

# Factors that facilitate and impede adoption and implementation of screening, brief intervention, and referral to treatment in New York State school-based health centers

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# Presenter Disclosures

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**(1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:**

**No relationships to disclose**

# Background

- **Benefits of SBIRT for adolescents include:**
  - Increased identification of students with risky substance use <sup>(1)</sup>
  - Reduced alcohol and marijuana use <sup>(2-6)</sup>
  - Prevention of substance use initiation <sup>(5)</sup>
  - Convenience and confidentiality <sup>(2, 3)</sup>
  - Good fit for developmental stage <sup>(5, 7, 8)</sup>
- **SBIRT is recommended by the American Academy of Pediatrics <sup>(9)</sup>**

# Lack of Utilization of SBIRT

- Less than half of pediatricians screen adolescents for substance use <sup>(10)</sup>
- Most of those who do report screening do not use a standardized screening instrument (66-84%) <sup>(11)</sup>
- Providers fail to recognize and intervene with adolescents who are risky substance users <sup>(12)</sup>

# Purpose of Research

To identify factors that facilitate and impede the adoption and implementation of SBIRT in school-based health centers (SBHCs)

*This presentation explores:*

1. Knowledge, attitudes and perceptions among program directors and clinicians regarding SBIRT
2. Current SBIRT practice in NYS SBHCs
3. How knowledge, attitudes and perceptions impact practice
4. Perceived barriers

# Methods

- Cross-sectional, web-based survey (Survey Monkey)
- Eligible participants: program directors (51) and the main clinician at all SBHCs serving middle and/or high school students (111)
- Email invitation sent out by the director of the NYS Department of Health SBHC program to all SBHC program directors
- Surveys were collected in May and June of 2013

# Demographics

Demographics (n=64*)	
Age (mean)	44.7
Female	94.1%
Race/Ethnicity	
White	77.0%
African American	19.6%
Hispanic/Latino	5.9%
Nurse Practitioner	69.7%^
Number of years in practice (mean)	17
Practice in SBHCs in NYC	53%

\*Represents all participants including program directors (demographics almost identical)

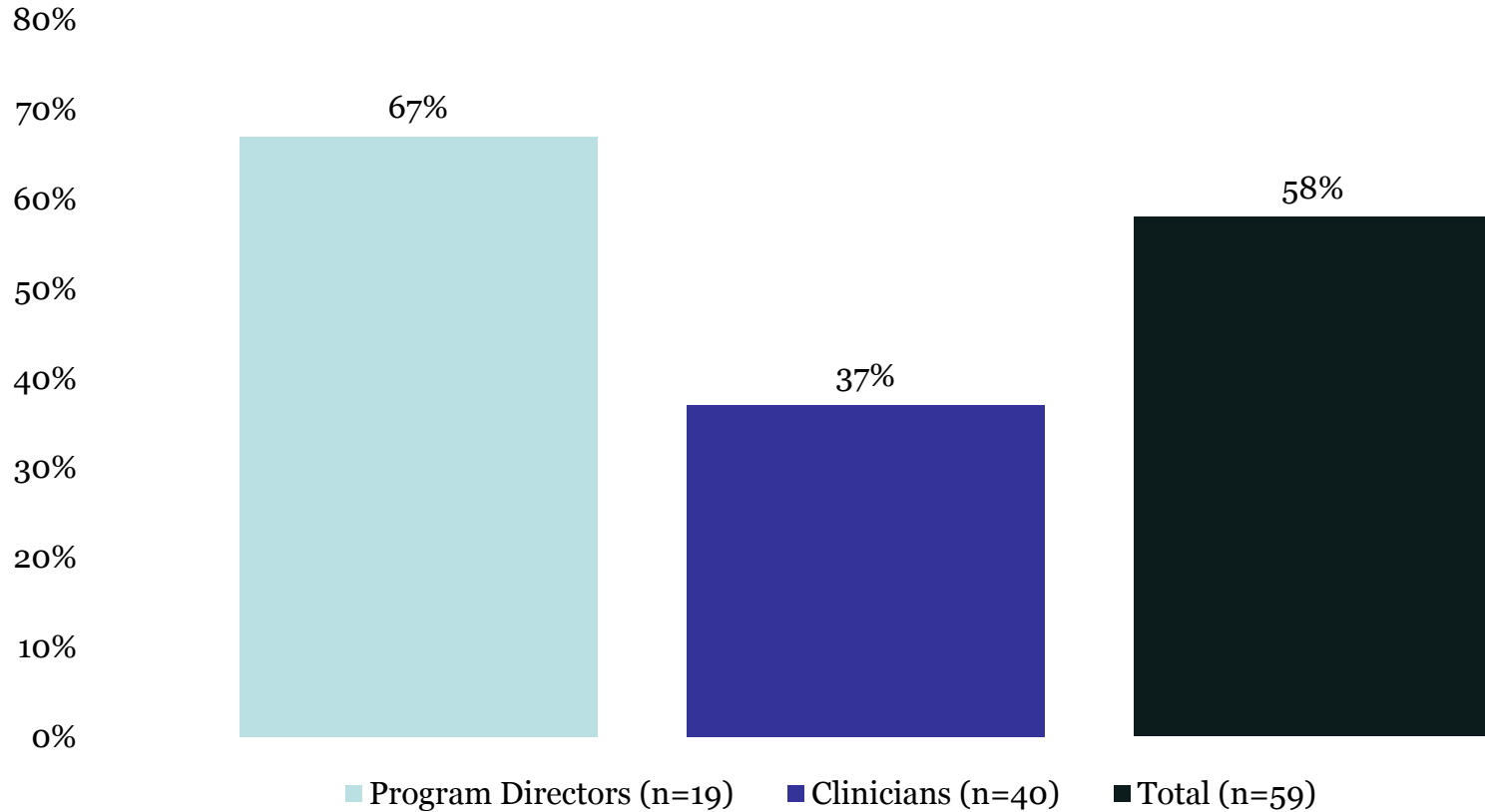
^Of all clinicians (15.2% were physician assistants and 12.1% were social workers)



