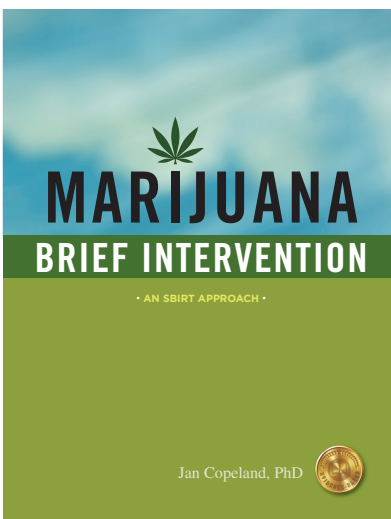


MARIJUANA BRIEF INTERVENTION



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What Is *Marijuana Brief Intervention*?

An evidence-based program, *Marijuana Brief Intervention* provides information known to help people manage, reduce, or stop their marijuana use. It is a time-efficient program that uses evidence-based practices to assist adult and young adult marijuana users to change their patterns of use and quit once and for all. Evidence-based approaches used throughout the program include motivational interviewing, cognitive-behavioral therapy, and stages of change.

Societal attitudes on marijuana are changing. Marijuana policy changes mean greater numbers of U.S. citizens have opportunities to use marijuana. More users mean more people who need intervention and treatment.

Marijuana Brief Intervention works with people to address their marijuana use and enact change. It can also help to screen for marijuana addiction severity, whether mild, moderate, or severe. The program is designed to help people think, plan, and act to reduce or abstain from marijuana use.

More formally, *Marijuana Brief Intervention* follows a full Screening, Brief Intervention, and Referral to Treatment (SBIRT) model.

1. Screening people helps determine their severity of marijuana use.
2. Brief interventions use motivational interviewing to raise awareness of the consequences of use and to provide an incentive toward making positive change.
3. High-risk individuals are referred for further assessment and treatment.

Research shows that early interventions work, and SBIRT is increasingly used by health care professionals as an evidence-based approach to identify risky substance use and to prevent addiction, or to help those already addicted reduce their use, stop altogether, or receive assistance in finding a referral to treatment. SBIRT model programs have been found to reduce overall health costs, and are becoming more widely used in primary care and emergency room settings. Research has indicated that SBIRT-based brief interventions can be effective when treating individuals with a substance use disorder.¹

Step 1: Screening

Health care professionals—whether psychiatric professionals, addiction counselors, or general medical practitioners—can use the information in the facilitator guide to promote healthy marijuana choices among their patients. The SBIRT model begins with screening, using the five-question Severity of Dependence Scale (SDS) for cannabis.



Because of its simplicity, the SDS questions fit easily into a doctor's routine screening of patients for alcohol, tobacco, and other drugs.

Often adults do not present for a cannabis use problem but for another mental health or physical health problem. For this reason, general practitioners and mental health professionals (for simplicity's sake, we'll use the terms *clinician* and *facilitator*) should learn to recognize the possible effects marijuana has, screen participants for use, and offer a brief intervention to participants who are open to it.

Step 2: Brief Interventions

The screening segues into a one-session brief intervention or sets the stage for six follow-up sessions, whichever is possible in a given setting. Alternately, there is a four-session format that can be delivered over the telephone. Each approach is backed by research studies showing statistically significant outcomes. The facilitator guide offers instructions for all three formats of the program. Each session runs approximately one hour, with the six sessions ideally held weekly.

While more sessions are desirable, an opportunistic intervention needs to be short and adaptable in order to have the greatest possible use. A clinician can configure this program in numerous ways to accommodate participants' time constraints and willingness to participate:

- screening only
- screening and a one-session brief intervention combined together in one meeting
- screening session followed at a later time by a one-session brief intervention
- six weekly brief intervention sessions
- four weekly intervention sessions, utilizing telephone-delivered facilitation
- screening and a one-session brief intervention combined together in one meeting, followed by the remaining five sessions

Included with the facilitator guide are a video and a CD-ROM with supplemental materials, including a reproducible participant workbook and participant journal.

