals and communities by preventing the range of negative outcomes associated with excessive alcohol use: injuries and deaths, including from motor vehicle crashes; social problems, such as violence; physical and mental illnesses; and employment, relationship, and financial problems.

http://www.integration.samhsa.gov/clinical-practice/alcohol_screening_and_brief_interventions_a_guide_for_public_health_practitioners.pdf

Supporting Literature

Barbosa, C., Cowell, A., Bray, J., & Aldridge, A. (2015). The Cost-effectiveness of Alcohol Screening, Brief Intervention, and Referral to Treatment (SBIRT) in Emergency and Outpatient Medical Settings. Journal of Substance Abuse Treatment, 53: 1-8.

This study analyzed the cost-effectiveness of delivering alcohol screening, brief intervention, and referral to treatment (SBIRT) in emergency departments (ED) when compared to outpatient medical settings. Alcohol SBIRT generates costs savings and improves health in both ED and outpatient settings, although EDs provide better effectiveness at a lower cost and greater social cost reductions than outpatient.

https://www.ncbi.nlm.nih.gov/pubmed/25648375?dopt=Citation

Bohman, T., Kulkarni, S., Waters, V., Spence, RT., Murphy-Smith, M., & McQueen, K. (2008). Assessing Health Care Organizations' Ability to Implement Screening, Brief Intervention, and Referral to Treatment. Journal on Addiction Medicine 2: 151-157.

The article summarizes a study of a new measure of Medical Organizational Readiness for Change (MORC). The MORC measures organizational readiness among a range of dimensions, including Need for External Guidance, Pressure to Change, Organizational Readiness to Change, Workgroup Functioning, Work Environment and Autonomy Support, and found that when change agents used the MORC data to inform their implementation process the results were positive, thus concluding that MORC scales can help planners and change agents at organizations to understand their organization's readiness to integrate SBIRT.

Harris, S., Louis-Jacques, J., & Knight, J. (2014). Screening and Brief Intervention for alcohol and other abuse. Adolescent Medicine State Art Reviews. 25(1): 126-156. PMID: 25022191.

Substance abuse tends to be a chronic, progressive disease. Initiation of substance use is becoming such a common feature of an American adult that many authorities call it normative behavior. At this stage, substance use is typically limited to experimentation with tobacco or alcohol (so-called gateway substances). During adolescence, young people are expected to establish an independent, autonomous identity. They try out a variety of behaviors within the safety of families and peer groups. This process often involves experimentation with psychoactive substances, usually in culturally acceptable settings. Continuation of substance abuse, however, is a nonnormative risk behavior with the potential to compromise adolescent development.

Criteria for judging the severity of substance use disorders (SUD), as outlined by the American Psychiatric Association, are described in this article.

Available at: https://www.ncbi.nlm.nih.gov/pubmed/25022191

Supporting Literature

Harris, S., & Knight, J. (2014). Putting the Screen in Screening: Technology-Based Alcohol Screening and Brief Interventions in Medical Settings. Alcohol Research: Current Reviews, 36(1): 63–79.

This review describes research examining the feasibility and efficacy of computer- or other technology-based alcohol SBI tools in medical settings, as they relate to the following three patient populations: adults (18 years or older); pregnant women; and adolescents (17 years or younger). The small but growing evidence base generally shows strong feasibility and acceptability of technology-based SBI in medical settings.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4432859/

Kaiser, D., & Karuntzos, G. (2016). An Examination of the Workflow Processes of the Screening, Brief Intervention, and Referral to Treatment (SBIRT) Program in Health Care Settings. Journal of Substance Abuse Treatment, 60: 21-26.

Provisions within the Patient Protection and Affordable Care Act of 2010 call for the integration of behavioral health and medical care services. SBIRT is being adapted in different types of medical care settings, and workflow processes are being adapted to ensure efficient delivery, illustrating the successful integration of behavioral health and medical care.

https://www.ncbi.nlm.nih.gov/pubmed/26381929

Levy, S., Weiss R., Sherritt, L., et al. (2014). An Electronic Screen for Triaging Adolescent Substance Use by Risk Levels. The Journal of the American Medical Association Pediatrics, 168(9): 822-828.

