

Parent/Family Interventions That Target Adolescents Ages 10-20

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Adolescent Health Task Force
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Early childhood parent/family evidence-based interventions are worthwhile as a strategy to improve adolescent health, but alone are not enough.

Point #1

“Parent-Skills” programs that target parents of adolescents exist, work, and should be considered as evidence-based strategies to improve adolescent health.

Associations Between “Family Strengths” & Adolescent Health

- Child Trends
- 2005 Every Child Every Promise Study
- Family strengths associated with better school performance, less risky behavior, and positive social behaviors in adolescents 12-17 yo from low income and high income families
- Family strengths =
 - Close and caring parents
 - Parental monitoring/supervision and awareness
 - Parental involvement
 - Positive role-modeling

Interventions to Strengthen Families of Adolescents

- Limitations = Causality not proven
- Child Trends Summary
 - Focus on what families are doing/can do well
 - Clarify behaviors/supports families can provide:
 - Building close relationships
 - Monitoring
 - Being involved
 - Setting a good example

CDC Community Guide “Adolescent Health”

Recommended

“Person-to-person interventions to improve caregivers’ parenting skills”

Examples of Programs

- Promising Programs per Blueprints
 - Guiding Good Choices
 - Strengthening Families Program for Families and Youth 10-14
 - Strong African American Families Program

<http://www.colorado.edu/cspv/blueprints/promisingprograms.html>

Point # 2

We have heard about parent-focused programs that work in previous topic-specific Task Force meetings and these should be considered as evidence-based strategies to improve adolescent health.

Previous Topic-Specific Task Force Meetings

- Injury (MVA, Sports/Recreation)
- Chronic Illness (Obesity, Tobacco, & Secondary Prevention)
- Sexual Health
- Mental Health
- Alcohol/Other Substance Use
- Violence

What we did not highlight.....

- There are some parent/family interventions that work for specific health topics
- Many multi-component programs that work for specific health outcomes have a parent/family component

Parent Interventions: MVA Injury

- Some existing evidence
- Dr. Foss “Promising Ideas”
- 2 RCTs
- #1: Check Points Program:
 - Exp: At time of permit - persuasive newsletter, video, driving agreement when eligible for test; At licensure- persuasive newsletter, video, driving agreement, personal admonishment
 - Control: Information newsletter
 - Outcome: Exp. group significantly more likely to report adopting and maintaining driving agreement; stricter limits on driving privileges; fewer risky driving behaviors; fewer traffic violations

Parent Interventions: MVA Injury

- #2) Safe Drivers Wanted
 - Exp: Two targeted in-person or mailed family sessions focusing on driving issues prior to and after teens licensed, within context of Raising Healthy Children Project
 - Control: No special Rx
 - Outcome: Exp. group significantly more likely to report completed driving agreement, and less likely to drive under influence of alcohol and with someone under age 21 who had been drinking

Parent Interventions: Sports/Recreational Injury

- Not much existing evidence
- Cochran review of parenting interventions to prevent injury in children 0-18, BUT all reviewed studies focus on prevention of injury in infants/small children
- Task Force presentation of lists of things that reduce risk of injury, and described materials to increase parent awareness - but none have been rigorously tested
 - e.g. “CDC Tool Kit on Head Concussion”

Parent Interventions - Obesity

- Insufficient evidence for family interventions for increasing physical activity (CDC-CPS)
- Sufficient evidence for family/parent approaches to engaging in and promoting more healthful dietary intakes and active lifestyles (e. increase physical activity; reduce screen time; more healthful diets) (National IOM)

Parent Interventions - Tobacco

- Promising Practices
 - Enhance parental monitoring and anti-smoking attitudes (Child Trends)
 - Reduce parental smoking (Child Trends)

Parent Interventions - Tobacco

- 1 RCT
 - Exp: Smoking parents of 3rd graders received 5 activity guides mailed to homes at 2 week intervals, followed by newsletters, tip sheets and incentives to reinforce action guides.
 - Control: Five mailed fact sheets
 - Outcome: Exp. group significantly less likely to initiate tobacco use by follow up 3 years later (i.e. 6th grade; 10-11yo) (12% vs. 19%)

Parent Interventions – Secondary Prevention

- Parent interventions to connect adolescents to health care?
- Parent interventions to increase adherence to medications/ treatment?
 - Relatively weak intervention literature
 - Know parent perception of need important

Parent Interventions - Sexual Health

- Know parent attitudes/expectations about sex have impact
- Interventions can increase parent-teen communication, but link to behaviors is weaker
- 1 parent focused program designated as “What Works” program by National Campaign
 - Keepin’ it R.E.A.L.

