

Practice Considerations: Use of the SBIRT Model Among Transgender & Nonbinary Populations

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Purpose

The Screening, Brief Intervention, and Referral to Treatment (SBIRT) model has been shown to be an effective approach for the identification and intervention for hazardous substance use, misuse, and substance use disorders (SUD) and for reducing the potential for psychosocial and/or health problems (Babor et al., 2007). However, application of the model for use among transgender and nonbinary (TNB) populations has yet to be fully understood and requires additional research. Our goal is to provide practice guidance for the utilization of the SBIRT model with TNB populations.

Providers using SBIRT cannot assume that what has worked for cisgender populations will be effective with TNB populations. Rather, the unique needs and experiences of TNB populations should always be considered. Adapting SBIRT to TNB populations should maximize the potential benefit while minimizing unintended harm. Although there is limited research on implementing SBIRT with TNB populations (Flentje et al., 2019), practice considerations emerge from a host of clinical and empirical literature focused on affirmative practice with TNB populations (Austin & Craig, 2015; Chen et al., 2016; Dentato, et al., 2019; Glynn & van den Berg, 2017).

The following practice considerations and guidance for affirming SBIRT utilization among TNB populations is based on limited but emerging research, which includes a review of screening processes and use of screening tools, brief interventions that are rooted in cultural humility, and gender-affirming care. Further, for those who require a full assessment and treatment planning for alcohol and substance use disorders, offer a referral process that acknowledges the unique SUD treatment needs of TNB clients based in affirming care and practice standards.

Substance Use, Interventions & TNB Populations

TNB populations experience a higher prevalence of physical health and behavioral health challenges and unique health disparities (e.g., due to mistreatment, discrimination, violence, economic hardships, etc.) across the



lifespan (Coyné et al., 2020; James et al., 2016). Such challenges and disparities may result in higher rates of substance use and misuse among TNB populations. TNB individuals are at higher risk for developing substance use disorders when compared to their cisgender counterparts (Coulter et al., 2015; Houghto et al., 2021; Jun et al., 2019; Keuroghlian, et al., 2015). Some research has found that heavy episodic drinking among young transgender adults is particularly problematic (Coulter et al., 2015). Alcohol and substance use disparities among TNB individuals are thought to be driven by exposure to gender minority stressors (Hughto et al., 2021; Puckett & Matsuno, 2021). Specific minority stressors may include family and social rejection, discrimination, exclusion, and oppression, as well as inadequate access to safe and/or affirming health and behavioral health care (Agosto et al., 2019; Hughto et al., 2021; Jun et al., 2019; Keuroghlian et al., 2015). Further, the impact of stress and strain due to the COVID-19 global health pandemic (e.g., social isolation or quarantining with unsupportive family) has likely exacerbated substance use among TNB populations (Akré et al., 2021; Floyd, 2021), increasing the need for the effective use of SBIRT across a range of practice settings.

TNB populations also report experiences within the health and behavioral healthcare system that do not benefit them, and in some situations, even do harm (James et al., 2016; Kattari et al., 2020). Moreover, TNB populations struggle to find informed and affirming physical and mental health care providers (Stroumsa & Wu, 2018).

These unique stressors faced by TNB populations are often a result of oppression and discrimination (e.g., transphobia, victimization, gender minority stressors, etc.; Agosto et al., 2019; Hendricks & Testa, 2012). Moreover, TNB individuals experience various degrees of gender dysphoria that may impact their health and behavioral health (Austin et al., 2022; Dhejne et al., 2016; Morris & Galupo, 2019; Peterson et al., 2017). Gender dysphoria is the feeling of discomfort or distress that may occur in people whose gender identity differs from their sex assigned at birth or sex-related physical characteristics. Some TNB clients receive gender-affirming hormone therapy (GAHT) to address their gender dysphoria, align their physical attributes with their gender identity, and increase well-being (Stroumsa et al., 2020).

Because SBIRT guidelines rely on gender assigned at birth and primary sex characteristics to determine the severity of substance use and substance use risk, an affirmative SBIRT should include asking about GAHT use. This includes exploring the age that a TNB client began GAHT, the length of time a client has been taking GAHT, as well as whether current GAHT are prescribed or non-prescribed. Barriers in access to affirming healthcare may encourage TNB clients to obtain GAHT through other channels. If a client is accessing GAHT through non-medical professionals, this information may be important within the context of alcohol, substance, and tobacco use, all of which are used at high rates among the TNB population. Taken together, these circumstances underscore the need for affirmative clinical SUD screening, prevention, and intervention practices for TNB populations.

