

Preventing Adolescent Relationship Abuse by Training SBHC Providers

The Healthy Relationships Training Project- funded by the Group Health Foundation

September 2016

WHY A TRAINING PROJECT?

Adolescent relationship abuse (ARA) is rarely identified in clinics serving adolescents, but is common among adolescents seeking clinical services. ^(A, B, C) The prevalence of ARA calls us to action. A grant from the Group Health Foundation provided participating Seattle School Based Health Centers (SBHC) an opportunity to 1) receive training on evidenced-based tools/curriculum for having conversations with patients about healthy relationships, and 2) engage in a facilitated quality improvement conversation to advance and support their ARA prevention work 3 months after the training. The evidence-based curriculum was developed by Dr. Elizabeth Miller and Futures Without Violence ^(D), and has been found to reduce adolescent relationship abuse (ARA) after 3 months when providers use it universally. The Center for Community Health and Evaluation (CCHE), with experts in the field of ARA, provided the training, facilitated quality improvement meetings, and gathered outcomes information to understand training's impact and provider uptake.

THE TRAINING

Middle and high school SBHCs in Seattle were invited to attend the half day training; with 46 attendees from 15 SBHCs attending. There were administrators and providers: including nurse practitioners, physician assistants, reproductive health specialists, community health workers, as well as mental health providers and social workers. An expert taught the group how to: use an ARA safety card, conduct an ARA assessment, make a warm referral, and address policies needed for ARA supports. In a post-training survey, 86% of all participants agreed or strongly agreed that there was an increased likelihood that they would do one or more of the following actions:

- Talk to adolescents about healthy relationships
- Offer all adolescents a Hanging Out or Hooking Up (HOHU) safety card
- Assess adolescents' safety & discuss ways to stay safe
- Discuss confidentiality before asking about coercion/violence
- Assess for ARA or reproductive and sexual coercion (RSC)

ARA

Adolescent Relationship Abuse

400,000 US adolescents

experience serious physical and/or sexual violence in a dating relationship each year. ^(D,E)

1 in 10 US high-school students

has been hit, slapped or physically hurt on purpose by a boyfriend or girlfriend. ^(F)

1 in 3 adolescent girls in the US are

victim of physical, emotional or verbal abuse from a dating partner. ^(G)

1 in 3 teens reports knowing a

friend or peer who has been hit, punched, kicked, slapped or physically hurt by a partner, and 45% of girls know a friend or peer who has been pressured into having either intercourse or oral sex. ^(H)

SBHC

School Based Health Centers

18 Middle and high school SBHCs are run by 6 parent orgs. at schools in Seattle.

3 Average # of staff at a SBHC

\$\$ SBHCs are primarily funded through the city levy, sponsoring agencies, and 3rd party reimbursements.

SBHC free services

that are provided include reproductive health, immunizations, and counseling.

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I've been asking more questions because of the training, it was great. ~ SBHC Nurse Practitioner

TRAINING OUTCOMES

Immediately after the training, more than 50% of participants (includes providers and non-providers) reported they would make the palm-sized safety cards available, put up posters we provided, and/or set up partnerships with Domestic Violence/Sexual Assault organizations.

To measure training impact and understand practice change, we were able to engage a subset of SBHC providers in multiple surveys, which included 24 of the 36 SBHC providers trained. Pre-training survey data revealed that 17 of the 24 SBHC providers, spanning 11 SBHCS, came into the training already talking to adolescents about relationships most (75%+) or all of the time (100%). This rate remained consistent in follow-up survey time points 3 and 6 months later. The data the follows should be considered within this frame.

Before the training, 4 of the 24 SBHC providers surveyed indicated a key barrier was not knowing how to ask patients questions about healthy relationships without seeming too intrusive— 3 months later all 24 (100%) indicated this was no longer a barrier. A key feature of this training approach for providers is that it can take less than 2 minutes to ask each patient about their relationships and give the Hanging out or Hooking up (HOHU) safety card. Participating SBHCs received 100 safety cards at the time of the training. There was a statistically significant uptick in the number of providers making the palm-sized safety cards available, but it was much lower than expected: namely, it merely went from 'rarely' to 'not so often'. Survey data indicated that having time for the conversation is a persistent barrier. SBHC providers must get students back to class as soon as possible and are expected to see up to 10 patients a day on average (or 5 for mental health); it is not surprising that this obstacle persists. A survey administered 3 months post training indicated providers lacked the resources/connections they need to make referrals. This remained a barrier 6 months later and was a key theme raised in meetings and interviews. This was a missed opportunity in the training, and will be revisited in the discussion section.



