

ADOLESCENT and YOUNG ADULT

HEALTH RESEARCH NETWORK

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March 8, 2019

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., PI
- 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

HEALTH
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



ELSEVIER

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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Diego Garcia-Huidobro, M.D.^{d,e}, Charlene Wong, M.D., M.S.H.P.^f, Scott E. Hadland, M.D., M.P.H.^{a,b},
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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

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.

When and why it is important to engage parents in AYA health services?

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



When and why it is important to engage parents in AYA health services?

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?



When and why it is important to engage parents in AYA health services?

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)

When and why it is important to engage parents in AYA health services?

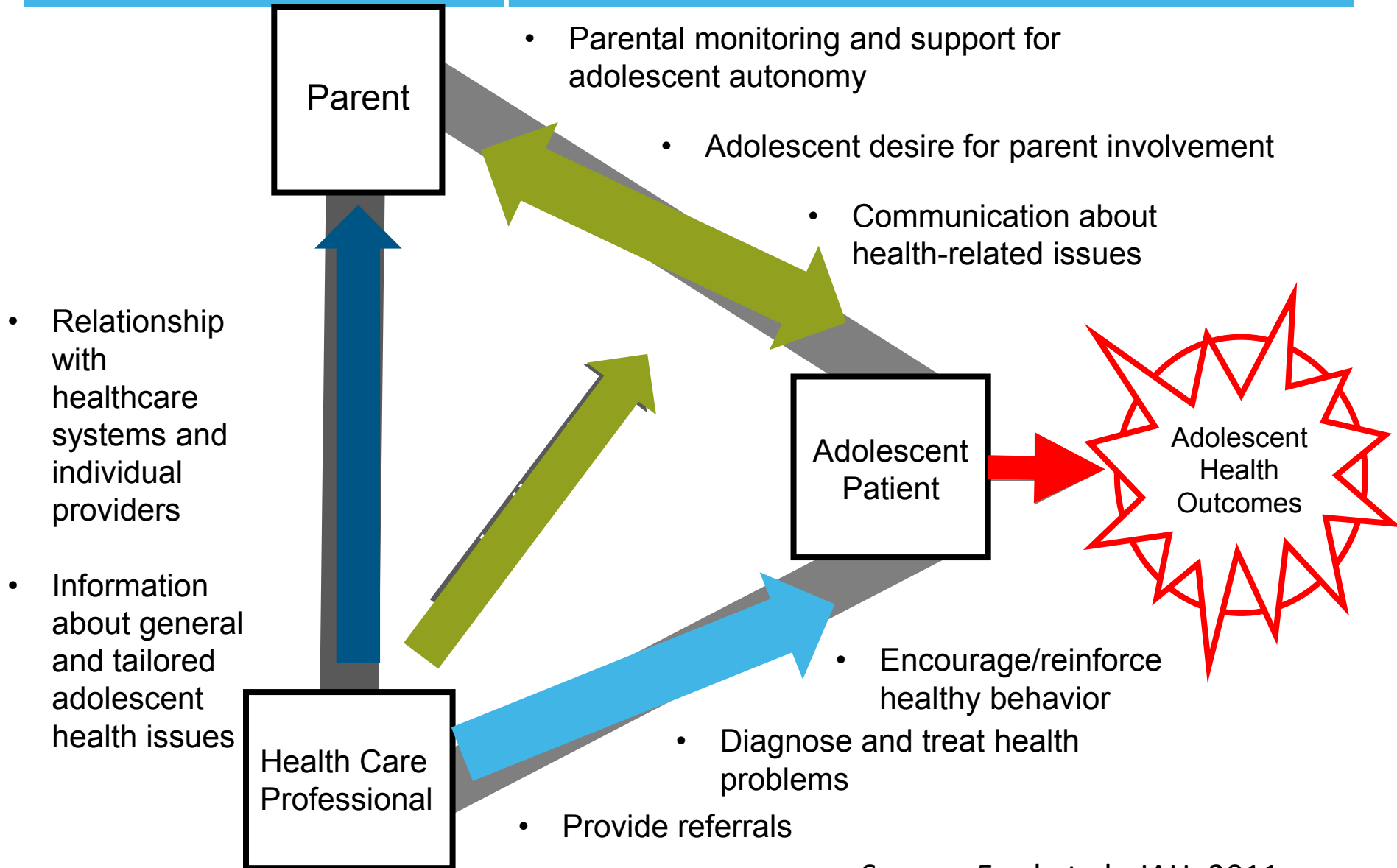
Potential Benefits

- ✓ Better health care utilization
- ✓ Better health care
- ✓ Better health outcomes
- ✓ AYA better prepared to manage health and use health care system in adulthood