This study describes the psychometric properties of an electronic screen and brief assessment tool (S2BI) that triages adolescents into 4 actionable categories regarding their experience with nontobacco substance use: (1) no past-year alcohol or drug use, (2) past-year alcohol or drug use without a SUD, (3) mild or moderate SUD, and (4) severe SUD. The tool has 3 additional categories for tobacco use: (1) no tobacco use, (2) tobacco use, and (3) nicotine dependence. A single screening question assessing past-year frequency use for 8 commonly misused categories of substances appears to be a valid method for discriminating among clinically relevant risk categories of adolescent substance use.

http://archpedi.jamanetwork.com/article.aspx?articleid=1889047

Levy, S., & Schrier, L. (2015). Adolescent SBIRT Toolkit for Providers
Boston, MA: Adolescent Substance Abuse Program, Boston Children's Hospital.

This toolkit is designed to provide up-to-date guidance on research-informed practices to address substance use, including providing anticipatory guidance, accurate brief medical advice, brief motivational interventions, and successful referrals. The toolkit includes an overview of the problem of adolescent alcohol and drug use, role of primary care providers, anticipatory guidance, screening tools, brief intervention, referral to treatment, and billing. It provides resources related to confidentiality issues, and practice case studies and vignettes.

http://massclearinghouse.ehs.state.ma.us/BSASSBIRTPROG/SA1099.html

Supporting Literature

Mitchell, A. M., Hagle, H., Puskar, K., Kane, I., Lindsay, D., Talcott, K., et al. (2015). Alcohol and Other Drug Use Screenings by Nurse Practitioners: Policy Implications. The Journal for Nurse Practitioners, 11(7): 730-732.

Alcohol and other drug use remains a significant societal problem, impacting health and contributing to comorbid disease. Nurse practitioners working in diverse health care settings, and practicing to the full extent of their education, can utilize screening, brief intervention, and referral to treatment (SBIRT) to assist their patients in reducing risks associated with alcohol and other drug use. In this report we review SBIRT tenets and identify policy implications around implementing SBIRT, a cost-effective health promotion model, in advanced nursing practice.

http://www.npjournal.org/article/S1555-4155(14)00820-4/abstract

Muench, J., Jarvis, K., Gray, M., Hayes, M., Vandersloot, D., Hardman, J., et al. (2015). Implementing a team-based SBIRT model in primary care clinics. Journal of Substance Use, 20(2): 106-112.

Six Oregon primary care clinics integrated a team-based, systematized alcohol and drug Screening, Brief Intervention, Referral to Treatment (SBIRT) process into their standard clinic workflow. Clinic staff administered screening forms and brief assessments, and clinicians were trained to perform brief interventions and treatment referrals when needed. Conclusion: A team-based approach to SBIRT in primary care settings capitalizes on the medical home model but also creates unique challenges. Facilitative EHR tools are necessary.

https://ohsu.pure.elsevier.com/en/publications/implementing-a-team-based-sbirt-model-in-primary-care-clinics-2

Muench, J., Jarvis, K., Vandersloot, D., Hayes, M., Nash, W., Hardman, J., et al. (2015). Perceptions of Clinical Team Members Toward Implementation of SBIRT Processes. Alcoholism Treatment Quarterly, 33(2): 143-160.

This study implemented a systematized, team-based Screening, Brief Intervention, Referral to Treatment (SBIRT) process in six primary care clinics that incorporated efforts of receptionists, medical assistants, and physicians. Focus groups identified key facilitators of and barriers to successful implementation. Buy-in from physicians and clinic leadership and seamless integration of SBIRT into the electronic medical record were noted as the strongest facilitators. Time constraints and personal discomfort discussing substance use were cited as major barriers. A team-based approach to SBIRT in primary care settings capitalizes on the medical home model but also creates unique barriers.

https://ohsu.pure.elsevier.com/en/publications/perceptions-of-clinical-team-members-toward-implementation-of-sbi-2

Supporting Literature

Ozechowski, T., Becker, S., & Hogue, A. (2016). SBIRT-A: Adapting SBIRT to Maximize Developmental Fit for Adolescents in Primary Care. Journal of Substance Abuse Treatment, 62: 28-37.

