

### ADOLESCENT and YOUNG ADULT

## HEALTH RESEARCH NETWORK

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AYA Research Clinic-Based Strategies for Engaging Parents in Adolescent Health Promotion Annual Meeting of the Society for Adolescent Health and Medicine Washington, DC

# Workshop slides available at:

## tinyurl.com/RN-SAHM2019

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MCHB Project Officer: Evva Assing-Murray, PhD

### ADOLESCENT AND YOUNG ADULT HEALTH RESEARCH NETWORK

Overall Goals:

To develop and maintain a transdisciplinary multi-site research network that will

- Accelerate the translation of developmental science into MCH Adolescent & Young Adult (AYA) practice
- Promote scientific collaboration
- Develop additional research capacity in the AYA health field

### ADOLESCENT AND YOUNG ADULT HEALTH RESEARCH NETWORK

Lead Grantee:

University of California, San Francisco (UCSF)

- Elizabeth M. Ozer, Ph.D., Pl
- Charles E. Irwin, Jr., M.D., Co-PI
- M. Jane Park, M.P.H., Network Coordinator

http://nahic.ucsf.edu/research\_network/



#### ADOLESCENT and YOUNG ADULT

#### H E A L T H RESEARCH NETWORK









### PRIORITIZING PARENTS IN OUR RESEARCH AGENDA

- Clinical Preventive Services is a key focus of the Research Network
- Conducted a broad literature review
  - Identified research gaps
  - Made recommendations for future research

Journal of Adolescent Health 60 (2017) 249-260



JOURNAL OF ADOLESCENT HEALTH

www.jahonline.org

Review article

Research on Clinical Preventive Services for Adolescents and Young Adults: Where Are We and Where Do We Need to Go?



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### PRIORITIZING PARENTS IN OUR RESEARCH AGENDA

- Parent-focused recommendations:
  - Clarify the role of the health care system, and of parents, in supporting healthy developmental transitions for adolescents and young adults.
  - Implement developmentally and culturally appropriate strategies to engage parents in the clinical encounters of AYAs and evaluate their effects on the receipt of clinical preventive services and health outcomes.

### NEXT STEP: DEVELOPING A PARENT-FOCUSED INTERVENTION

- AYAH-RN parent engagement workgroup: Developing models for engaging parents in the primary care setting
  - C. Ford, MD, Children's Hospital of Philadelphia, University of Pennsylvania
  - M. Aalsma, PhD, Indiana University
  - L. Richardson, MD, MPH & C. McCarty, PhD, Seattle Children's Hospital, University of Washington
  - S. Harris, PhD, Boston Children's Hospital, Harvard University
  - E. Ozer, PhD & C. Penilla, DrPH, UCSF
  - R. Sieving, PhD, RN & C. Mehus, PhD, University of Minnesota

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### NEXT STEP: DEVELOPING A PARENT-FOCUSED INTERVENTION

### Parent questionnaire/assessment tool

- Research existing tools
- Create an on-line module compatible with EHR
  - Provide "actionable" information for clinician providing care to adolescent
  - Identify and respond to parents' interests and concerns
    - Basic facts/guidance provided within module

### NEXT STEP: DEVELOPING A PARENT-FOCUSED INTERVENTION

# Identify and develop tools & interventions for parents

- Linkage from on-line module to existing resources and more intensive interventions
- Identify gaps and develop on-line interventions and resources

### ADOLESCENT and YOUNG ADULT

## HEALTH RESEARCH NETWORK

### SETTING THE STAGE

Triadic Relationship Model for AYA Health Promotion in Clinic Settings

> Carol A. Ford MD Professor and Division Chief CHOP Division of Adolescent Medicine Perelman School of Medicine University of Pennsylvania







I, Carol A. Ford MD, have no commercial relationships to disclose.

# 1) Developmentally-appropriate as transition children to an adult patient-clinician model



2) Parents often drive AYA access to and utilization of services

Do I need to go? Where do I go? How do I make an appointment? How do I get there? What should I say? How do I pay? How do I get these medications?