Potential Risks

- ✗ 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
- Aalsma: 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

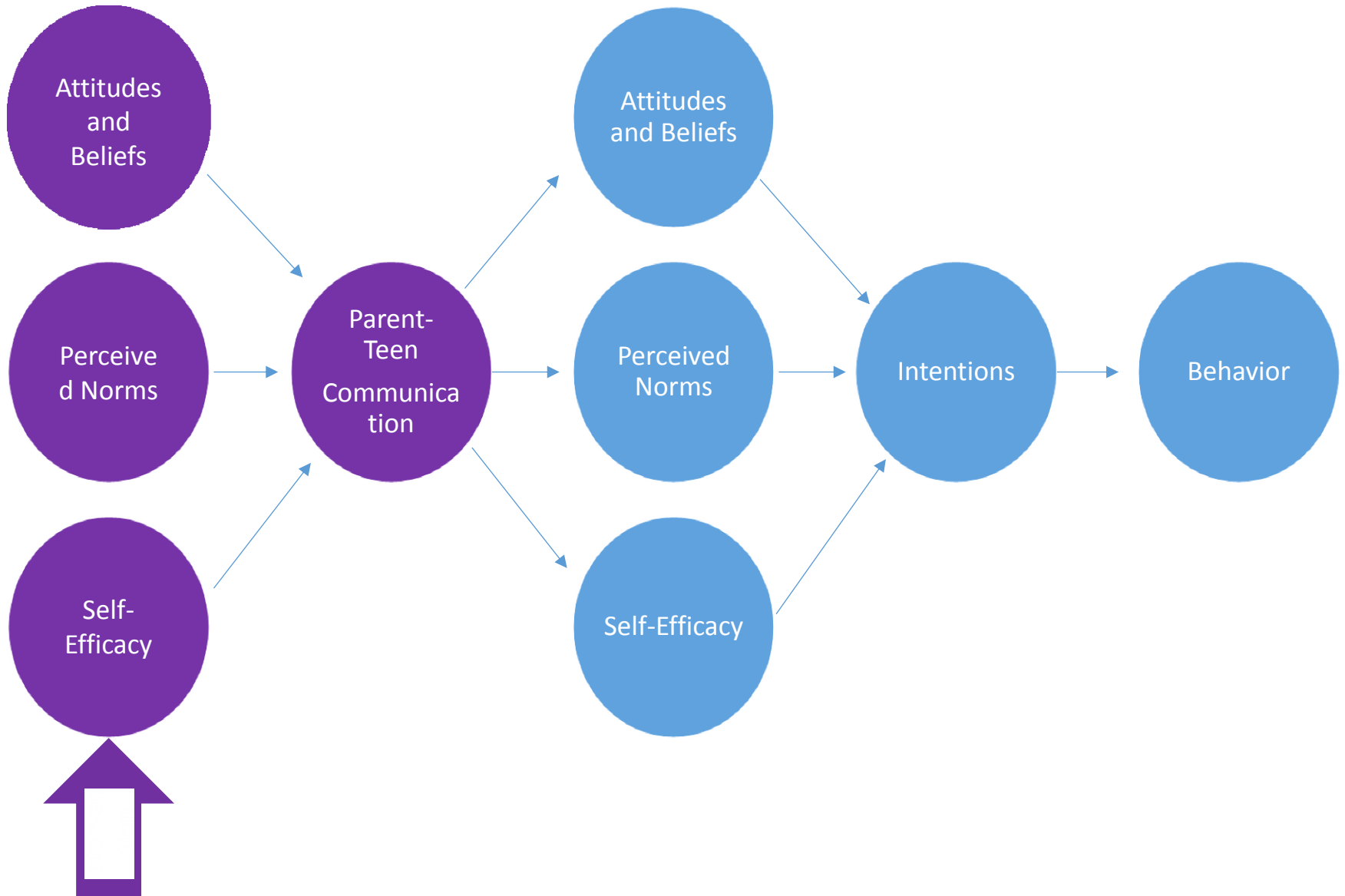
- A culture has emerged in the US that supports annual evidence-based well adolescent visits, and many adolescents receive these visits in traditional primary care clinic settings where parents are present (Harris et al JAH 2017).
- Parents and teens report moderate to high levels of interest in primary 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