Step 3: Referral to Treatment

At completion of the brief intervention, a clinician may refer participants with a moderate or severe addiction for further assessment or for various treatment services. This last step of the SBIRT model is addressed in detail in the facilitation instructions.



Why Is *Marijuana Brief Intervention* Needed?

Almost everyone knows someone who has tried marijuana. In the United States in 2014, about 44 percent of high school seniors, 65 percent of thirty-year-olds, and 83 percent of fifty-five-year-olds reported having tried marijuana or hash one or more times.²

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), marijuana was the most commonly used illicit drug in 2013, with 19.8 million past-month users. In fact, during the six years between 2007 and 2013, daily or almost daily use of marijuana had increased by three million people,³ and the number of emergency room visits related to marijuana use also increased.

In 2011, SAMHSA's Treatment Episode Data Set indicated that 18 percent of people ages twelve and older who were admitted to treatment nationally reported marijuana as their primary substance. For youth ages twelve to seventeen, about 75 percent reported marijuana as their primary substance.⁴

Estimates are that 9 percent of people (one out of eleven) who wait to try marijuana until they are at least eighteen years old will eventually develop a cannabis use disorder, which is about the same rate as for those who try alcohol. Of those who start use in their teens, 17 percent will develop a cannabis use disorder.⁵

Additionally, NIDA's Monitoring the Future 2014 survey showed continuing decline in perceived risk of harm associated with marijuana use among teens and a similar continuing decline in disapproval for marijuana use, attitudes that have been associated with increases in use over time.⁶

State policies on medical use and recreational use mean marijuana is having a greater social impact. Waning stigma against use suggests more people will use, resulting in increased harmful use and addiction. This presents a growing need for screening and brief intervention services for adults who meet mild-, moderate-, or severe-level *DSM-5* criteria for a cannabis use disorder.

Marijuana Brief Intervention helps to identify those with risky marijuana use, and a brief intervention helps them reduce or abstain from use. Some people will be unsure about changing their marijuana use, and this program guides them toward preparation and action. In some instances, it may be more appropriate for the facilitator to refer individuals for further assessment and treatment services, especially if the screening indicates severe addiction or the participant does not respond effectively to the intervention. Relapse can also occur, so repeated interventions may be needed for successful change.



Why Use an SBIRT Approach?

There has been an increased focus in recent years on the role health care settings can have in addressing substance use. Screening, Brief Intervention, and Referral to Treatment (SBIRT) programs aim to detect and intervene with participants who—regardless of whether they meet criteria for cannabis use disorder—are experiencing problems as a result of their use and are at risk of developing a more severe cannabis use disorder. Early interventions are generally opportunistic and are appropriate for participants who have not specifically sought help for their cannabis use but whose use is detected as being risky. Brief interventions aim to reduce the harm from using cannabis and can save on long-term health care costs. Engaging participants early in their marijuana use offers the opportunity to intervene before their behaviors become ingrained. An SBIRT program typically includes the provision of self-help material, a brief assessment/screen, advice and information, assessment of motivation for change, problem solving, goal setting, relapse prevention, harm reduction, and follow-up care.

Research has proven the SBIRT approach to be effective in achieving considerable harm reduction. Certainly abstinence will achieve the greatest reduction in harm, but not all participants are ready and motivated for it. Striving for and realizing intermediate goals, such as decreasing use or using in less risky situations, will allow participants to achieve mastery. Mastery, in turn, can increase a participant's motivation to work on goals more difficult to achieve, such as abstinence.

What Are the *Marijuana Brief Intervention* Program Components?

Marijuana Brief Intervention is an evidence-based brief intervention program for adults age eighteen or older, primarily those who have a mild to moderate cannabis use disorder. The flexible program is designed to meet participants where they are in their marijuana use. It follows a full SBIRT model that integrates developmentally adjusted components of motivational interviewing, cognitive-behavioral therapy, and the Stages of Change Model.

