

ATTACHMENT 5: PRACTITIONER SURVEY

SBIRT Cross-Site Evaluation Practitioner Survey—DRAFT

This survey is part of a national evaluation effort to describe the implementation of seven SBIRT programs throughout the country. The following questions ask about your experiences with the [WASBIRT, etc.] program that was implemented in this [ED, practice, school, agency, clinic, department, etc.] on [date]. The first set of questions is designed to gather background information about you, your working environment and the SBIRT services you provide.

Today's Date: |__|_| || |__|_| || |__|_|
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Provider Organization Identification Number |__|_|_|_|_|

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Section A
Demographics

- A1. Are you: *Male* *Female*
- A2. Your Birth Year: 19 |__| |__|
- A3. Are you Hispanic or Latino?
 Yes
 No
- A4. What is your race? (Please select one or more)
 Alaska Native
 American Indian
 Asian
 Black or African American
 Native Hawaiian or other Pacific Islander
 White
- A5. What is the highest grade or year of school that you completed?
 Never attended school
 1st grade completed
 2nd grade completed
 3rd grade completed
 4th grade completed
 5th grade completed
 6th grade completed
 7th grade completed
 8th grade completed
 9th grade completed
 10th grade completed
 11th grade completed
 12th grade completed/high school diploma/equivalent
 Voc/tech program after high school but no voc/tech diploma
 Voc/tech diploma after high school
 College or university/1st year completed
 College or university/2nd year completed/Associate's degree (AA, AS)
 College or university/3rd year completed
 Bachelor's degree (BA, BS) or higher
 Master's degree
 Doctoral degree or equivalent
 Medical degree or equivalent
- A6. What is the name of the organization that employs you?

A7. Who is your immediate supervisor?

A8. Are you clinical staff (e.g., physician, nurse)?

- Yes **(Please go to question A10)**
 No

A9. Which of the following best describes you?

- Administration **(Please go to Section D)**
 Office Support Staff (receptionist, clerk, billing) **(Please go to Section D)**
 Medical records technician **(Please go to Section D)**

A10. Which of the following best describes you? (Check as many as apply)

- MD
 DO
 APRN
 PA
 RN
 LPN
 RD
 Medical Assistant (CMA/MA)
 Health Educator _____

A11. Current Discipline/Professional Focus: [Check ALL THAT APPLY]

- Medicine: Family Practice
 Medicine: Internal Medicine
 Medicine: Emergency
 Medicine: OBGYN
 Medicine: Pediatrics
 Medicine: Diet/Nutrition
 Medicine: General Health Education
 Medicine: Behavioral Health
 Medicine: Psychiatry
 Medicine: Other, describe _____
 Social Work/Human Services
 Addictions Counseling
 Other Counseling, specify _____
 Education
 Vocational Rehabilitation
 Criminal Justice
 Psychology
 None, unemployed
 None, student
 Other (specify) _____

- A12. Certification Status in Addictions, Medicine, Nursing Fields (*if applicable*): [MARK ONE]
- Not certified or licensed in addiction treatment
 - Previously certified or licensed, not now
 - Currently certified or licensed
 - Intern
 - No license or certification available in your field
- A13. How many years of experience did you have in substance use counseling prior to the initiation of the SBIRT activities at your site?
- None
 - 0–5 months
 - 6–11 months
 - 1 to 2 years
 - 3 to 4 years
 - 5 or more years
- A14. How long have you been in your present job?
- 0–5 months
 - 6–11 months
 - 1 to 2 years
 - 3 to 4 years
 - 5 or more years
- A15. On an average day, to how many SBIRT patients or clients do you provide screening or other services?
- 1–10
 - 11–20
 - 21–30
 - 31–40
 - 41–50
 - 51–60
 - >60
- A16. In total, to how many total patients or clients are you currently providing services?
- 1–10
 - 11–20
 - 21–30
 - 31–40
 - 41–50
 - 51–60
 - >60
- A17. Do you perform *Screening* (i.e., identify at-risk substance users using standardized screening instruments)?
- Yes
 - No (**Please go to question A19**)