3) Parents can help AYA learn about and manage their health

- ✓Acquiring knowledge base
- Placing knowledge within context of their personal situation

# Acquiring skills to monitor/manage long range health issues

- Chronic illness
- Chronic disabilities
- Risk markers for chronic health conditions (e.g. HTN)
- Risk for recurrent illness (e.g. depression; eating disorders)
- Prevention (e.g. unwanted pregnancy; STIs/HIV)

#### **Potential Benefits**

✓ Better health care utilization

 $\checkmark$ Better health care



AYA better prepared to manage health and use health care system in adulthood

#### Potential Risks

X If parent does not respect need for confidential health services, then AYA may not get care they need

- Won't engage: Parents may not be willing or able to engage in helpful way, and then need alternative supports
- Too much engagement: Parents may remain over-engaged compromising AYA autonomy

### General Framework for Triadic Relationships to Improve AYA Health



What models, systems, guidelines, tools could promote parent engagement in AYA health services?

- Ford: Brief parent-targeted interventions in primary care to increase parent-teen communication about sex, alcohol, and teen driving
- Alsma: Family-based brief intervention in juvenile justice systems
- McCarty/Richardson: Parent engagement session in AYA behavioral health care
- Harris: Brief family intervention in primary care to reduce adolescent substance-related driving/riding risk

Parent-Targeted Interventions in Primary Care Settings To Improve Parent-Teen Communication & AYA Health Outcomes

Carol A. Ford MD Professor and Division Chief CHOP Division of Adolescent Medicine Perelman School of Medicine University of Pennsylvania







### Rationale

- A culture has emerged in the US that supports annual evidencebased well adolescent visits, and many adolescents receive these visits in traditional primary care clinic settings where parents are present (Harris et al JAH 2017).
- Parents and teens report moderate to high levels of interest in primary care clinicians facilitating increased parent-teen communication (PTC) about a wide range of health topics (Ford et al JAH 2016).
- Could parent-targeted interventions in primary care settings be an important strategy for influencing PTC, adolescent behaviors, and health outcomes?
  - ➢ If so, could be an important way to leverage PCP impact on AYA health

➢If so, could have large population health impacts

➢If so, would align with value of patient- and family-centered

## Summary of Recent Work

- RCTs to test acceptability, feasibility, and impact on PTC of parent-targeted interventions delivered in a busy non-academic primary care pediatric practice (clinicaltrials.gov NCT02554682)
- Testing interventions adapted from high quality and theoretically driven interventions shown in previous RCTs in other settings to increase PTC and favorably influence adolescent behaviors:
  - SEX Guilamo-Ramos, Bouris, Jaccard, et al JAH 2011
  - ALCOHOL Turrisi, Jaccard, Taki, et al Psychol Addict Behav 2001
  - DRIVING Mirman, Curry, Winston, et al JAMA Peds 2014



## Arm 1 RCT Sex vs Alcohol vs Control

- 14-15 y.o. and parent/primary care giver dyads with scheduled WAV
- Baseline parent and teen survey before visit
- Received intervention at visit
- 2-week follow up call/survey to parents in intervention group
- 4-5 month follow up parent and teen survey for final data

## ARM 1 Intervention -Sex vs Alcohol vs Control

Sex Intervention

Health Coach x 10 min

Sexual Health Brochure & Handbook (written & electronic available)

General Communication Handbook (written & electronic available)

MD/NP Direct Endorsement and Written RX

2-week follow up

Alcohol Intervention

Health Coach x 10 min

Alcohol Prevention Brochure & Handbook (written & electronic available)

General Communication Handbook (written & electronic available)

MD/NP Direct Endorsement and Written RX

2-week follow up

Control – Usual Care





### Influence of Parent-Targeted Interventions on Parentand Teen-Reported General Communication and Frequency of Communication about Alcohol and Sex