Overview: The SBIRT Model

The Screening, Brief Intervention, and Referral to Treatment (SBIRT) model is a comprehensive and integrated public health approach to the delivery of early intervention and treatment services for persons with alcohol and substance use disorders, as well as those who are at risk of developing such disorders. Primary care centers, hospital emergency rooms, trauma centers, and other traditional and non-traditional community settings (e.g., sexual health clinics or house/ball events) provide opportunities for early intervention with at-risk substance users, including TNB populations, before they experience any detrimental outcomes (Dentato et al., 2019; Yu et



al., 2016). A comprehensive presentation of the model is beyond the scope of this brief. For more evidence-based information about the SBIRT model, please visit: <https://www.samhsa.gov/sbirt>

Primary Recommendations for Implementing SBIRT with TNB Populations

- To be most effective in using the SBIRT model with TNB clients, practitioners must utilize validated screening tools (e.g., the Alcohol Use Disorder Identification Test [AUDIT], Drug Abuse Screening Test [DAST], and the Car, Relax, Alone, Forget, Friends, Trouble [CRAFFT] tool for adolescents), use TNB-affirming approaches during the brief intervention stage (e.g., using affirming language, introducing your own pronouns, asking what name clients use, and avoiding assumptions about gender), and provide appropriate referral to treatment when necessary (e.g., locating TNB-affirming SUD care and treatment settings in your area or available through telehealth).
- Practitioners must ensure all evidence-based interventions (including SBIRT) are affirming for TNB populations (Austin & Craig, 2015; Flentje et al., 2020; Hendricks & Testa, 2012) to effectively meet their behavioral health and substance use needs.
- Successful implementation of the SBIRT model with TNB clients requires that practitioners understand the intersectional and identity-specific needs of each individual TNB client (e.g., age, race, culture, sexual orientation, class, etc.) without making any identity assumptions.
- Practitioners must continue to integrate evidence for the effectiveness of the SBIRT model and its use among TNB clients as research with this population continues to evolve (Arellano-Anderson & Keuroghlian, 2020; Flentje et al., 2020).

Screening & Screening Tools

Screening (S) is an efficient way to identify unhealthy alcohol and substance use. The results of the screen determine what action is taken next which may include: (a) No action but affirmation of their healthy behaviors; (b) a brief intervention; or (c) referral for full assessment and treatment planning. SBIRT does not require the use of any specific screening tool; however, validated screening tools should be used so as not to miss opportunities for intervention and to minimize the potential of inappropriate focus at the expense of other potential issues during the encounter. The most commonly used screening tools are the National Institute on Alcohol Abuse and Alcoholism (NIAAA) single-item screen, the AUDIT, DAST, and the CRAFFT. While there remains little empirical evidence and significant room for ongoing research, many of these tools have been used to effectively screen LGBTQ+ clients (Russett, 2016). A full list of screening tools may be found at: <https://www.sbirt.care/tools.aspx>.

Universal screening is an ideal way to identify those who would benefit from a brief intervention. Any screening process should include questions about gender identity as well as consider how to best modify existing screening tools, such as the AUDIT, based on current research. For example:

The AUDIT should be administered to adult clients who screen positive on the pre-screening for alcohol use.

- The suggested drinking limits guiding the AUDIT are based on what comprises risk (e.g., one drink per day of 12 oz beer, 5 oz wine, or 1.5 oz liquor/shot for cisgender men and women, and those age 65+) with limits placed at:



- 1 drink per day/7 drinks per week for cisgender women/or those age 65+
- 2 drinks per day/14 drinks per week for cisgender men

TNB-affirmative practitioners should consider the extent to which the guidelines noted above and developed for cisgender populations represents (or does not represent) an appropriate fit for each TNB client. Emergent research offers some guidelines for screening TNB populations and drinking limits:

- Flentje et al. (2020) found that screening for “5 or more” drinks on one occasion maximized sensitivity and specificity in predicting *both* harmful drinking *and* one or more alcohol dependence symptoms or consequences among TNB participants.
- To maximize sensitivity and minimize risk, Flentje et al. (2020) recommended that clinicians use “5 or more drinks on one occasion within the past year” as a screening measure for TNB people, regardless of gender assigned at birth, until such a time that a new, more robust screening measure is developed and validated within the TNB community.