Safety card (actual size)

I like it because it is a script... helps you check your routine...it's a good teaching tool to give to kids. ~High School Nurse Practitioner

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QUALITY IMPROVEMENT CONVERSATIONS- A 'BOOSTER' MEETING

About 3 months after the training, CCHE staff traveled to 15 Seattle SBHCs to have quality improvement conversations ("boosters"). The goal of the booster was to explore and identify the barriers/facilitators providers and SBHC staff encountered related to applying what they learned in the training. To prepare for these meetings and gather information about changes since the training, we surveyed SBHCs one week before the in-person booster meeting. CCHE provided each SBHC with data from the pre-training survey and pre-booster survey results related to the areas where they had the most and least change, which supported these quality improvement conversations.

Facilitators

The majority of the providers found the HOHU cards easy to use, and they liked the brevity and clarity of the language. Providers reported that the cards are easy to review and give to adolescents, and several liked that the cards can serve as starting point for having these tough conversations. Two providers mentioned the benefit of the cards being evidenced-based. One SBHC was using the language from the cards without actually using the cards themselves; they made a larger poster for provider use, demonstrating versatility and usability of the content.

Barriers

At the in-person booster meetings, providers from all sites reported that time continues to be a barrier, which is consistent with survey data across all three time points (pre-training, 3 months later, and 6 months later.) The majority of the 15 SBHCs we visited for in-person booster meetings consistently reported numerous other barriers including: having already screened adolescents in the past, seeing adolescents for issues not related to sex or relationships, the age or relationship status of the adolescents, HOHU cards, and cultural concerns (e.g., language, age-norms.) Providers expressed that many students are coming into SBHCs for acute or one-time reasons (e.g., illnesses, injuries, sports physicals), making it difficult to bring up relationships during the course of a visit. Providers at 4 of the 15 SBHCs mentioned they had issues with the materials themselves, such as the perspective that teens are generally resistant to any paper handout, and they frequently end up in the trash.



*If a visit is packed with too many things, it'll fall off the cart because it is too full. It may be that I am behind...those things happen.
~High School Nurse Practitioner*

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QUALITY IMPROVEMENT CONVERSATIONS- A 'BOOSTER' MEETING, continued

Organizational Assessment

Along with the pre-booster meeting survey, CCHE also administered an organizational assessment survey. This survey gathered additional information about the policies, tools, and protocols for assessment related to ARA at each SBHC. We had responses from 13 of 15 SBHC coordinators. Only 3 of 13 SBHC coordinators reported having written protocols for assessment and response to ARA or having a script or sample questions to ask patients about ARA (like the HOHU safety card). However, there may be some issue with coordinator reports of script availability, as coordinators do not experience in-room clinic visits and cannot comment on provider practices.

Booster Effect

To elicit whether adding the one hour booster meeting increased the use of tools and techniques from the half-day training, and to garner data 6 months later, we surveyed the subset of 24 SBHC providers one last time. While survey data did not show any significant booster effect, during the booster meetings providers reported that they “appreciated the follow up” and that it kept ARA “on the radar.”

CCHE conducted several rounds of statistical analysis to explore relationships between survey data points. When investigating how frequently providers were engaging in healthy relationships conversations, we found that high school providers were doing this more frequently than their middle school counterparts. Booster meeting data supported this: middle school providers reported the difficulty of using this approach with students who are not engaging in relationships of any kind, noting the differences between middle and high schoolers developmentally. Survey data also revealed that more experienced providers (those with 5-10 years under their belts) were engaging in conversations about healthy relationships less frequently after the booster until the end of the school year, while providers with less than 5 years' experience continued their conversations at the same rate.

In the last SBHC provider survey, providers reported changes in both motivation to talk about and awareness of ARA. Survey information from 6 months after the training (3 months post-booster meeting) indicated that 18 of 24 providers said that their motivation to bring up ARA with their students was higher; 18 also said that their awareness of ARA as an issue was higher.



*It's been nice to have the follow up. I think I've continuously increased frequency in which I'm asking the questions and I think it's because of the encounters with you. Reminders are great.
~ High School Nurse Practitioner*

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WHAT'S NEXT?

