Moving Research to Practice:
The Implementation of an Evidence-Based Violence Prevention Intervention into Emergency Department Standard Care

Jessica Roche, MPH
Managing Director, University of Michigan Injury Prevention Center
Acknowledgements

• Principal Investigators/Co-Investigators:
  • Maureen Walton, MPH PhD
  • Rebecca Cunningham, MD
  • Patrick Carter, MD
  • Ken Resnicow, PhD

• Additional Co-authors and team
  • Andi Eisman, PhD
  • Jason Goldstick, PhD
  • Hurley Medical Center Child Life team
  • Hurley Medical Center ED Social Work team
  • Hurley Medical Center Charge Nurses
  • Hurley Medical Center Administration and ED Chair, Dr. Jaggi

• Funding: Research reported herein was supported by a grant to the University of Michigan Injury Prevention Center by the Centers for Disease Control & Prevention Award Number R49-CE-002099
Violence is a Significant Public Health Issue

• Homicide is the 3rd leading cause of death among all youth 14-24 y.o.
  • The leading cause of death among African American youth 14-24 y.o.

• Non-fatal violent injuries result in over 450,000 ED visits a year
The Original SafERteens Study

• Randomized controlled trial
• Brief Intervention to reduce violence and alcohol use

Evidence of Effectiveness
• Reductions in peer aggression and victimization at 12 months post intervention

Cost Analysis
• $17.06 per event averted—less than the cost of placing an IV
Method for the Translation Study

- Used a Replicating Effective Programs model
- Our team worked with staff at Hurley Medical Center’s ED (in Flint, MI) to create a program package (www.SafERteens.org)
- Used a hybrid effectiveness-implementation design
- Effectiveness phase involved a pilot randomized controlled trial
- The maintenance phase involved observation of continued program use
The Online Screening Tool

• Patients given tablet to self-administer screen
  • 3 questions

• If positive screen:
  • Green check mark notifies medical staff on tablet
  • Interventionist get automatic message (flexible programming)
Therapist Screens

What's important to you?

Pick your top 3 goals.

- Being responsible
- Getting a job
- Maturity
- Being a good example for my brothers, sisters, others
- Getting more privileges at home
- Getting a house
- Being honest
- Confidence
- Getting a car
- Getting married
- Independence
- Success
- Getting along with others
- Having family pride
- Going to college
- Getting along with others
- Being a good student
- Popularity
- Getting a boyfriend/girlfriend
- Being in control
- Having a boyfriend/girlfriend
- Making sure my kids have a better life than me
- Being healthy and fit
- Other

Help - What's important to you?

Suggested Questions/Prompts

- Intro: Take a look at this list. Tell me the top 3 things that are important to you in your life (right now).
- Question: Help me understand what [goal/value] means to you and why it's important.
- Reflection: It sounds like [reflect emotion].
- Question: I'm curious, what are some things you are doing to [goal/value].
- Reflection: That's great that you've thought about what's important to you and you're [steps they have or will take].
- Affirmation: You're a [strength] person.

Reminders/Tips

- Goals:
  - Build rapport – gain trust
  - Affirm positive thoughts and actions
- Steps:
  - Tap and highlight goals/values the patient selects (at least 3)
  - Reflect and affirm goals/values
  - Reflect and affirm steps patient is taking towards goals/values
  - Summarize selections
  - Introduce next screen: Strengths

Tap Back on the bottom to go to the previous screen.
Results

Effectiveness phase:
• 375 screened (54.1% positive)
• 47% in the in-person group and 73% in the remote BI received the intervention
• 82% of participants found it very/extremely helpful to talk to their therapist about fighting and staying safe
• 83% of participants would recommend this program
• The pilot RCT showed improvements in:
  - self-efficacy to avoid fighting
  - attitudes towards non-violence

Maintenance phase:
• 587 screened (22.7% positive)
• 47 received the in-person intervention (35.3%)
Conclusion

- The SafERteens implementation package harnesses technology to:
  - facilitate integration into clinical care
  - standardization of the BI
  - sustainability
- Availability of staff to deliver interventions is a challenge
- Remote therapy delivery being a potential solution

- SafERteens 2.0 fills a gap between science and practice by providing a system to integrate an evidence-based, low-cost violence prevention intervention as part of standard care.
Thank you

www.saferteens.org
The SafERteens implementation package will be available to interested sites nationwide by early 2020.

Jessica Roche
jroche@med.umich.edu