In keeping with the SBIRT approach, this program includes instructions to measure the participant's marijuana use through a screening tool, pursue a brief intervention, and if needed, refer to further treatment. The intervention can be delivered in a single session, a four-session format, or a six-session format.



Screening

The screening starts by assessing the participant's level of cannabis use in the past, first within the past twelve months, then within the past three months. After screening for history of use, the screening tool the program uses is the Severity of Dependence Scale (SDS). The SDS is a five-item validated measurement tool and is the recommended screener, although the Cannabis Use Problems Identification Test (CUPIT) or another screening tool may be substituted (especially if use is less frequent, as the CUPIT and other tools may predict a developing disorder). Screening tools should have acceptable test-retest reliability and satisfactory predictive power. They offer an opportunity to save time and cost while estimating negative consequences from marijuana use and identifying at-risk people early.⁷

The SDS is a five-item questionnaire that takes less than a minute to complete. The items address control of marijuana use, degree of dependence, anxiety about use, desire to quit, and perceived difficulty of quitting to determine the severity of marijuana use or addiction. Each question is scored on a four-point scale (from 0 to 3). Adding the five scores delivers the total score. The higher the total, the more severe the cannabis use disorder. The scoring rubric is as follows:

- 3–5 = mild cannabis use disorder
- 6–10 = moderate cannabis use disorder
- 11–15 = severe cannabis use disorder

General medical providers might consider including the SDS for marijuana screening when they screen for alcohol and tobacco use. The screening step may also precede or be combined into the one-session intervention.

One-Session Intervention

A clinician can configure this program in numerous ways to accommodate participants' time constraints and willingness to participate. For example, a screening and one-session intervention may take place simultaneously or occur over two meetings.

The one-session intervention generally lasts sixty to seventy minutes. It touches on the same topics that the six-session version covers, but not to the same degree of depth. The topics include planning for change, deciding to quit or cut down, strategies for change, marijuana withdrawal, and slips and lapses.

Due to the limited time frame, the facilitator introduces the program, addresses each topic, and introduces the participant workbook and participant journal. The participant



continues through the workbook exercises and journal entries individually after the session.

Six-Session Intervention

The six-session intervention will either involve six weekly brief intervention sessions or will instead have a combined screening and one-session brief intervention, followed by the five remaining sessions. Each session lasts about sixty minutes. One week between sessions is recommended. In the six-session intervention, the facilitator covers the following topics in the participant meetings.

Session 1: Preparing for Change—This session provides a program introduction and assessment to determine the severity of participants' cannabis use disorder. The Cannabis Problems Questionnaire—Revised (CPQ-R) is used to help identify existing problems associated with cannabis use. Activities focus on a decisional balance exercise, a decision to quit or cut down, and encouragement to continue the program.

Session 2: Strategies for Change—Participants use the High-Risk Confidence Questionnaire (HRC) to examine how they feel about resisting marijuana in certain situations. Activities focus on instruction on triggers, cravings, and high-risk situations; coping with cravings; identifying strategies for change; planning ahead; social support; and encouragement to continue the program.

Session 3: Managing Withdrawal—The participant is encouraged to select a quit or change date that coincides with the administration of this session. Activities focus on cognitive restructuring, drug-refusal skills, understanding withdrawal, managing slips, and encouragement to continue the program.

Session 4: Problem Solving—This session teaches skills for maintaining abstinence. Activities focus on problem solving, rewarding oneself, healthy sleeping, muscle relaxation, identifying drug-free activities, and encouragement to continue the program.

Session 5: Review—This session provides a detailed review and consolidation of previous sessions. Activities focus on a comprehensive review, addressing individual participant needs, developing coping skills, developing an action plan, and encouragement to continue the program.

Session 6: Keeping on Track—This session prepares the participant for self-reliance going forward. Activities focus on dealing with lapses, creating an emergency plan for relapse, and encouragement for new hobbies and activities.



Each of the six sessions builds on the previous week's discussion and skills, so they should be done in order.

