Digital Screening and Brief Intervention for Substance Use

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Background and Objectives

Background

- Home visiting (HV) needs an innovative approach to address substance use (SU).
- SU in HV clients may interfere with HV impacts, as families affected by SU are more difficult to engage and retain in HV.
- HV clients are often reluctant to discuss SU with their home visitors due to stigma and fears of child removal, which often prevents them from accessing needed help.
- Digital screening and brief interventions protect clients' confidentiality and have high satisfaction ratings among perinatal populations in health care settings.

Objectives

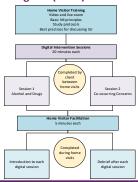
- To develop a digital program that is tailored to the HV context to provide confidential screening and brief intervention for SU to HV clients in a way that makes clients comfortable and does not over-burden home visitors.
- To evaluate feasibility and acceptability of the program.

Intervention Development

User-centered design process



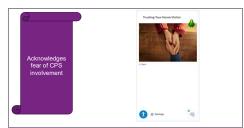
The Intervention: Home Visitation Enhancing Linkages Program (HELP)

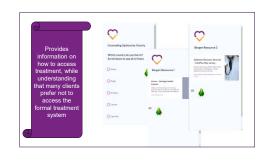


Key Features of HELP—Tailored to HV Context:









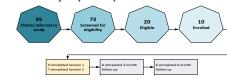


Pilot Test

Home Visitor Sample

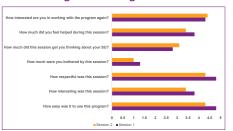
- 20 home visitors (3 HFA sites, 3 PAT sites)
- 95% Female; 60% Latina; 35% White; 65% college graduate.
- 81% home visitor for 3 years or more

Client Sample (N = 10)

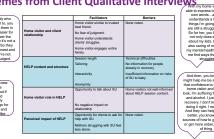


- Average age 26 years
- 60% pregnant
- 60% Latina; 20% Black; 10% More than 1 race; 10% race not reported
- Lifetime substance use (n = 9)
 - 9 alcohol; 6 cannabis; 1 prescription stimulants; 1 sedatives: 1 opioids
- SU in 3 months prior to pregnancy (n=9)
 - 9 alcohol; 5 cannabis; 1 other substances
- Readiness to change SU (n=6)
 - 5 already quit all substances; 1 not sure whether they wanted to quit

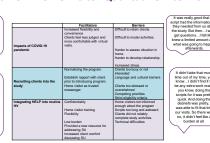
Client Ratings of HELP Digital Sessions



Themes from Client Qualitative Interviews



Themes from Home Visitor Qualitative Interviews



Conclusions

- This study demonstrated HELP implementation feasibility and acceptability, lending support to the potential of digital screening and brief intervention for addressing SU in HV.
- Limitations—small sample; lack of control group; limits
- Strengths—ecological validity; in-depth qualitative data.
- Findings will be used to refine the program for larger scale evaluation and dissemination.