Brief Intervention

Brief Intervention (BI) within the context of SBIRT refers to a collaborative conversation that enhances a client’s motivation to change their use of alcohol and/or other drugs. Several models may be used to guide the clinician’s approach, yet most use the stages of change and motivational interviewing in their core framework (Miller & Rollnick, 2004). The BI provides feedback about the person’s alcohol and substance use, education, and information about use, increases client insight and awareness about risks related to unhealthy substance use, enhances motivation toward healthy behavioral change (based on the stages of change), and works with the client to create their own change plan. Using principles from motivational interviewing, the focus is on increasing insight and awareness regarding substance use and motivation toward behavioral change. A full review of BI approaches may be found at:

<https://www.masbirt.org/sites/www.masbirt.org/files/documents/toolkit.pdf>.

During the BI, it is important to establish safety in the therapeutic engagement. Practice rooted in cisnormativity as well as assumptions about gender can undermine TNB clients’ sense of safety at the outset. As such, it is important that practitioners refrain from making assumptions about gender identity based on a client’s appearance, name, or medical records. Instituting the affirming practice of gathering inclusive demographic information such as name and pronouns, gender identity, and sexual orientation from all clients is important. Intake processes (e.g., screening interviews, intake forms, screening tools, agency brochures, and medical records) should be inclusive of people who identify as nonbinary and agender and should also avoid hetero- and cis-normative language and assumptions (e.g., use of they/them pronouns, address a client by first name only, refer to a “partner” rather than “husband or wife”).

Providing feedback about alcohol and substance use is a key component of the BI and includes reviewing the results of the screening instruments, interpretation of use and use patterns (e.g., risky or non-hazardous), as well as discussion of client-specific risk factors. Providing information to the client about their alcohol or substance use requires a discussion of “how much use” leads to biopsychosocial problems. Most often, this is done using information about drinking norms established by research on cisgender populations (e.g., the drinking limits for cisgender men and women noted above in the discussion pertaining to screening and



screening tools). While this aspect of BI is important, taking steps to address the cisnormative assumptions inherent in such practices is important.

Primary Recommendations for Brief Interventions with TNB Populations

The following affirming practice recommendations are provided while acknowledging the limitations given the lack of data associated with TNB clients. Emergent research in this area includes suggestions from Arellano-Anderson and Keuroghlian (2020) for tailoring brief interventions to best meet the needs of TNB clients:

- Acknowledge conflation of sex- and gender-related factors as well as presumed binary gender identities in the existing evidence base.
- Collaboratively decide on personalized parameters for healthy alcohol use.
- Engage in discussions that consider various factors that may impact interpretation of research on drinking norms and risks (e.g., potential impact of gender-affirming hormone blockers, hormone therapies, and surgeries). As TNB individuals begin gender-affirming medical interventions at increasingly younger ages (e.g., pre-pubertal transitions beginning with hormone blockers), drinking risks based on assigned sex at birth may be less relevant and accurate. Providers working with TNB clients may want to apply norms and risks with caution and client-specific consideration.
- Research on alcohol limits for cisgender men and women are different since they metabolize alcohol differently (e.g., female bodies have less water than male bodies). Since alcohol and GAHT are metabolized by the liver, it may impair the capacity to metabolize GAHT and may increase the risk for liver damage. Use of alcohol with GAHT may also increase the risk of breast cancer.
- Each topic discussed during the BI phase should be explored through a shared decision-making lens that considers ALL aspects of the client's identities on risks for problematic alcohol and substance use (e.g., experiences with discrimination; access/lack of access to support; types of social networks; access to affirming medical care; desire for and access to gender affirmation services and treatment).

BI has a primary focus and emphasis on motivational interviewing skills (e.g., remember the acronym "**OARS**" and use **O**pen ended questions, **A**ffirming statements, engage in **R**eflective listening, and be sure to **S**ummarize key points).

The practitioner guides the TNB client to develop their own plan for change. A BI focuses on whatever steps the TNB client is willing to make. Creation of the plan is a process that involves collaboration, non-judgmental behaviors, and respect for the client's capacity to change their actions (i.e., next steps may seem small to the practitioner, but the spirit of motivational interviewing remains essential).