Emerging Answers 2007 (Kirby)

Reviewed 7 RCTs

Outcome	
Delay Sex (N=5)	1
Reduce frequency of sex (N=1)	1
Increase condom use (N=4)	4
Increase contraceptive use (N=1)	0
Reduce self-report pregnancy (N=1)	1
Reduce self-report STDs (N=1)	1

Parent Interventions – Alcohol and other Drug Use

- There are parent/family-targeted programs that work:
 - Family Matters (NREPP; SAMHSA)
 - Families that Care: Guiding Good Choices (NIDA; NREPP; SAMHSA)
 - New Beginnings (Pediatrics 2008)
 - SODAS City (Pediatrics 2008)
 - Freshman Intervention (Pediatrics 2008)

Parent Interventions – Substance Use and Violence

- Many multi-component programs that work include a family intervention
- Blueprints Model Programs examples
 - Midwestern Prevention Project
 - Functional Family Therapy
 - Multisystemic Therapy
 - Multidimensional Treatment Foster Care
 - Olweus Bullying Prevention Program
- Blueprints Promising Programs
 - Guiding Good Choices
 - Strengthening Families Program for Families and Youth 10-14
 - Strong African American Families Programs

Point # 3

The majority of parents in NC report that they would like to learn more about adolescent health topics.

Parent Survey Update

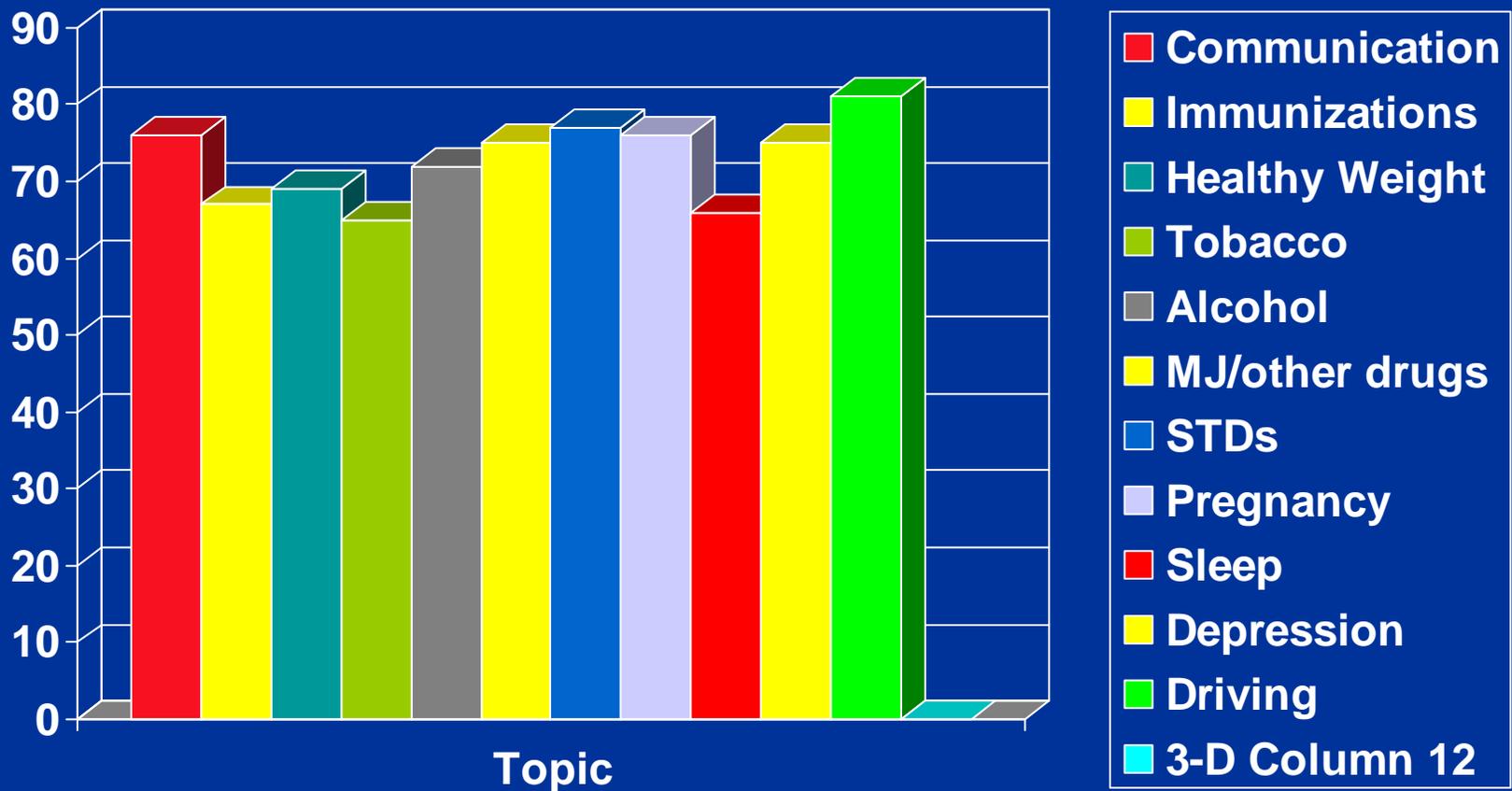
Parent Survey

- NC CHAMP
- Add-on to BRFSS
- Targets parents of children ages 0-17 years
- In 2008, CHAMP N=2,987
- 1,459 (49%) were parents of children 11-17
- Content included:
 - Parent Education Needs
- Un-weighted data now available
- Weighted data in about 1 month

Preliminary 2008 CHAMP Data

- 73% of parents of children 11-17 (N = 1459) reported that they would like to learn more about teen health issues

% Of Parents Who Report That It Would Be Very Helpful To Learn About Teens & (n=957)....