Four-Session Intervention

The six-session format also incorporates instructions for adapting the material for four sessions facilitated over the telephone. The use of telephone-based interventions is novel and gaining popularity as a low-cost option. Session instructions should be explained to participants in detail at the time of the screening. Procedures for the number of attempted calls and for increasing the intensity or frequency of contact attempts following missed phone sessions need to be clearly established and documented.

Referral to Treatment

At the end of the brief intervention, the clinician may refer the participant for further assessment or for various treatment services if the participant's marijuana use suggests a more severe cannabis use disorder or if the clinician feels that additional help is necessary. Facilitation instructions are included for this final step of the SBIRT process.

Program Elements

The program includes a facilitator guide, a video on DVD, and a CD-ROM with supplemental materials.

The *Marijuana Brief Intervention* DVD provides a twenty-four-minute video. This video is optional and can be played after the screening, during the one-session intervention, or during session 1.

The CD-ROM holds supplemental materials, including

- the screening tool
- the participant workbook
- the participant journal
- additional assessment tools and resources, and a fact sheet
- a list of relevant research articles

Participants use the participant workbook after the one-session intervention to continue learning and exploring their plans for change. Those in the six-session intervention may use some of the workbook exercises with the clinician during the sessions and complete others as homework between session meetings.



Daily monitoring is also an important aspect of behavior change. Session participants can use the participant journal to monitor use, triggers, cravings, and high-risk situations during the program and, perhaps as importantly, in the months to follow. Many of those who have used the journal have found it helpful, particularly through a six-month follow-up.

In What Settings Can *Marijuana Brief Intervention* Be Used?

Marijuana Brief Intervention is adaptable for use in a variety of settings. Hospitals, health clinics, halfway houses, private therapy sessions, student service centers for colleges and universities, and criminal justice settings such as jails and prisons are a few examples. It would also be appropriate for someone on a waiting list for treatment to initiate thoughts on change.

This program may be especially useful for general medical practitioners. General practitioners are in an ideal position to identify problematic cannabis use, given the high proportion of the population who visit primary health care settings each year. Brief interventions like *Marijuana Brief Intervention* are reimbursable using CPT codes 99408 and 99409.

Primary Health Care

Primary health care settings provide an excellent opportunity for delivering an SBIRT program to address problematic cannabis use. In most cases, participants will not present in these settings requesting help for marijuana use. Utilizing a screening tool and inquiring about lifestyle choices (including drug use) may help identify whether marijuana use is contributing to present health concerns. Some participants may avoid conversations about their use and will be relieved that the practitioner initiated the conversation about marijuana. In addition, clinicians and general practitioners should pick up on any marijuana references, since participants may be feeling out whether it is safe to discuss marijuana use. At a minimum, such settings should provide prevention information such as fact sheets, but SBIRT services are strongly encouraged.

Student Services

This program may be part of a student services offering at colleges and universities. With the number of students who go to student service centers in post-secondary educational settings, including continuing education programs, screening for marijuana use could assist with harm reduction among student populations.



Adult Treatment Settings

Marijuana Brief Intervention could be offered at residential treatment clinics as part of its service offerings. In these settings, cannabis use may not be specifically targeted but dealt with in the context of a general substance use treatment program. If an adult has been assessed for treatment, but use is not severe enough to warrant treatment, this brief intervention program could be offered as an alternative method of reducing or eliminating use. Given the prevalence of marijuana use with co-occurring disorders (including other substance use disorders), it is strongly recommended that treatment centers offer at least one group that specifically targets cannabis use.

Mental Health Settings

Often adults do not present for a cannabis use problem but for another mental health problem. Screening for use with a participant who uses marijuana could help identify if marijuana use presents a concern in addition to any co-occurring disorders. This environment could then include *Marijuana Brief Intervention* with its service offerings.

Waiting Lists

Adults who are on waiting lists for treatment services may be good candidates for *Marijuana Brief Intervention*. The program could offer a therapeutic transition by introducing the participant to treatment principles and reinforcing thoughts of change. The facilitator can begin this process by discussing change and its possible benefits.