Table 1: TNB-Affirming Language for Brief Interventions

Practitioner Skills & Approach	Affirming vs. Non-Affirming Language
<p>Create a TNB-affirming environment and seek permission to discuss the results from the screening tools</p>	<p>Non-Affirming “The screening tool is not appropriate for transgender or nonbinary clients.”</p> <p>Affirming “May I discuss the screening tool and its purpose as well as limitations for use with transgender and nonbinary clients?”</p>
<p>Discuss guidelines for drinking alcohol or substance use per the screening tools while understanding their limitations.</p>	<p>Non-Affirming “We will talk about alcohol and substance use based on your gender assigned at birth since there is little research in the field pertaining to transgender and nonbinary clients.”</p> <p>Affirming “While I will provide some general guidelines for alcohol and substance use, I wonder if we can discuss some of your personal experiences with substances.”</p>
<p>Use gender neutral language</p>	<p>Non-Affirming “It sounds like it is hard not to drink when <i>your girlfriend/boyfriend</i> is drinking.”</p> <p>Affirming “It sounds like it is hard not to drink when <i>your partner</i> is drinking.”</p>

Be sure to not make assumptions or generalizations

Non-Affirming

“I assume you have been drinking more because of the stress you experience each day as a transgender person.”

“All transgender and nonbinary clients engage in some form of alcohol or substance use at some point in their life.”

Affirming

“Many of my clients struggle with alcohol and substance use. You are not alone.”

“Some transgender and nonbinary clients experience unique stressors, or might struggle with gender dysphoria, which may result in using alcohol or other substances.”

Referral to Treatment

Referral to Treatment (RT) helps facilitate access to further substance use assessment, treatment, and/or care. A referral is usually indicated for only about 5% of people screened (Bhad, 2019; [MA SBIRT TTA], 2022). Referral to treatment provides those identified as needing more extensive treatment with access to specialty care. Practitioners must be intentional with regard to seeking affirming care providers and settings when making a referral to treatment for their TNB clients. There are many factors that must be considered to ensure that the referral to treatment experience is both safe and affirming for TNB clients. Therefore, TNB-affirming SBIRT practitioners should attend to the following:

- TNB-affirming SBIRT providers should be aware of alcohol and substance use treatment providers experienced with and committed to TNB-affirming care. For example, practitioners should locate TNB-affirming providers when needed for Intensive Outpatient Programs, 12 step, detoxification, etc., at the local, regional, and national levels with information and links to known sites that can be reviewed alongside their TNB clients.
- With the client’s permission, practitioners should inform the potential referral sources about their TNB client’s specific needs, name, pronouns, etc. in a manner that follows organizational policies pertaining to release of client information, confidentiality, etc. Practitioners should always discuss disclosure decisions with clients to ensure they feel safe and supported in their decisions while ensuring privacy.
- During a referral to treatment and care, practitioners should always mirror the language embraced by any given client (e.g., *transgender*, *nonbinary*, *gender free* and with regard to their affirmed names and pronouns) in recordkeeping across all settings (e.g., health records) and via all communication types with other service providers (e.g., in person, phone, email). Again, the practitioner should get approval from the client about sharing their information with others prior to fully implementing the referral. It is

important that care is consistently affirming and also that the client has control over the information shared about their identity and experience.

Table 2: TNB-Affirming Language for Referral to Treatment

Practitioner Skills & Approach	Affirming vs. Non-Affirming Language
<p>Use affirming pronouns</p>	<p>Non-Affirming</p> <p>“I am referring Terry to you for outpatient treatment, <i>he is aware</i> of the need for additional support from your agency. He’s transgender and goes by they/them.”</p> <p>Affirming</p> <p>“I am referring Terry to you for outpatient treatment, <i>they are aware</i> of the need for additional support from your program. Terry uses they/them pronouns.”</p>
<p>Assess for TNB-affirming SUD care</p>	<p>Non-Affirming</p> <p>“I have a nonbinary client that likely requires inpatient treatment and care. Do you have any available beds?”</p> <p>“You must have helped some existing LGBTQ+ clients in the past so my transgender client will feel comfortable at your agency, right?”</p> <p>Affirming</p> <p>“Can you tell me about your program’s experience and background in treating transgender and nonbinary clients impacted by alcohol and substance use challenges?”</p> <p>“What policies and best practices have you implemented to demonstrate you are a transgender-affirming organization and provider?”</p>