- A18. In addition to *Screening* do you also perform *Brief Feedback* (i.e., provide educational materials or feedback to patients/clients who screen negative)?
- Yes
 No
- A19. Do you perform *Brief Intervention* (i.e., provide short motivational counseling sessions to patients/clients who screen positive)?
- Yes
 No
- A20. Do you perform *Brief Treatment* (i.e., provide 2–6 counseling sessions of manual-guided therapy to higher-risk individuals)?
- Yes
 No
- A21. Do you provide *Referrals to Treatment* (i.e., provide treatment referrals to severe clients/patients who need more intensive services outside of the scope of the SBIRT services)?
- Yes
 No
- A22. How long have you been in your current position, delivering SBIRT services?
- None
 0–5 months
 6–11 months
 1 to 2 years
 3 to 4 years
 5 or more years

Section B
Training and Self Efficacy

The next set of questions asks about the training you received and how prepared you feel in conducting SBIRT services.

B1. When conducting behavioral counseling services in general, how prepared do you feel when talking with patients about each of the behavior areas listed below?

Babor, T., J. Higgins-Biddle, D. Dauser, P. Higgins, and J. Burleson. 2005. "Alcohol Screening and Brief Intervention in Primary Care Settings: Implementation Models and Predictors." *Journal of Studies on Alcohol* 66(3):361-368.

Behavior Area	Very prepared	Somewhat prepared	Somewhat unprepared	Very unprepared
a) Not smoking tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Exercising regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Reducing alcohol consumption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Avoiding excess calories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Reducing illicit drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B2. How effective do you feel you are in helping patients achieve change in each of the following behavior areas?

Behavior Area	Very effective	Somewhat effective	Somewhat ineffective	Very ineffective
a) Not smoking tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Exercising regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Reducing alcohol consumption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Avoiding excess calories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Reducing illicit drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B3. About how many hours of SBIRT-related training (related to alcohol and illicit drug use) have you received since the beginning of the SBIRT initiative?

- None
- Less than 4 hours
- 4 – 10 hours
- 11 – 40 hours
- More than 40 hours

B4. How would you rate staff in your [facility ED, practice, school, agency, clinic, department, etc] in terms of their need for staff development on issues related to SBIRT services for at-risk substance use? (Check one)

- Significant need for staff development in these areas
- Staff is reasonably competent in these areas. Some could benefit from staff development if offered.
- No need for staff development. All staff have sufficient knowledge to perform competently in their own capacities.

Section C

Use of Screening and Brief Intervention with At-risk Substance Users

The next set of questions concerns the use of screening and brief intervention with at-risk substance users (alcohol and other drug use).

Please circle the number that indicates how strongly you agree or disagree with each of the statements.
 Rollnick, S., N. Heather, R. Gold, and W. Hall. 1992. "Development of a Short 'Readiness to Change' Questionnaire for Use in Brief, Opportunistic Interventions among Excessive Drinkers." *British Journal of Addiction* 87(5):743-754

	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
1. I don't regularly use screening and brief intervention to manage my patients'/clients' substance use.	1	2	3	4	5
2. I am making concrete efforts to use substance use screening and brief intervention in my organization.	1	2	3	4	5
3. I agree with using screening and brief intervention, but I don't always do it.	1	2	3	4	5
4. Sometimes I think I should use screening and brief intervention more in my practice.	1	2	3	4	5
5. It's a waste of time to conduct substance use screening and brief intervention on my patients/clients.	1	2	3	4	5
6. I have just recently started to use screening and brief intervention on my patients/clients.	1	2	3	4	5
7. Many people talk about conducting screening and brief intervention with their patients/clients, but I am actually doing it.	1	2	3	4	5
8. I am at the stage where I should think about using screening and brief intervention on my patients/clients.	1	2	3	4	5
9. Conducting screening and brief intervention is sometimes a problem.	1	2	3	4	5
10. There is no need for me to use screening and brief intervention for substance use in my practice.	1	2	3	4	5
11. I am actually using screening and brief intervention in my practice right now.	1	2	3	4	5
12. Conducting screening and brief intervention for substance use with my patients/clients would be pointless for me.	1	2	3	4	5

Section D Work Environment

The next set of questions asks about your work environment. Please be reminded that individual respondents will not be identified by name in any analyses or reports. Responses will be aggregated and reported as summary statistics only.