Parent

Adolescent



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

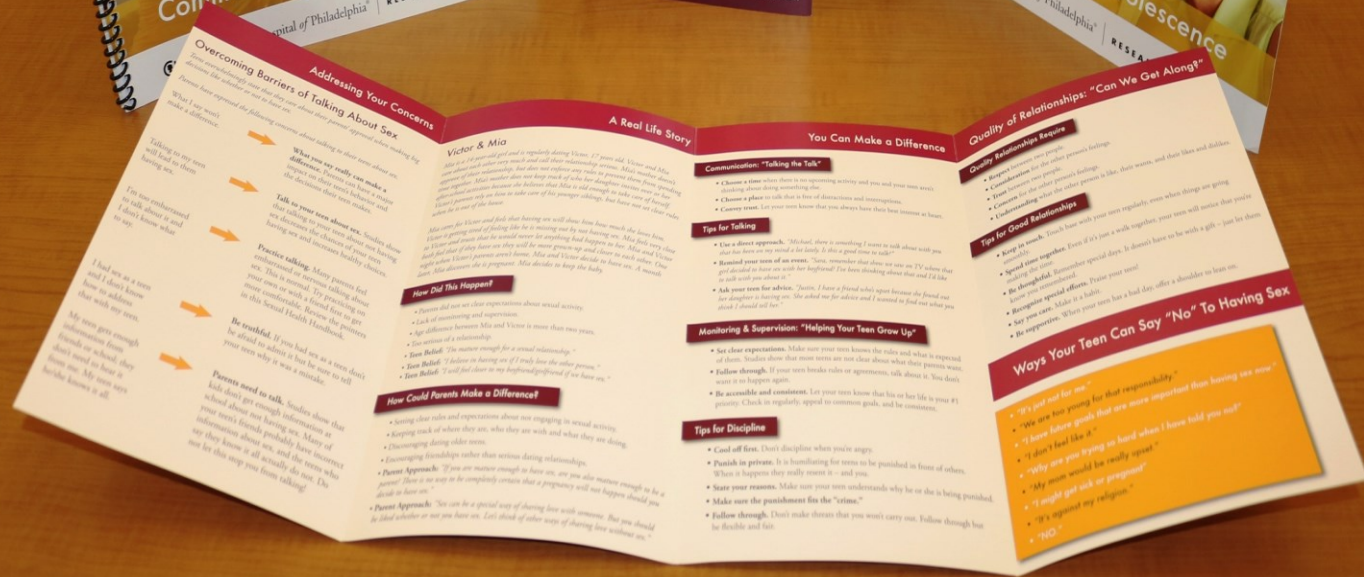
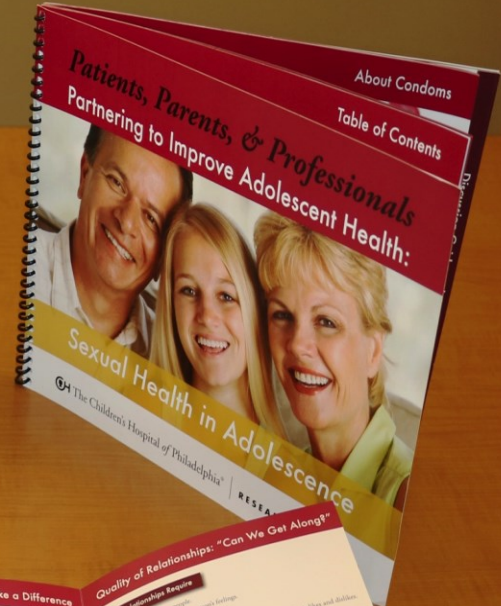
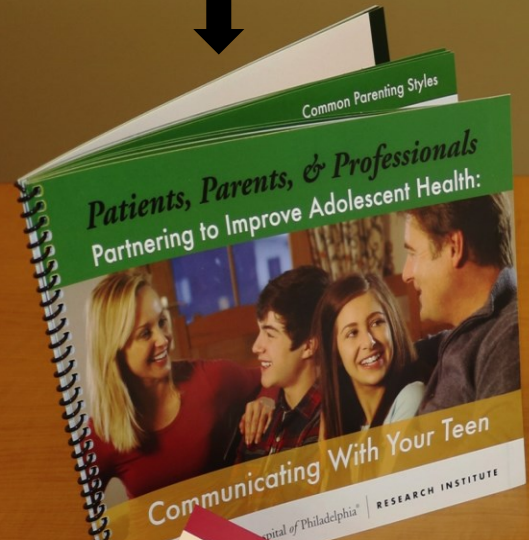
2-week follow up