Summary of Practice Considerations

- The SBIRT model may be a useful screening and intervention tool for use among transgender and nonbinary (TNB) populations at risk for alcohol and substance use.
- Adapting the model for TNB populations requires each step of the SBIRT approach be tailored to a TNB client’s unique needs and background.
- Future research must test the efficacy, effectiveness, and utility of the SBIRT model among TNB populations. Specific processes within the model (e.g., screening tools, drinking limits) need further consideration, modification, and validation for use among TNB populations.
- Adapting the SBIRT model to fully be TNB-affirming may require practitioners and researchers to actively engage with members of the TNB community to adapt and test the instruments, model, and tools (Dentato et al., 2019) to better reflect TNB lived experiences across urban and rural settings, stage of gender-affirming care, use of GAHT, etc.
- Modifications to processes within the SBIRT model are necessary to ensure the model and client/practitioner interactions are fully TNB-affirming from screening to brief intervention and referral to treatment regardless of practice setting (e.g., hospitals, schools, clinics).
- Ensure referrals for SUD treatment (regardless of type) are known TNB-affirming care providers whether services are to be provided in person, via telehealth, or any other means.

Resources

- AUDIT Screening Tool: <https://auditscreen.org/>
- Center of Excellence on LGBTQ+ Behavioral Health Equity: <https://lgbtquequity.org/>
- CRAFFT Screening Tool: <https://crafft.org/>
- DAST Screening Tool: <https://www.sbirt.care/pdfs/tools/DAST.PDF>
- Motivational Interviewing: <https://motivationalinterviewing.org/understanding-motivational-interviewing>
- National Center for Transgender Equality: <https://transequality.org/>
- National LGBT Health Education Center: <https://www.lgbtqiahealtheducation.org/wp-content/uploads/SBIRT-LGBT-Webinar-Final.pdf>
- Referral to Treatment: <https://www.samhsa.gov/find-help/national-helpline>
- SAMHSA: <https://www.samhsa.gov/>
- SAMHSA Technical Assistance Publication Series (Tap 33): <https://store.samhsa.gov/sites/default/files/d7/priv/sma13-4741.pdf>
- SBIRT Effectiveness: https://www.samhsa.gov/sites/default/files/sbirtwhitepaper_0.pdf
- SBIRT Model: <https://www.samhsa.gov/sbirt>
- Sex, Gender, and Screening for Alcohol Use – Time for a Change Webinar: <https://www.youtube.com/watch?v=672r8p-8feg>



Additional Information

For further information regarding practice considerations for TNB populations and use of the SBIRT model, please contact the Center of Excellence on LGBTQ+ Behavioral Health Equity at: <https://lgbtquequity.org/>.

