

Reimagining SBIRT: Provider, Adolescent, and Caregiver Perceptions in Primary Care

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Background

- **Screening, brief intervention, and referral to treatment for adolescents (SBIRT-A)** is widely recommended to promote detection and early intervention for adolescent alcohol and other drug (AOD) use.¹
- **Adolescence** is a critical developmental period where AOD use can lead to long-term negative health outcomes.²
- **Caregivers** may serve as **critical protective factors** in adolescent AOD use.³
- Engaging caregivers may broaden screening, improve communication, and strengthen referrals.

Current Study

- This study evaluates adolescent, caregiver, and provider perceptions of **family-inclusive interventions** (tablet-based psychoeducation, brief counseling, and family conversation).
- We aim to gain a better understanding of the effectiveness and feasibility of Family SBIRT in **Primary Care**.

Methods

Participants:

- Adolescents aged 12–17 and their caregivers (N=42)
- Primary care providers (N=15)
- Two hospital-affiliated pediatric primary care clinics

Study Design

- Randomized-effectiveness trial comparing two SBIRT-A approaches:
 - **Standard** (adolescent only)
 - **Family** (adolescent + caregiver)

Interventions

- Both SBIRT-A approaches use:
 - Tablet-based screening & psychoeducation in waiting areas
 - Provider-facing brief counseling during appointments
- **SBIRT-A–Standard** includes:
 - Tablet-delivered psychoeducation
 - Adolescent brief negotiated interview
- **SBIRT-A–Family** adds:
 - Tablet-based caregiver psychoeducation
 - Caregiver brief negotiated interview
 - Facilitated family conversation about SU

Measures

- **Helpfulness ratings (3-point Likert: 0=Not at all, 1=Somewhat, 2=Very)**
- Providers completed a self-report checklist post-encounter + qualitative feedback

Results

Participant Characteristics

- **Caregivers** identified as Black (41.9%), White (29.0%), or Other (25.8%), and 86% were assigned female at birth.
- **Adolescents** identified as Black (56.7%), White (26.7%), or Other (16.7%), and 61% were assigned female at birth.