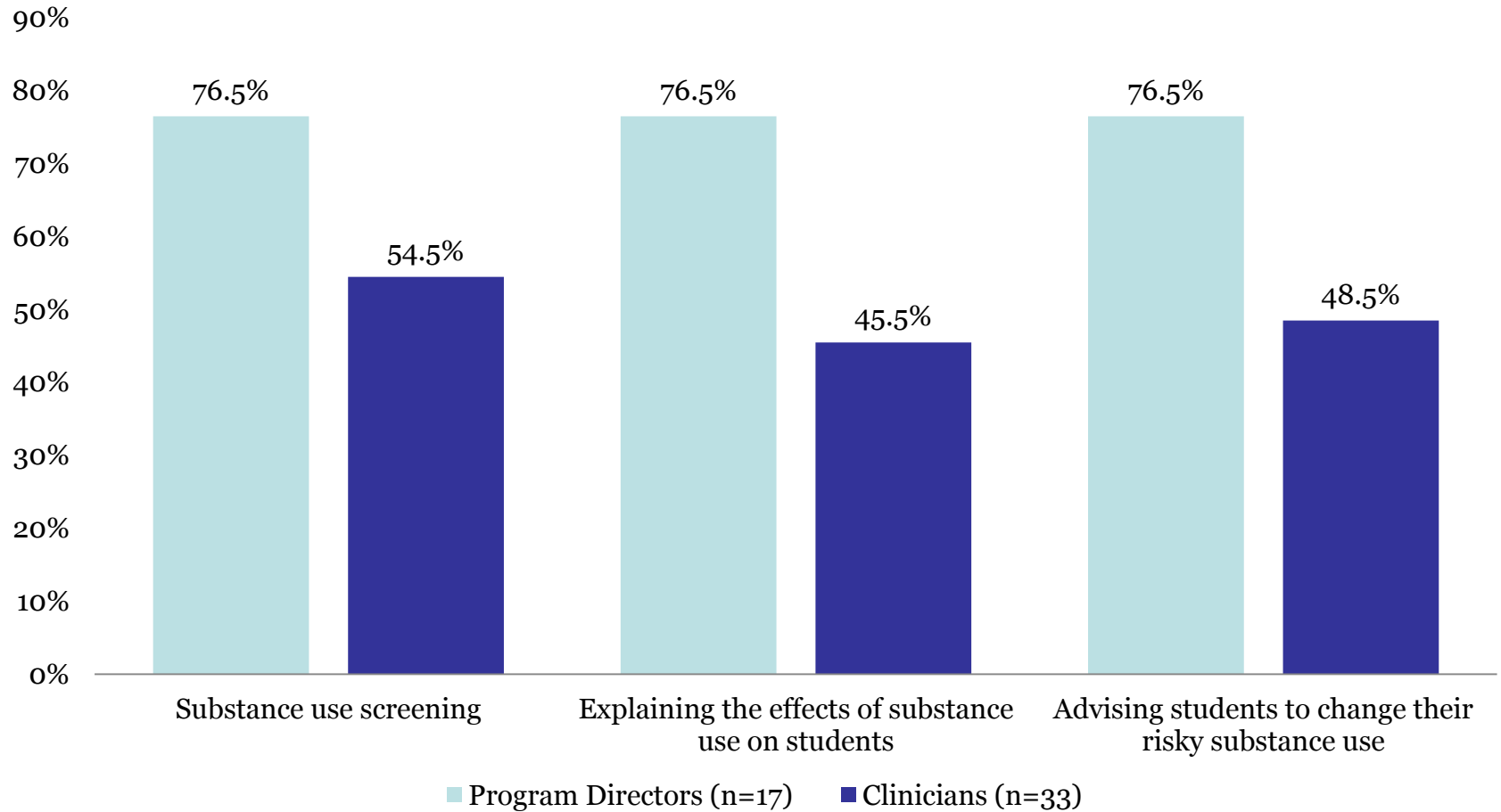
**Knowledge**



## Percentage Reporting Awareness of SBIRT



## Self-Reported Training Received





# **Attitudes and Perceptions**

## Percent in agreement:

### Attitude toward substance use screening, role responsibility, and self-efficacy

	Program Director (n=18)		Clinician (n=41)	
<i>Screening for risky substance use will...</i>	n	%	n	%
<b>Result in early intervention.</b>	<b>13</b>	<b>72.2%</b>	<b>24</b>	<b>58.5%</b>
<b>Lead to improved student outcomes.</b>	<b>11</b>	<b>61.1%</b>	<b>23</b>	<b>56.1%</b>
<i>In your opinion, it is a responsibility of SBHC clinicians to...</i>				
<b>*Screen students for substance use using a standardized tool.</b>	<b>18</b>	<b>100.0%</b>	<b>26</b>	<b>63.4%</b>
<i>I am confident in my ability to...</i>				
<b>*Explain the effects of substance use to students.</b>	<b>10</b>	<b>100.0%</b>	<b>31</b>	<b>75.6%</b>