Group Administration

The *Marijuana Brief Intervention* program has not been tested in a group administration format. The emphasis is on tailored individual feedback, so individual facilitation is favored over group administration. It may be possible to run a supplementary support group for those participating in the brief intervention, in order to reinforce the principles of craving management and relapse prevention.

Who Can Implement the *Marijuana Brief Intervention* Program?

All clinicians working with adults who are experiencing cannabis-related problems are in a position to implement this program. Some examples include (but are not limited to) substance use specialists, nurses and nurse practitioners, mental health professionals, physicians, psychologists, psychiatrists, postsecondary student services professionals, probation and parole officers, and general medical practitioners.



Research has shown that a strong therapeutic relationship is a necessary, but not sufficient, condition for effective psychotherapy. According to Ackerman and Hilsenroth,⁸ a strong therapeutic relationship involves flexibility, honesty, respect, trustworthiness, warmth, confidence, interest, and openness. A clinician's judgment plays an important role in this program, as do individual participants' perspectives, needs, and goals. This is especially true when working with cannabis users, as most do not voluntarily seek help for their cannabis use. Use these guidelines to tailor the program in a way that utilizes the clinician's professional expertise and addresses individual participant needs. Marijuana use may be secondary to other drug use, health concerns, or mental health conditions.

These evidence-based guidelines are not designed to teach core clinical skills and do not replace specialist training courses. A facilitator should have experience in the following areas:

- basic counseling, such as building a therapeutic alliance, active listening, and active reflections
- general alcohol and other drug screening
- knowledge of common mental health conditions, such as anxiety and depression
- evidenced-based approaches, such as motivational enhancement therapy and cognitive-behavioral therapy
- cultural sensitivity

Early dropout (i.e., attending only one session) is common, so prioritizing key messages, engaging the participant, and building motivation for change in the first session is important. Studies do suggest that single sessions can be effective, but continued care may be appropriate, depending on individual circumstances. At the end of the brief intervention, the clinician may refer the participant for further assessment or for various treatment services if the participant's marijuana use suggests a more severe cannabis use disorder or if the clinician feels that additional help is necessary.

Who Can Benefit from *Marijuana Brief Intervention*?

In general, *Marijuana Brief Intervention* is an evidence-based brief intervention program for adults who have a mild to moderate cannabis use disorder. In practice, however, the program may prove beneficial to those who are undiagnosed or those who have a severe cannabis use disorder. Those who have co-occurring disorders might also be treated in the program—if the co-occurring condition is being treated and the participant is willing to engage.



Participants may be ambivalent about change, but the program can help people who have not yet thought about or are still thinking about changing their use. Individual tailoring allows the clinician to meet participants where they are at in their willingness to change. Additional tailoring can take into account individual participant circumstances, including cultural and ethnic differences.

What Is the History and Research behind *Marijuana Brief Intervention*?

Marijuana Brief Intervention has its roots in a randomized controlled trial of the one- and six-session versions of the brief intervention.⁹ It was further developed from *Management of Cannabis Use Disorder and Related Issues*, a set of clinical guidelines developed by Jan Copeland, Amie Frewen, and Kathryn Elkins for the National Cannabis Prevention and Information Centre (NCPIC), University of New South Wales (UNSW), Sydney, Australia. Funded by what was then the Australian Government Department of Health and Ageing, it was published in 2009. The program's guidelines were the culmination of more than a decade of research into the screening, assessment, and management of cannabis-related problems.

The author's original 1999 randomized controlled trial of brief cognitive-behavioral therapy (CBT) interventions for cannabis dependence was undertaken in Australia with a total of 229 participants assessed and randomly assigned to either a six-session CBT program (6CBT), a single-session CBT intervention (1CBT), or a delayed-treatment control (DTC) group. The participants were assisted in acquiring skills to stop cannabis use and maintain abstinence. Participants were followed-up a median of 237 days after their last attendance.