	Alcohol Group		Sex Group		Control
Parent Report	N=37	p value	N=28	p value	N=39
		vs control		vs control	
General Communication					
unadjusted mean (SD)	77.2 (8.6)	0.906	77.8	0.886	77.4 (10.3)
adjusted mean (SE) <sup>a</sup>	76.2 (1.8)	0.706	(10.5)	0.810	77.1 (1.6)
			76.5 (2.1)		
Frequency Sex Communication					
unadjusted mean (SD)	2.3 (0.9)	0.505	2.8 (0.8)	0.134	2.4 (1.0)
adjusted mean (SE)	2.3 (0.2)	0.345	2.8 (0.2)	0.100	2.5 (0.1)
Frequency Alcohol Communication					
unadjusted mean (SD)	2.6 (0.8)	0.677	2.5 (0.8)	0.952	2.5 (0.9)
adjusted mean (SE)	2.7 (0.2)	0.558	2.6 (0.2)	0.714	2.5 (0.1)
Teen Report	N=36	p value	N=25	p value	N=38
-		vs control		vs control	
General Communication					
unadjusted mean (SD)	69.1 (8.4)	0.796	73.0 (9.4)	0.082	68.6 (11.1)
adjusted mean (SE)	68.6 (1.8)	0.928	71.1 (2.1)	0.137	68.4 (1.6)
Frequency Sex Communication					
unadjusted mean (SD)	2.1 (1.1)	0.176	2.3 (0.8)	0.029	1.8 (0.8)
adjusted mean (SE)	2.0 (0.2)	0.297	2.2 (0.2)	0.049	1.8 (0.2)
Frequency Alcohol Communication					
unadjusted mean (SD)	2.9 (0.8)	0.020	2.7 (1.0)	0.210	2.4 (1.2)
adjusted mean (SE)	3.0 (0.2)	0.025	2.7 (0.2)	0.275	2.4 (0.2)

<sup>a</sup> All multivariable analyses adjusted for teen sex, age, race, and baseline risk characteristics. Analyses were stratified by reporter.

### Influence of Parent-Targeted Interventions on Parentand Teen-Reported Communication about Specific Safety Strategy Plan

	Alcohol Group		Sex Group		Control	
		p value		p value		
Parent Report	N=37	vs control	N=28	vs control	N=39	
% reporting PTC about avoidance of getting into car with drinker	62%		61%		33%	
Unadjusted OR (95% CI)	3.2 (1.2-8.1)	0.016	3.0 (1.1-8.2)	0.033	Ref	
Adjusted OR (95% CI) <sup>a</sup>	3.8 (1.3-11.3)	0.016	3.3 (1.2-8.8)	0.017	Ref	
		p value		p value		
Teen Report	N=36	vs control	N=25	vs control	N=38	
% reporting PTC about avoidance of getting into car with drinker	69%		72%		42%	
Unadjusted OR (95% CI)	3.0 (1.2-7.8)	0.027	3.4 (1.1-9.9)	0.027	Ref	
Adjusted OR (95% CI)	3.8 (1.2-11.8)	0.022	2.9 (1.1-7.8)	0.033	Ref	
<sup>a</sup> All multivariable analyses adjusted for teen sex, age, race, and baseline risk characteristics. Analyses were						

<sup>a</sup> All multivariable analyses adjusted for teen sex, age, race, and baseline risk characteristics. Analyses were stratified by reporter.

## Arm 2 RCT Teen Driving Intervention vs Control

- 16-17 y.o. planning to get drivers permit and their parent
- Need to get clinician form signed in PA
- Similar model as ARM 1 except:
  - ➢No general communication handbook
  - Intervention more reliant on electronic delivery and videos





Download and Share with parents. Help parents boost their teen's driving practice.

*Practice Driving Toolkit:* Consists of 1) a practice guide in the form of an interactive pdf that functions similarly to a website when downloaded to a computer or mobile device; 2) 2 tip sheets corresponding to the learner period and intermediate period of GDL; 3) a practice goal guide; 4) a logging and rating tool; and 5) a series of short practice videos.

### Materials

**Parent Handbook**: Provides an overview of: risk factors for MVC, the important role of parents in preventing crashes and how they can overcome barriers to lack of engagement, and the central components of Pennsylvania's GDL.