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References

- Agosto, S., Reitz, K., Ducheny, K., & Moaton, T. (2019). Substance use and recovery in the transgender and gender nonconforming (TGNC) older adult community. In C. Hardacker, K. Ducheny, & M. Houlberg (Eds.), *Transgender and gender nonconforming health and aging* (pp. 97-112). Springer.
- Akré, E. R., Anderson, A., Stojanovski, K., Chung, K. W., VanKim, N. A., & Chae, D. H. (2021). Depression, anxiety, and alcohol use among LGBTQ+ people during the COVID-19 pandemic. *American Journal of Public Health, 111*(9), 1610–1619.
- Arellano-Anderson, J., & Keuroghlian, A. S. (2020). Screening, counseling, and shared decision making for alcohol use with transgender and gender-diverse populations. *LGBT Health, 7*(8), 402–406. <https://doi.org/10.1089/lgbt.2020.0179>
- Austin, A., Holzworth, J., & Papciak, R. (2022). Beyond diagnosis: “Gender dysphoria feels like a living hell, a nightmare one cannot ever wake up from”. *Psychology of Sexual Orientation and Gender Diversity, 9*(1), 12–20. <https://doi.org/10.1037/sgd0000460>
- Austin, A., & Craig, S. L. (2015). Transgender affirmative cognitive behavioral therapy: Clinical considerations and applications. *Professional Psychology: Research and Practice, 46*(1), 21–29. <https://doi.org/10.1037/a0038642>
- Babor, T. F., McRee, B. G., Kassebaum, P. A., Grimaldi, P. L., Ahmed, K., & Bray, J. (2007). Screening, Brief Intervention, and Referral to Treatment (SBIRT) toward a public health approach to the management of substance abuse. *Substance abuse, 28*(3), 7–30. https://doi.org/10.1300/J465v28n03_03
- Bhad, R. (2019). Utilization of “Screening brief intervention and referral to treatment” approach for tobacco addiction in day-to-day clinical practice in India: The need of the hour. *Journal of Neurosciences in Rural Practice, 10*(01), 8–9. https://doi.org/10.4103/jnrrp.jnrrp_271_18
- Chen, D., Hidalgo, M. A., Leibowitz, S., Leininger, J., Simons, L., Finlayson, C., & Garofalo, R. (2016). Multidisciplinary care for gender-diverse youth: A narrative review and unique model of gender-affirming care. *Transgender Health, 1*(1), 117–123. <http://doi.org/10.1089/trgh.2016.0009>
- Coulter, R. W., Blosnich, J. R., Bukowski, L. A., Herrick, A. L., Siconolfi, D. E., & Stall, R. D. (2015). Differences in alcohol use and alcohol-related problems between transgender- and nontransgender-identified young adults. *Drug and Alcohol Dependence, 154*, 251–259. <https://doi.org/10.1016/j.drugalcdep.2015.07.006>
- Coyne, C. A., Poquiz, J. L., Janssen, A., & Chen, D. (2020). Evidence-based psychological practice for transgender and non-binary youth: Defining the need, framework for treatment adaptation, and future directions. *Evidence-Based Practice in Child and Adolescent Mental Health, 5*(3), 340–353. <https://doi.org/10.1080/23794925.2020.1765433>
- Dentato, M. P., Ortiz, R., Orwat, J., Kelly, B. L., Gates, T. G., & Propper, E. (2019). Peer-based education and use of the SBIRT model in unique settings with transgender young adults. *Journal of Social Work Practice in the Addictions, 19*(1–2), 139–157. <https://doi.org/10.1080/1533256X.2019.1589884>
- Dhejne, C., Van Vlerken, R., Heylens, G., & Arcelus, J. (2016). Mental health and gender dysphoria: A review of the literature. *International Review of Psychiatry, 28*(1), 44–57. <https://doi.org/10.3109/09540261.2015.1115753>