<b>*Assess students' readiness to change their risky substance use.</b>	<b>10</b>	<b>100.0%</b>	<b>29</b>	<b>70.7%</b>
<b>*Refer students with substance use problems to specialty treatment.</b>	<b>8</b>	<b>80.0%</b>	<b>29</b>	<b>70.7%</b>

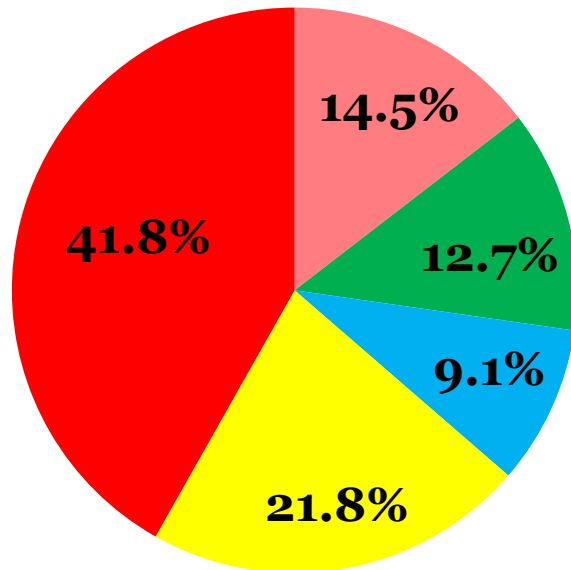
\*significant difference between program directors and clinicians,  $p < .05$

# Perceived Effectiveness

- Few felt effective at helping students reduce their substance use
  - 28.5% for reducing alcohol use
  - 20.4% for reducing illicit drug use
  - 22.9% for reducing prescription drug abuse

# Current Practice

## Practice of the SBIRT Model



- Substance use screening only
- Substance use screening and referral to specialty treatment
- Substance use screening and brief intervention only
- Substance use screening, brief intervention, and referral to treatment
- My SBHC does not practice any part of the SBIRT model