This article describes ways that SBIRT may be tailored to better serve adolescents in primary care under a set of recommended adaptations that we refer to collectively as SBIRT-A or Screening, Brief Intervention, and Referral to Treatment for Adolescents. The adaptations proposed in this article have the potential to enhance the detection of adolescents with SU problems in primary care, the consistency of intervention provision, and engagement of this typically recalcitrant population into appropriate treatment.

https://www.ncbi.nlm.nih.gov/pubmed/26742723

Paltzer, J., Brown, R. L., Burns, M., Moberg, D. P., Mullahy, J., Sethi, A. K., et al. (2016). Substance Use Screening, Brief Intervention, and Referral to Treatment Among Medicaid Patients in Wisconsin: Impacts on Healthcare Utilization and Costs. The Journal of Behavioral Health Services & Research: 1-11.

This study measured the effectiveness of paraprofessional-administered substance use screening, brief intervention, and referral to treatment (SBIRT) services on subsequent healthcare utilization and costs. The best estimate of net annual savings is $391 per Medicaid adult beneficiary (2014 dollars). SBIRT was associated with significantly greater outpatient visits and significant reductions in inpatient days among working-age Medicaid beneficiaries in Wisconsin.

https://www.ncbi.nlm.nih.gov/pubmed/27221694

Rahm, A., Boggs, J., Martin, C., Price, D., Beck, A., Backer, T., & Dearing, J. (2014). Facilitators and Barriers to Implementing SBIRT in Primary Care in Integrated Health Care Settings. Substance Abuse, 36(3):281-8.

This formative evaluation explored implementation of the Substance Abuse and Mental Health Services Administration (SAMHSA) Screening, Brief Intervention, and Referral to Treatment (SBIRT) approach at Kaiser Permanente. Key clinical stakeholders, including patients, provided feedback through key informant interviews and focus groups. All clinical stakeholders promoted clinic-based psychologists to conduct brief intervention and determine referral to treatment as the optimal implementation program. Organizationally, systems exist to facilitate drug and alcohol use screening, intervention, and referral to treatment. However, physician time, alignment with other priorities, and lack of consistent communication were noted potential barriers to SBIRT implementation. A unique suggestion for successful implementation is to utilize existing primary care clinic-based psychologists to conduct brief intervention and facilitate referral to treatment. Patient stakeholders supported universal screening but cultural differences in opinions and current experience were noted.

https://www.ncbi.nlm.nih.gov/pubmed/25127073

Supporting Literature

Sullivan, L., Tetrault, JM., Braithwaite., R, Turner., BJ, Fiellin, DA. (2011). A meta-analysis of the efficacy of nonphysician brief interventions for unhealthy alcohol use: implications for the patient-centered medical home. American Journal on Addictions, 20(4): 343-356.

This study analyzed findings from thirteen articles reporting findings of studies conducted in primary care clinic settings that assessed the effects of non-physician interventions compared to controls (usual care or "advice") on alcohol consumption outcomes. The primary outcome measure was mean standard drinks consumed per week; outcome was measured before and after a six-month period (or time closest to six months).The authors stated that evidence showed that non-physician personnel can effectively reduce unhealthy alcohol could translate to the structure of the patient-centred medical home.

https://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0032296/

Siqueira, L., & Smith, V. (2015). Binge Drinking. Committee on Substance Abuse. Pediatrics, 136 (3).

A Clinical Report published by the American Academy of Pediatrics in September 2015 highlighting Screening and Brief Intervention as universal preventive intervention that should be adopted by pediatricians.

https://pediatrics.aappublications.org/content/136/3/e718

Schweer, L.H. (2009). Pediatric SBIRT: Understanding the Magnitude of the Problem. Journal of Trauma Nursing: 142-147.

This article provides a review of literature for the 12-to 17-year-old population regarding alcohol and drug use, adolescent brain maturation, specific adolescent risk considerations, and results of a national survey regarding the frequency and methodology of providing SBIRT for the 12-to 17-year-old population.

http://journals.lww.com/journaloftraumanursing/Abstract/2009/07000/Pediatric_SBIRT__Understanding_the_Magnitude_of.6.aspx

Sterling, S., Ross, T., & Weisner, C. (2016). Large-Scale Implementation of Alcohol SBIRT in Adult Primary Care in an Integrated Health Care Delivery System: Lessons From the Field. Journal of Patient-Centered Research and Reviews, 3(3): 186-187.