- Flentje, A., Barger, B. T., Capriotti, M. R., Lubensky, M. E., Tierney, M., Obedin-Maliver, J., & Lunn, M. R. (2020). Screening gender minority people for harmful alcohol use. *PLoS one*, *15*(4), e0231022. <https://doi.org/10.1371/journal.pone.0231022>
- Floyd, L. K. (2021). Ask, advise, assist, and follow: Alcohol SBIRT urgently needed. *The Journal for Nurse Practitioners*, *17*(4), 437–440. <https://doi.org/10.1016/j.nurpra.2020.10.035>
- Gilbert, P. A., Pass, L. E., Keuroghlian, A. S., Greenfield, T. K., & Reisner, S. L. (2018). Alcohol research with transgender populations: A systematic review and recommendations to strengthen future studies. *Drug and Alcohol Dependence*, *186*, 138–146. <https://doi.org/10.1016/j.drugalcdep.2018.01.016>
- Glynn, T. R., & van den Berg, J. J. (2017). A systematic review of interventions to reduce problematic substance use among transgender individuals: A call to action. *Transgender Health*, *2*(1), 45–59. <https://doi.org/10.1089/trgh.2016.0037>
- Hendricks, M. L., & Testa, R. J. (2012). A conceptual framework for clinical work with transgender and gender nonconforming clients: An adaptation of the Minority Stress Model. *Professional Psychology: Research and Practice*, *43*(5), 460–467. <https://doi.org/10.1037/a0029597>
- Hughto, J. M., Quinn, E. K., Dunbar, M. S., Rose, A. J., Shireman, T. I., & Jasuja, G. K. (2021). Prevalence and co-occurrence of alcohol, nicotine, and other substance use disorder diagnoses among US transgender and cisgender adults. *JAMA Network Open*, *4*(2), e2036512–e2036512.
- James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). Executive Summary of the Report of the 2015 U.S. Transgender Survey. National Center for Transgender Equality. <https://transequality.org/sites/default/files/docs/usts/USTS-Executive-Summary-Dec17.pdf>
- Jun, H. J., Webb-Morgan, M., Felner, J. K., Wisdom, J. P., Haley, S. J., Austin, S. B., ... & Corliss, H. L. (2019). Sexual orientation and gender identity disparities in substance use disorders during young adulthood in a United States longitudinal cohort. *Drug and Alcohol Dependence*, *205*, 107619. <https://doi.org/10.1016/j.drugalcdep.2019.107619>
- Kattari, S. K., Bakko, M., Hecht, H. K., & Kattari, L. (2020). Correlations between healthcare provider interactions and mental health among transgender and nonbinary adults. *SSM-Population Health*, *10*, 100525. <https://doi.org/10.1016/j.ssmph.2019.100525>
- Keuroghlian, A. S., Reisner, S. L., White, J. M., & Weiss, R. D. (2015). Substance use and treatment of substance use disorders in a community sample of transgender adults. *Drug and Alcohol Dependence*, *152*, 139–146. <https://doi.org/10.1016/j.drugalcdep.2015.04.008>
- Kidd, J. D., Paschen-Wolff, M. M., Mericle, A. A., Caceres, B. A., Drabble, L. A., & Hughes, T. L. (2021). A scoping review of alcohol, tobacco, and other drug use treatment interventions for sexual and gender minority populations. *Journal of Substance Abuse Treatment*, 108539. <https://doi.org/10.1016/j.jsat.2021.108539>
- Massachusetts SBIRT Training and Technical Assistance Program [MA SBIRT TTA]. (2022). *SBIRT Information*. <https://www.masbirt.org/sbirt-information>
- Meerwijk, E. L., & Sevelius, J. M. (2017). Transgender population size in the United States: A meta-regression of population-based probability samples. *American Journal of Public Health*, *107*(2), e1–e8.
- Miller, W. R., & Rollnick, S. (2004). Talking oneself into change: Motivational interviewing, stages of change, and therapeutic process. *Journal of Cognitive Psychotherapy*, *18*(4), 299–308. <https://doi.org/10.1891/jcop.18.4.299.64003>

- Morris, E. R., & Galupo, M. P. (2019). "Attempting to dull the dysphoria": Nonsuicidal self-injury among transgender individuals. *Psychology of Sexual Orientation and Gender Diversity, 6*(3), 296–307. <https://doi.org/10.1037/sgd0000327>
- Peterson, C. M., Matthews, A., Copps-Smith, E., & Conard, L. A. (2017). Suicidality, self-harm, and body dissatisfaction in transgender adolescents and emerging adults with gender dysphoria. *Suicide and Life-Threatening Behavior, 47*(4), 475–482. <https://doi.org/10.1111/sltb.12289>
- Puckett, J. A., & Matsuno, E. (2021). Research on evidence-based practice with transgender adults: A commentary on "A systematic review of recommendations for behavioral health services for transgender and gender diverse adults". *Clinical Psychology: Science and Practice, 28*(2), 202–205. <https://doi.org/10.1037/cps0000018>
- Russett, J. L. (2016). Best practices start with screening: A closer look at screening, brief intervention, and referral to treatment in adolescent, military, and LGBTQ populations. *Journal of Addictions & Offender Counseling, 37*(2), 116–126. <https://doi.org/10.1002/jaoc.12020>
- Stroumsa, D., & Wu, J. P. (2018). Welcoming transgender and nonbinary clients: Expanding the language of "women's health". *American Journal of Obstetrics and Gynecology, 219*(6), 585–e1. <https://doi.org/10.1016/j.ajog.2018.09.018>
- Stroumsa, D., Crissman, H. P., Dalton, V. K., Kolenic, G., & Richardson, C. R. (2020). Insurance coverage and use of hormones among transgender respondents to a national survey. *The Annals of Family Medicine, 18*(6), 528–534. <https://doi.org/10.1370/afm.2586>
- Yu, J., Appel, P., Rogers, M., Blank, S., Davis, C., Warren, B., ... & Hussain, S. (2016). Integrating intervention for substance use disorder in a healthcare setting: Practice and outcomes in New York City STD clinics. *The American Journal of Drug and Alcohol Abuse, 42*(1), 32–38. <https://doi.org/10.3109/00952990.2015.1094478>