## **Frequency of practice of SBIRT model components (n=52)**

	<b>&gt; Half the Time</b>	
<i>How often do you or others in your SBHC(s)...</i>	<b>n</b>	<b>%</b>
<b>Ask students about their substance use?</b>	<b>44</b>	<b>83.0%</b>
<b>Ask students about quantity and frequency of their substance use?</b>	<b>42</b>	<b>79.2%</b>
<b>Formally screen students for risky substance use using a standardized tool?</b>	<b>28</b>	<b>53.8%</b>
<b>Provide positive feedback and encouragement to students who are not using substances?</b>	<b>37</b>	<b>71.1%</b>
<b>Explain the effects of substance use to students?</b>	<b>38</b>	<b>71.1%</b>
<b>Assess students' readiness to change their risky substance use?</b>	<b>32</b>	<b>60.3%</b>
<b>Advise students to change their risky substance use?</b>	<b>40</b>	<b>75.4%</b>
<b>Refer students with substance use problems to specialty treatment?</b>	<b>26</b>	<b>50.0%</b>





# **How Factors Impact Practice**

# SBIRT Awareness

**Role responsibility, self-efficacy, and frequency of SBIRT practices,  
by SBIRT awareness**

	<b>Aware</b>	<b>Unaware</b>
	<b>Mean (SD)</b>	<b>Mean (SD)</b>
<b>*Role Responsibility</b>	<b>4.79 (.34)</b>	<b>3.44 (.49)</b>
<b>*Self-Efficacy</b>	<b>4.71 (.40)</b>	<b>4.09 (.56)</b>
<b>*Frequency of SBIRT Practice</b>	<b>4.13 (.79)</b>	<b>3.71 (.69)</b>

\*Significant differences,  $p < .05$

## Factors correlated with frequency and completeness of SBIRT practice

	<b>r</b>
<b>*SBIRT Familiarity</b>	<b>.32</b>
<b>*Role Responsibility</b>	<b>.43</b>
<b>*Self-Efficacy</b>	<b>.59</b>
<b>*Perceived effectiveness at reducing student alcohol use</b>	<b>.34</b>
<b>*Perceived effectiveness at reducing student prescription drug misuse</b>	<b>.36</b>

\*Significant correlations,  $p < .05$

# Barriers

# Barriers to Discussing Substance Use

	<b>Program Directors (n=17)</b>	<b>Clinicians (n=37)</b>
Time constraints	23.5%	51.4%
Students do not tell the truth about their use	35.3%	45.9%
Lack of training	29.4%	27.0%
Do not know where to refer students for treatment	5.9%	29.7%
Uncertainty regarding the effectiveness of available treatment	11.8%	24.3%
Students risk punishment by parents, school, and the law	5.9%	18.9%
We always discuss substance use with students	35.3%	18.9%

# Barriers to Getting Students to Return for Follow-up Brief Interventions

	<b>Program Directors (n=17)</b>	<b>Clinicians (n=37)</b>
Students do not think their use is problematic	88.2%	81.1%
Students who use substances are often absent from school	64.7%	67.6%
Students do not want to come back to the SBHC to talk about their substance use	76.5%	54.1%
Teachers get annoyed when students are pulled out of their classes for appointments	35.3%	35.1%
Appointments are often scheduled during lunch, and students do not want to miss lunch	29.4%	16.2%

# Barriers to Referring Students to Substance Abuse Treatment

	Program Directors (n=17)	Clinicians (n=37)
Students are not interested in treatment	42.1%	48.6%
Students have difficulty finding transportation to referral sites	26.3%	40.5%
There is a lack of adolescent-specific treatment programs in the area	36.8%	32.4%
I'm unfamiliar with or unaware of treatment programs in the area	21.1%	32.4%
There are social workers or other mental health providers on staff who can deliver needed services	0.0%	40.5%
Students and their parents cannot afford treatment	15.8%	32.4%
Clinician-patient confidentiality would be breached, because the parent has to be informed	15.8%	27.0%

# Limitations

- Response bias and survey fatigue
- Generalizability
- Survey distribution method
- Use of cross-sectional data
- No use of qualitative methods for exploratory study
- Limited to bivariate analyses
  - Did not control for confounders



# Conclusions

- SBIRT has not been adopted or implemented at most sites
  - Simple diffusion is insufficient
  - Active dissemination required
- Variation in practice of SBIRT model components
  - Role-responsibility, self-efficacy, perceived effectiveness, and SBIRT familiarity contribute to variation
- Dissemination efforts: Education, training, and technical assistance should target key perceptions and identified barriers

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# Questions

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