Screening, Brief Intervention, and Referral to Treatment (SBIRT) has been shown to be an efficacious intervention for risky drinkers and is recommended by numerous national organizations (NIH, USPSTF, SAMHSA, CDC). Nevertheless, large-scale implementation of SBIRT has proven to be challenging. This study discusses the challenges to the successful large-scale implementation of research findings and makes recommendations for structures and approaches that may facilitate adoption of SBIRT within health systems.

http://digitalrepository.aurorahealthcare.org/jpcrr/vol3/iss3/51/

Appendix V

Supporting Literature

Sterling, S., Kline-Simon, A., Weisner, C., Jones, A., Satre, D., & Wong, A. (2015). Adolescent SBIRT implementation in pediatric primary care: results from a randomized trial in an integrated health-care delivery system. Addiction Science & Clinical Practice, 10(1): 1. Substance misuse by adolescents is associated with significant mortality and morbidity. In spite of growing evidence on the effectiveness of Screening, Brief Intervention and Referral to Treatment (SBIRT) for adolescents, it has not been widely implemented in pediatric health-care settings. This article describes implementation findings from a trial of different modalities of SBIRT for adolescents during primary care well-visits. *https://ascpjournal.biomedcentral.com/articles/10.1186/1940-0640-10-S1-A62*
Sterling, S., Valkanoff, T., Hinman, A., & Weisner, C. (2012). Integrating Substance Use Treatment Into Adolescent Health Care. Current Psychiatry Reports, 14(5): 453-461. This article examines the literature on the integration of substance use treatment with adolescent health care, focusing on emergency department settings and school- and college-based health centers. *http://www.ncbi.nlm.nih.gov/pubmed/22872492*
Substance Abuse and Mental Health Services Administration. Systems-Level Implementation of Screening, Brief Intervention, and Referral to Treatment. Technical Assistance Publication (TAP) Series 33. (2013). HHS Publication No. (SMA), 13-4741. This comprehensive document describes core elements of screening, brief intervention, and referral to treatment programs for people with or at risk for substance use disorders. It describes SBIRT services implementation, covering challenges, barriers, cost, and sustainability. *http://www.integration.samhsa.gov/sbirt/tap33.pdf*
Levy, S., & Williams, S., (2016). Substance Use Screening, Brief Intervention, and Referral to Treatment, Committee on Substance Use and Prevention, 138 (1). The enormous public health impact of adolescent substance use and its preventable morbidity and mortality highlight the need for the health care sector, including pediatricians and the medical home, to increase its capacity regarding adolescent substance use screening, brief intervention, and referral to treatment (SBIRT). The American Academy of Pediatrics first published a policy statement on SBIRT and adolescents in 2011 to introduce SBIRT concepts and terminology and to offer clinical guidance about available substance use screening tools and intervention procedures. This clinical report provides a simplified adolescent SBIRT clinical approach that, in combination with the accompanying updated policy statement, guides pediatricians in implementing substance use prevention, detection, assessment, and intervention practices across the varied clinical settings in which adolescents receive health care. *https://pediatrics.aappublications.org/content/138/1/e20161211.abstract*

Appendix V

Supporting Literature

Wright, T., Terplan, M., Ondersma, S., Boyce, C., Yonkers, K., Chang, G., et al. (2016). The role of screening, brief intervention, and referral to treatment in the perinatal period. American Journal of Obstetrics and Gynecology, 215(5): 539-547.

This article reflects the formal conclusions of the expert panel that discussed the use of screening, brief intervention, and referral to treatment during pregnancy. Screening for substance use during pregnancy should be universal. It allows stratification of women into zones of risk given their pattern of use. Low-risk women should receive brief advice, those classified as moderate risk should receive a brief intervention, whereas those who are high risk need referral to specialty care.

https://www.ncbi.nlm.nih.gov/pubmed/27373599

Yoast, R., Fleming, M., & Balch, G. (2007). Reactions to a concept for physician intervention in adolescent alcohol use. Journal of Adolescent Health. 41(1): 35–41.

This study was designed to understand adolescent and parental perceptions, receptivity, and reactions to the concept of screening and brief intervention that primary care physicians can use to reduce alcohol consumption by their non-alcohol-dependent adolescent patients.

Because both adolescents and parents of adolescents expressed interest in this type of intervention, physicians should be aware of this receptivity and consider focus group findings in how to structure development of a potential counseling-based intervention. Prior education about the target and nature of the intervention is necessary, lest adolescents and parents assume--incorrectly--that it is about doctors preaching to high-risk adolescents to stop drinking.

https://www.ncbi.nlm.nih.gov/pubmed/17577532