#### Table 1

#### Parent-Adolescent Communication about Teen Driver Safety Topics 6 months post-enrollment

	Intervention	Control	р
	n=22	n=24	
Topic of Communication	<u>M(SD)</u>	<u>M(SD)</u>	
The dangers of distracted driving	2.77 (0.43)	2.63 (0.71)	.394
The importance of wearing a seatbelt.	2.68 (0.72)	2.79 (0.59)	.571
The dangers of driving under the influence of drugs or alcohol.	2.64 (0.66)	2.29 (.955)	.165
The kinds of risky driving situations that might come up with	2.59 (0.73)	1.79 (0.98)	.003
friends.			
Being a safe passenger.	2.55 (0.67)	1.71 (1.27)	.008
What to do if your teen needs a safe ride home.	2.45 (0.86)	1.96 (1.20)	.112
Why your teen wants to drive.	2.32 (0.89)	1.75 (0.90)	.037
What to do if he or she is stopped by a police officer.	2.27 (0.88)	1.25 (1.07)	.001
What to do if he or she is in a crash.	2.00 (1.23)	0.46 (0.83)	<.001
Your state's GDL laws.	1.82 (0.85)	0.71 (1.08)	<.001
How your teen can stop a friend from driving under the influence	1.73 (1.16)	1.21 (1.29)	.159
How your teen can stop a friend from riding with a driver under the influence	1.68 (1.17)	0.71 (1.12)	.006

## Conclusions

- This model of delivering parent-targeted interventions in busy primary care settings is acceptable and feasible, though would need staff for health coach activities in real-life settings
- Brief parent-targeted interventions delivered in primary care settings can increase PTC about sex, alcohol, and teen driving
- Teens may perceive increased frequency of communication even when their parents do not
- Future work needs to include larger longitudinal study measuring health outcomes

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## HEALTH RESEARCH NETWORK

## **Questions?**
# Family Engagement in the Juvenile Justice System

#### Adolescent Behavioral Health Research Program

Director and Professor of Pediatrics – Matthew Aalsma, PhD (maalsma@iu.edu) Research Associate – Katie Schwartz, JD (kaschwar@iu.edu)



### Continuing Medical Education Commercial Disclosure

# I, Matthew Aalsma, have no commercial relationships to disclose

# Recent national emphasis on family engagement







# Family Engagement is a Mindset

"Family engagement begins with a fundamental belief that all families care for their children, have strengths that can be built upon, and can be engaged and empowered."

- Justice for Families



# Practical Domains of Family Engagement

- Attendance
- Adherence (i.e. active participation)
- Cognitive preparation (e.g. goals, service)

# General Strategies to Increase Engagement

- Assess strengths
- Assess barriers
- Provide psychoeducation
- Promote accessibility
- Set goals

# Engagement vs. Compliance in the Juvenile Justice System

- Recognizing families as experts
- Focusing on strengths
- Honoring cultural context
- Offering a meaningful voice
- Building relationships

# **Our Approach**

- Pilot Family Engagement Advisory Board (Peace Learning Center)
- 2. Provide information and training to system personnel (Justice for Families)
- 3. Develop local best practices for effectively incorporating family perspectives





# **Board Structure**

- Personally invite members of the community with previous justice system involvement; goal is 12 Board members retained beyond pilot phase
- 6+ meetings (1-2hrs each), January through April
- Partner with Peace Learning Center to facilitate meetings
- Provide meals and incentives for participation

# **Potential Pitfalls**

- Providing a false opportunity to families
- Failing to acknowledge past system harm to families
- Imposing, rather than eliciting, Board ground rules
- Failing to identify benchmarks of success

# **Example Board Topics**

- Board mission, purpose
- Effective Board functioning
- Barriers to engagement
- Strategies to improve Court processes from the families' perspective
  - Placement decisions
  - Challenges with service providers
  - Community-driven support opportunities
  - Court and Detention Center environment
- Strategies to improve Board participation

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### HEALTH RESEARCH NETWORK

# **Questions?**

### Engaging Parents in Integrated Depression Care for Teens

Cari McCarty, Ph.D. Laura Richardson, MD, MPH

February 26, 2019



#### **Disclosures**

### Laura Richardson Has documented no financial relationships to disclose or Conflicts of Interest (COIs) to resolve.

#### Cari McCarty

Has documented no financial relationships to disclose or Conflicts of Interest (COIs) to resolve.