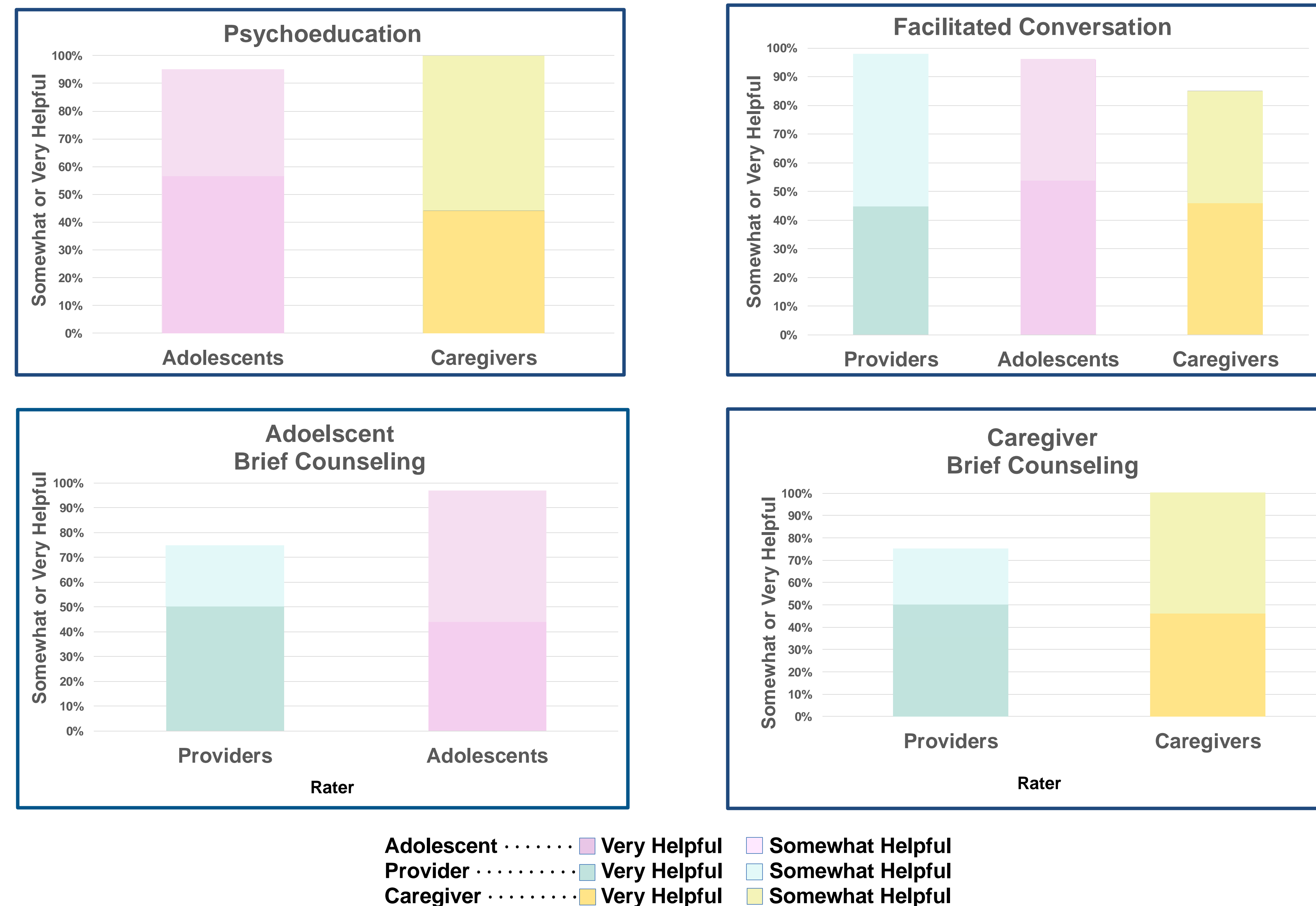
Overall Helpfulness

- Nearly all adolescents, caregivers, and providers rated each Family SBIRT component as at least "Somewhat Helpful"
- **Adolescents** rated psychoeducation the highest out of all SBIRT components.
- **Caregivers** had unanimous helpful experiences with both the **psychoeducation** and **caregiver brief counseling**.
- **Providers** reported the most ambivalence with the Caregiver Brief Negotiated Interview (BNI)

Qualitative Feedback

- **Providers** noted challenges with caregiver-focused counseling (workflow issues, time, utility) and shared mixed reviews.
- Most providers appreciated the **structured conversation guides and tools**.

Helpfulness Ratings



Provider Feedback

"The counseling was very helpful - it helped create an **accepting and welcoming atmosphere** and focus on the patient's strengths"

"Great to use **the readiness ruler** and the **script** as a conversation tool to help better understand patient's nicotine use. [The patient] came in for abdominal pain and was motivated to quit if they were related so that was **helpful to understand!**"

"**Took very long...**Overall went well...Family receptive to discussion about **open conversations**. Only possible to complete that day because I had no-shows right afterwards."

Discussion

- Initial findings show the strong potential of **family-inclusive SBIRT** in primary care.
- Both adolescents and caregivers report **high acceptability** for the tablet-based psychoeducation, brief counseling, and family-based conversations.
- Providers highlight the usefulness of **structured tools** and noted **improved communication** and engagement with adolescents.
- **Provider ambivalence** about caregiver counseling may reflect the need for changes to **caregiver-focused training** and need for **workflow adaptations**.
- Addressing these barriers could **enhance the feasibility and impact** of family-based SBIRT.
- Future research will explore whether caregiver involvement leads to **sustained reductions in adolescent AOD use**, improved family communication, and better long-term outcomes.
- We will continue to test the **effectiveness, of Family SBIRT-A approaches** in Primary Care.

References

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