Implications for practice

The evidence based education and brief counseling intervention used for this training project has been proven effective in a randomized controlled trial environment reduce incidence of adolescent relationship abuse (A); in the trial, effects were achieved when providers used the safety cards to engage in a specific healthy relationships conversation universally with every patient, and when other system supports were in place (described in the recommendations below.) **For the providers across 15 Seattle SBHCs who participated in the project described in this report, the data indicate that overall, the half-day training, followed by a 1 hour “booster” meeting 3 months later, did not lead to universal use of the tool for 23 of 24 providers. Multiple factors affect providers’ use of these tools.** Booster meeting and interview data revealed that practice change for these providers may take time and customization of the tools (e.g., some providers use paper tools while others use a more expository approach; yet others prefer adding a question about relationships to an intake form.) Numerous middle school providers indicated interest in broadening the language on the safety card to increase its relevance and potential uptake; according to one provider, “Last time I gave a card, half of the card was good and half was not: the sex part of the card wasn’t relevant.” SBHC providers reported that competing demands are omnipresent as they attend to each patient’s hierarchy of needs; e.g. an acute infection may take up the bulk of visit time. Lastly, providers reported a lack of confidence in knowing what to do if issues do come up. Data revealed that for providers and staff from these 15 Seattle SBHCs, a lack of systemic training related to mandated reporter roles, an absence of local (SBHC or SBHC home organization) policies related to this topic, and a regional lack of resources make engaging in this arena difficult.

Discussion

The School Based Health Centers that participated in this project spanned 15 sites and 6 organizations, with high levels of diversity of adolescents served. The SBHCs operate in a largely decentralized model that supports customized, site specific care models; each creates their own work plan. In survey data, these SBHC staff overwhelmingly reported being ‘somewhat able’ to affect change (scale=very able, somewhat able, uncertain, unable, very unable.) Upon entering this project 17 of these 24 SBHC providers, spanning 11 of the 15 SBHCs, were already talking to adolescent patients about healthy relationships most (75 %+) or all of the time (100%) – and this rate remained constant. Given this context, alongside the uptick in motivation and awareness we measured, CCHE posits that several steps that could address the barriers uncovered in this project. Taking action on those steps could lead to improved systems of support and care which in turn may lead to more effective and universal ARA prevention approaches for these 15 SBHCs.



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Recommendations

- **Develop policies and additional training:** At the time of this project none of the 15 SBHCs (of 18 SBHCs serving this age group in Seattle) had clear guidelines related to mandatory reporting requirements, nor policies related to ARA disclosure (different than reported adult-to-youth abuse.) Developing policies and engaging in job specific mandatory reporter training will build the system of care.
- **Build referral relationships with partner violence experts:** One missing ingredient in the training was information about local resources and organizations SBHC providers could refer to- and with good reason, it was simply missing in Seattle. Experts in ARA report that building referral networks and relationships (including formal MOUs between the victim service agencies and the SBHCs) is a key piece of this work, and often the most challenging. At the time of the training, there were very few ARA specific services for adolescents. We are excited to report that a new **Teen Dating Violence Coalition** started in early 2016 in response to a needs assessment conducted by the Northwest Network of Bisexual, Trans, Lesbian, & Gay Survivors of Abuse. And, in the months since its inception, they have developed numerous new services and offered multiple trainings for mandated. In moving forward, a key strategy might involve building relationships between the coalition and SBHC providers.
- **Recognize ARA prevalence and reduce fear:** Relationship abuse is an uncomfortable topic for many health providers. Providers we interviewed reported fear about what to do if an adolescent disclosed issues- worrying that they would not have the tools, support, or expertise to handle it. Additionally, providers at 2 SBHC sites reported that they think ARA isn't happening at their school. The intervention described in this report is meant to add to a spectrum of prevention activities/supports and the multi-dose learning efforts needed to reduce ARA (1). It facilitates adolescents gaining skills/definitions about healthy relationships potentially reducing ARA ranging from physical abuse to controlling behavior. We highlight the need for a shift from an overall emphasis on case identification or a disclosure focus, to one where SBHCs are a safe touchpoint in a system of care. The education and brief counseling intervention providers were trained on for this project is not a 'screening and disclosure' intervention –rather it is one tool in a system of supportive care for adolescents. Experts report that survivors say they want providers to be non-judgmental, listen, offer information and support, and not push for disclosure. We can measure success of our efforts in improved options for safety and access to supports to reduce ARA- the end goal.

- Local resources for training and relationship violence service providers: contact the Teen Dating Violence Coalition at the NW Network: info@nwnetwork.org
- To learn more about the education and brief counseling intervention contact Liz Miller or visit: Futureswithoutviolence.org
- To learn more about this project or for references contact Center for Community Health and Evaluation: Charbonneau.d@ghc.org
- This work was funded by the Group Health Foundation www.ghc.org/foundation