#### The Reach Out Intervention for Adolescent Depression

- Collaborative care management program for adolescents with mild to moderate depression in the Seattle Children's AYA Clinic
- Core Components:
  - Shared intake: MD/ARNP and SW
  - Standard assessment procedures: PHQ-9
  - Treatment Delivery by Care Manager:
    - · behavioral activation therapy, medications, or both
  - Care management with ongoing re-assessment
  - Weekly team meetings to review progress
  - Stepped Care to increased treatment if not improving



#### The Rationale for Parent Engagement



- Parents are a key source of support:
  - youth are more likely to receive and continue treatment for depression when parents are involved
- Parents want to know how to support their children
- Is it safe to not involve parents?



# Potential Risks of Involving Parents in Depression Care

Lack of Engagement from Parent or Teen	<ul> <li>Parent can be missing in action</li> <li>Teen may be unengaged in care if driven by parent</li> </ul>
Addressing Conflict between Parents and Teens	<ul> <li>Parent or Teen may not believe there is a problem</li> <li>Parents and Teens may disagree on treatment approach</li> </ul>
Loss of Confidentiality/Trust	Teen may not confide concerns if they are worried that the parent will be informed



#### Parental Engagement in Our Model of Care

Engagement Session	<ul> <li>Makes sure that both the parent and the teen are aligned</li></ul>
with Psychoeducation	with understanding the concerns that we are aiming to
for Parent and Teen	address.
Shared Decision-	<ul> <li>Differences in preferences for treatment are addressed at</li></ul>
Making Regarding	the initial visit and a treatment approach that is acceptable
Treatment	to both is selected as the initial starting point
Time for Parents at Visits	Allowing parents to share any concerns that they have and problem solve how to best support their teen
Strategies and	<ul> <li>Setting the team expectation for regular contact with</li></ul>
Standards for Parent	parents and option to use a standardized form/letter
Involvement	developed with the teen for parent who is not present



#### **Challenges Faced and Work Arounds**

Family disorganization and difficulty with hours

- Offering time after school for appointments
- Phone connections
- Continuing to reach out

Parents unengaged or disagree

- $\circ$   $\,$  We will work with teens if we are able to get them there  $\,$
- Help to find other resources if the parents prefer another approach
- Continue to support the family and teen until they find needed resources

Teens unengaged or disagree

- Support the parents in getting in to resources for themselves
- Several visits and meeting with teens in clinic when they return for other services



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### HEALTH RESEARCH NETWORK

# **Questions?**

A Brief Family Intervention in Primary Care to Reduce Adolescent Substance-Related Driving/Riding Risk

Sion Kim Harris, PhD Center for Adolescent Substance Use and Addiction Research Division of Adolescent and Young Adult Medicine Boston Children's Hospital





HARVARD MEDICAL SCHOOL TEACHING HOSPITAL

### **Conflict of Interest Disclosure**

 I, Sion Kim Harris, have no commercial relationships to disclose.





## **Background & Significance**

 Motor vehicle crashes leading cause of death for U.S. teens, with alcohol/drugs major contributors<sup>1</sup>



Source:

https://www.enterprisenews.com/n ews/20180519/4-stoughton-teenskilled-in-horrific-east-bridgewatercrash-identified

<sup>1</sup> 2017 CDC data: <u>https://www.cdc.gov/motorvehiclesafety/teen\_drivers/teendrivers\_factsheet.html</u>