Ohman-Strickland et al. In press. "Measuring Organizational Attributes of Primary Care Practices: Development of a New Instrument, A Study in the New Jersey Family Physicians Research Network." *HSR*.

Circle the number that best describes how much you agree or disagree with the following statements about this practice (office, department, agency, etc)	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. The practice defines success as teamwork and concern for people.	1	2	3	4	5
2. Our practice has changed how everyone relates.	1	2	3	4	5
3. The staff members of this practice very frequently feel overwhelmed by the work demands.	1	2	3	4	5
4. Our staff has constructive work relationships.	1	2	3	4	5
5. Practice leadership discourages nursing staff from taking initiative.	1	2	3	4	5
6. This practice is almost always in chaos.	1	2	3	4	5
7. Leadership in this practice is available for consultation on problems.	1	2	3	4	5
8. This practice encourages nursing and front office staff input for making changes and improvements.	1	2	3	4	5
9. There is often tension among people in this practice.	1	2	3	4	5
10. All staff members participate in important decisions about clinical operations.	1	2	3	4	5
11. The staff and clinicians in this practice operate as a real team.	1	2	3	4	5
12. Staff members are involved in developing plans for improving quality.	1	2	3	4	5
13. It's hard to make any changes in this practice because we're so busy seeing patients.	1	2	3	4	5
14. Our practice has changed how it does business.	1	2	3	4	5
15. This practice encourages staff input for making changes and improvements.	1	2	3	4	5
16. The clinicians in this practice very frequently feel overwhelmed by the work demands.	1	2	3	4	5

Circle the number that best describes how much you agree or disagree with the following statements about this practice (office, department, agency, etc)	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
17. When there is a conflict in this practice, the people involved usually talk it out and resolve the problem successfully.	1	2	3	4	5
18. This practice is experienced as “stressful.”	1	2	3	4	5
19. This is a very hierarchical organization; the decisions are made at the top with little input from those doing the work.	1	2	3	4	5
20. Things have been changing so fast in our practice that it is hard to keep up with what is going on.	1	2	3	4	5
21. Our practice has changed how it takes initiative to improve patient care.	1	2	3	4	5
22. The people who work in this practice talk with each other about their lives or families.	1	2	3	4	5

Section E Implementation Feedback

Please read each statement carefully and check the numbered circle that indicates the extent to which each factor affected the implementation of SBIRT activities in your practice.

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To what extent were the following factors barriers to implementing the SBIRT Program in your practice (office, dept. etc)?	To a very little extent	2	To some extent	3	4	To a very great extent
a. Clinical staff turnover.	1	2	3	4	5	
b. Support staff (RN's, MA's) turnover.	1	2	3	4	5	
c. Administrative office staff turnover.	1	2	3	4	5	
d. SBIRT screening staff turnover.	1	2	3	4	5	
e. Competing priorities at this site.	1	2	3	4	5	
f. Lack of available treatment slots for referrals.	1	2	3	4	5	
g. Clinicians' lack of time.	1	2	3	4	5	
h. Support staff's lack of time.	1	2	3	4	5	
i. Administrative staff's lack of time.	1	2	3	4	5	
j. SBIRT screening staff's' lack of time.	1	2	3	4	5	
k. Treatment counselors' lack of time.	1	2	3	4	5	
To what extent did the following factors facilitate the implementation of the SBIRT Program in your clinic?	To a very little extent	2	To some extent	3	4	To a very great extent
a. Your site's SBIRT coordinator.	1	2	3	4	5	
b. Involving practice staff in the initial decision to participate in the program.	1	2	3	4	5	
c. A champion in your department.	1	2	3	4	5	
d. Making organizational changes within the practice to facilitate increased screening and intervention activities.	1	2	3	4	5	
e. Having assistance available from SBIRT training staff at _____	1	2	3	4	5	