Participants in the 1CBT and 6CBT intervention groups reported better treatment outcomes than the DTC group. They were more likely to report abstinence, were significantly less concerned about their control over cannabis use, and reported significantly fewer cannabis-related problems than those in the DTC group. Those in the 6CBT group also reported more significantly reduced levels of cannabis consumption than the DTC group reported. A secondary analysis of the 6CBT and 1CBT groups showed that treatment compliance was significantly associated with decreased dependence and cannabis-related problems. This study supports the attractiveness and effectiveness of individual CBT interventions for cannabis use disorders and the need for multisite replication trials.



Dr. Copeland has adapted the program to be *DSM-5* compliant, to include a full SBIRT approach and complete facilitation instructions, and to pair the product with a twenty-four-minute video specific to marijuana. *Marijuana Brief Intervention* maintains the original one- and six-session versions, as well as the four-session telephone version, which has also been tested in a randomized controlled trial (where 39 percent of participants reported clinically significant improvement in measures of cannabis-related problems and dependence severity at a twelve-week follow-up, compared to 14 percent in the control group).



Program Scope and Sequence

ONE-SESSION USE		
SCREENING	SESSION 1	REFERRAL TO TREATMENT
<ul style="list-style-type: none"> • Identify whether marijuana use indicates a cannabis use disorder or otherwise problematic cannabis use. • Discuss whether or not the participant agrees to participate in the brief intervention program. 	<ul style="list-style-type: none"> • Apply a decisional balance to marijuana use and interpret screening scores. • List strategies for changing marijuana use and select ones that the participant thinks could work. • Describe the common marijuana withdrawal symptoms and identify those the participant is feeling. • Apply relapse prevention strategies to help maintain abstinence (or changed marijuana use). 	<ul style="list-style-type: none"> • Identify other forms of assistance for quitting marijuana in the local community. • Choose to seek out additional help for marijuana use or related conditions.



Program Scope and Sequence

SIX-SESSION USE			
SCREENING	SESSION 1	SESSION 2	SESSION 3
<ul style="list-style-type: none"> • Identify whether marijuana use indicates a cannabis use disorder or otherwise problematic cannabis use. • Discuss whether or not the participant agrees to participate in the brief intervention program. 	<ul style="list-style-type: none"> • Identify areas of the participant’s life affected by marijuana use. • Review the content and format of <i>Marijuana Brief Intervention</i>. • Apply the decisional balance to the participant’s marijuana use and interpret screening scores. 	<ul style="list-style-type: none"> • Identify personal triggers, cravings, and high-risk situations for marijuana use. • List strategies for changing marijuana use and select ones that the participant thinks could work. • Identify social support systems. 	<ul style="list-style-type: none"> • Describe cognitive restructuring techniques and apply those techniques to the participant’s life. • Describe and apply drug-refusal skills to the participant’s life. • Describe the common marijuana withdrawal symptoms and identify those the participant is feeling. • Explain what to do in case of a slip.

(CONTINUED)



SIX-SESSION USE (CONTINUED)			
SESSION 4	SESSION 5	SESSION 6	REFERRAL TO TREATMENT
<ul style="list-style-type: none"> • Apply problem-solving techniques to avoid potential pitfalls in quitting marijuana use. • Come to believe it is important to reward oneself for any efforts to cut down on use. • Apply methods to assist with sleep difficulties related to marijuana withdrawal. • Identify drug-free activities the participant would enjoy doing. 	<ul style="list-style-type: none"> • Evaluate existing skills that require further development. • Identify coping skills relevant to the participant's individual needs. • Apply an action plan for troubleshooting problems related to quitting or changing marijuana use. 	<ul style="list-style-type: none"> • Explain the difference between a slip and a lapse. • Use relapse prevention strategies to help maintain abstinence (or changed marijuana use). • Experiment with new drug-free pastimes and hobbies. 	<ul style="list-style-type: none"> • Identify other forms of assistance for quitting marijuana in the local community. • Choose to seek out additional help for marijuana use or related conditions.



Notes

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