HARVARD MEDICAL SCHOOL TEACHING HOSPITAL

## **Rationale for Family Engagement**

- In 2017 YRBS, 1 in 6 teens reported riding with drinking driver in past 30 days<sup>1</sup>
- In large primary care screening and brief intervention study using "CRAFFT" screen...
  - among teens reporting riding with drinking driver,
     1 in 3 reported driver was an adult family member<sup>2</sup>
  - having parents with concerning levels of substance use associated with significantly higher risk<sup>2</sup>

<sup>1</sup> 2017 National Youth Risk Behavior Survey: <u>https://nccd.cdc.gov/youthonline/App/Default.aspx</u> <sup>2</sup> Harris et al., *J. Stud. Alcohol Drugs, 78,* 146–151, 2017





## **Potential Risks/Challenges**

- Risk to adolescent patient confidentiality and trust in provider if provider raises concern with parent/caregiver
- Potential harm to adolescent due to disclosure about adult family member





### **Contract for Life**

#### Brief tool to address riding/driving risk

Designed to stimulate teen-parent conversation about a plan for safe and sober transportation at all times

Available in English and Spanish at: http://crafft.org/contract/

#### CONTRACT FOR LIFE

A Foundation for Trust and Caring

This Contract is designed to facilitate communication between young people and their parents about potentially destructive decisions related to alcohol, drugs, peer pressure, and behavior. The issues facing young people today are often too difficult for them to address alone. SADD believes that effective parent-child communication is critically important in helping young adults to make healthy decisions.

#### YOUNG PERSON

I recognize that there are many potentially destructive decisions I face every day and commit to you that I will do everything in my power to avoid making decisions that will jeopardize my health, my safety and overall well-being, or your trust in me. I understand the dangers associated with the use of alcohol and drugs and the destructive behaviors often associated with impairment.

By signing below, I pledge my best effort to remain free from alcohol and drugs; I agree that I will never drive under the influence; I agree that I will never ride with an impaired driver; and I agree that I will always wear a seat belt.

Finally, I agree to call you if I am ever in a situation that threatens my safety and to communicate with you regularly about issues of importance to both of us.

YOUNG PERSON

#### PARENT (or Caring Adult)

I am committed to you and to your health and safety. By signing below, I pledge to do everything in my power to understand and communicate with you about the many difficult and potentially destructive decisions you face.

Further, I agree to provide for you safe, sober transportation home if you are ever in a situation that threatens your safety and to defer discussions about that situation until a time when we can both have a discussion in a calm and caring manner.

I also pledge to you that I will not drive under the influence of alcohol or drugs, I will always seek safe, sober transportation home, and I will always wear a seat belt.

PARENT/CARING ADULT

#### Students Against Destructive Decisions



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### **Contract for Life agreements**

- Adolescents agree to:
  - Never drive under the influence or ride with driver who is under the influence
  - Always wear seatbelt
  - Use safe/sober transportation at all times, including calling parent/caregiver for ride
- Parents agree to:
  - Avoid same risky driving/riding behavior
  - Provide teen with safe/sober transportation when needed, with discussion postponed until another day





## Workaround for Risks/Challenges

- Give Contract for Life to all patients and families saying ...
  - "I give this to <u>all</u> my adolescent patients and their families"
  - Please take this home and discuss it as a family and make a plan together to ensure that you (your child) always have (has) safe transportation home."





# Summary of Pilot RCT Key Findings

Intervention vs. Usual Care	Effect
Patient receipt of Riding Risk	1.31
counseling ( <i>relative risk ratio</i> )	(1.09-1.57)
Percent of patients discussing CFL with parents post-visit	54%
Riding risk among those	0.58
<u>with</u> baseline risk	(0.37-0.91)
Riding risk among those	0.99
<u>without</u> baseline risk	(0.50-1.99)





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### HEALTH RESEARCH NETWORK

# **Questions?**

### INTERACTIVE DISCUSSION

### DISCUSSION QUESTIONS

- 1. In your work, where do you see parent/family engagement being useful?
- 2. What strategies have you tried in your own work around family engagement and what facilitators/barriers/issues did you encounter?
- 3. What tools/systems would be helpful to support family engagement in AYA health promotion, e.g., what information would be helpful to collect from parents that would support your work?