Chlamydia-Specific Questions (N=1305)

- STDs such as Chlamydia are common in young people today. Have you ever heard of Chlamydia before today?
 - 84% YES
- Have you ever heard that girls who have had sex should be tested for Chlamydia once a year?
 - 57% NO

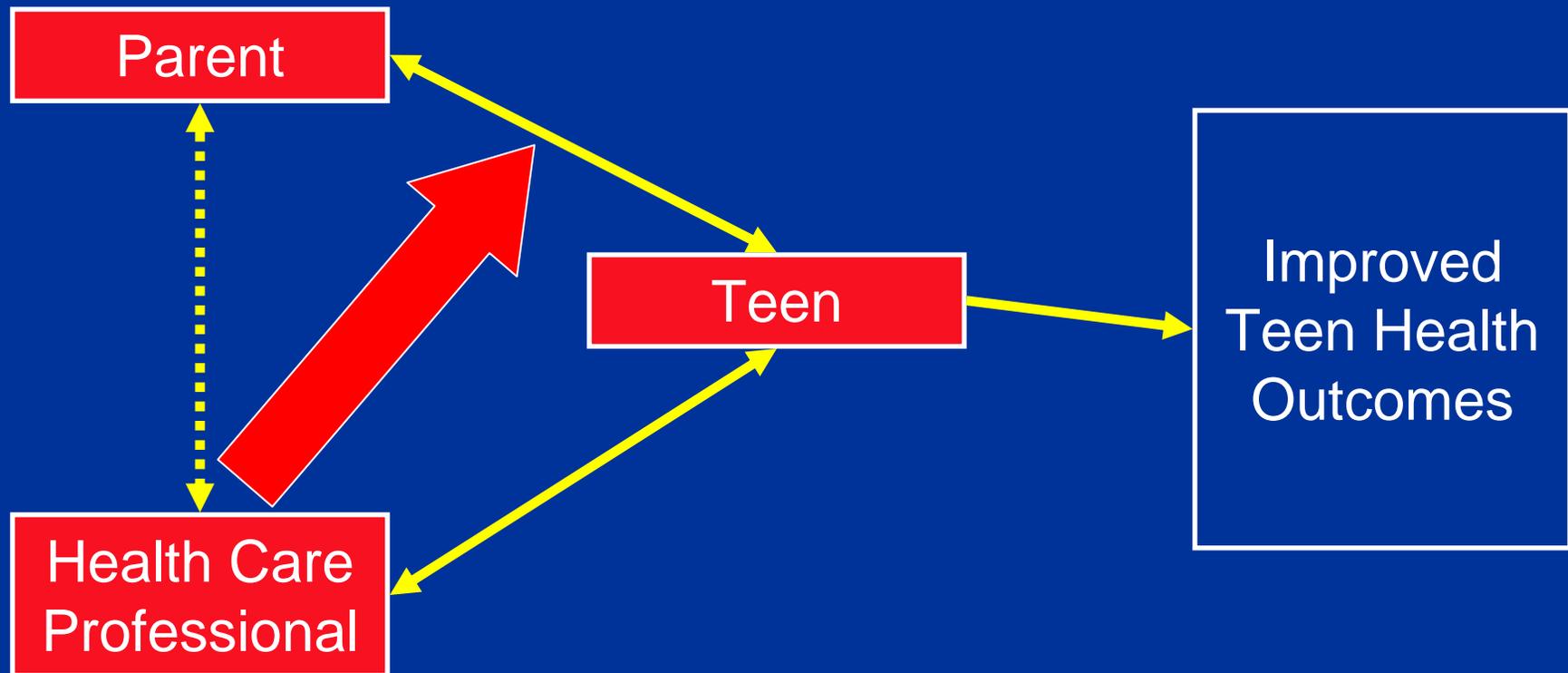
Did not ask and we do not know...

- Why?
- Preferred source and format?
- When?
- What SPECIFIC type of information?
- How would they use the information?
- Influence on parent/adolescent outcomes?

Upcoming CHAMP data analyses

- Characterize which parents report that information would be helpful
 - Characteristics of parents
 - Parents of younger vs. older adolescents
 - Whether associated with adolescent healthcare behaviors/attitudes

Parent and HCP Partnerships to Improve Teen Health



[Ford, Davenport, Meir, McRee. 2008]

Potential Recommendations

1. Support effective “parent-skills” interventions that target parents of adolescents
2. Support parent-targeted interventions, and parent components of multi-component interventions, that effectively address specific adolescent health issues
3. Advocate for funding to more fully elucidate parents educational needs, and how to effectively meet them