Control – Usual Care

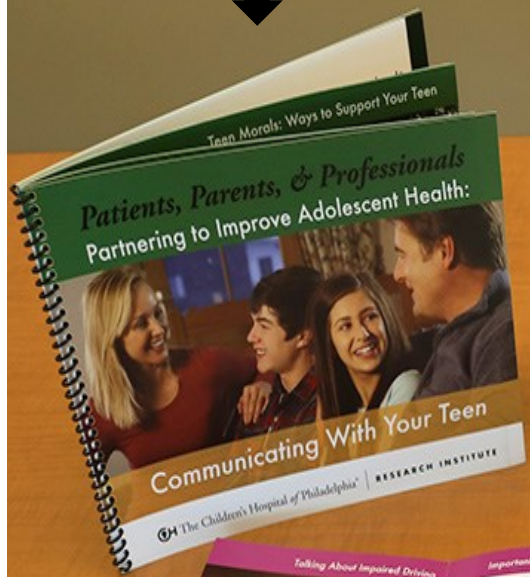
General
Communication Handbook

Sexual
Health
Brochure

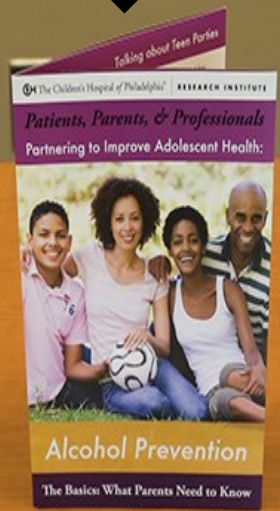
Sexual Health
Handbook



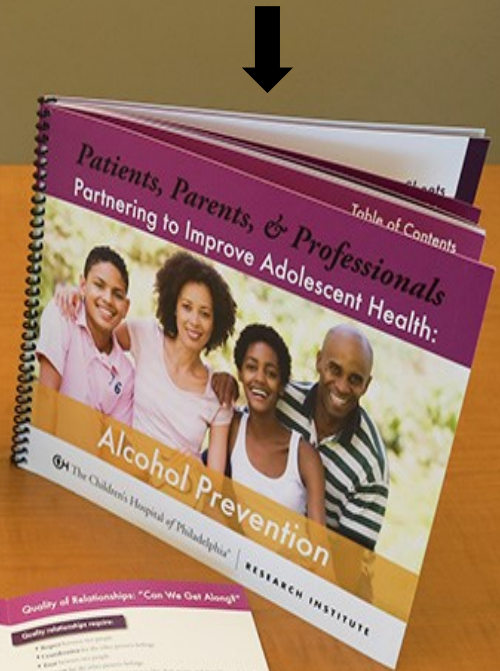
General
Communication Handbook



Alcohol
Prevention
Brochure



Alcohol Prevention
Handbook



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

Parent Report	Alcohol Group		Sex Group		Control
	N=37	p value vs control	N=28	p value vs control	N=39
General Communication					
unadjusted mean (SD)	77.2 (8.6)	0.906	77.8	0.886	77.4 (10.3)
adjusted mean (SE) ^a	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 vs control	N=25	p value vs control	N=38
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)

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

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

	Alcohol Group		Sex Group		Control
	N	p value vs control	N	p value vs control	N
Parent Report	N=37		N=28		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) ^a	3.8 (1.3-11.3)	0.016	3.3 (1.2-8.8)	0.017	Ref
Teen Report	N=36		N=25		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

^a 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

Teen Driving Plan Parent Guide

Driving Environments >



Creating the Right Learning Environment



Additional Resources



Use the Goal Guide tip sheet to remind your teen of goals for each drive.

GOALS



The Logging and Rating Tool helps families track their practice and record where teens need work.

LOG



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.

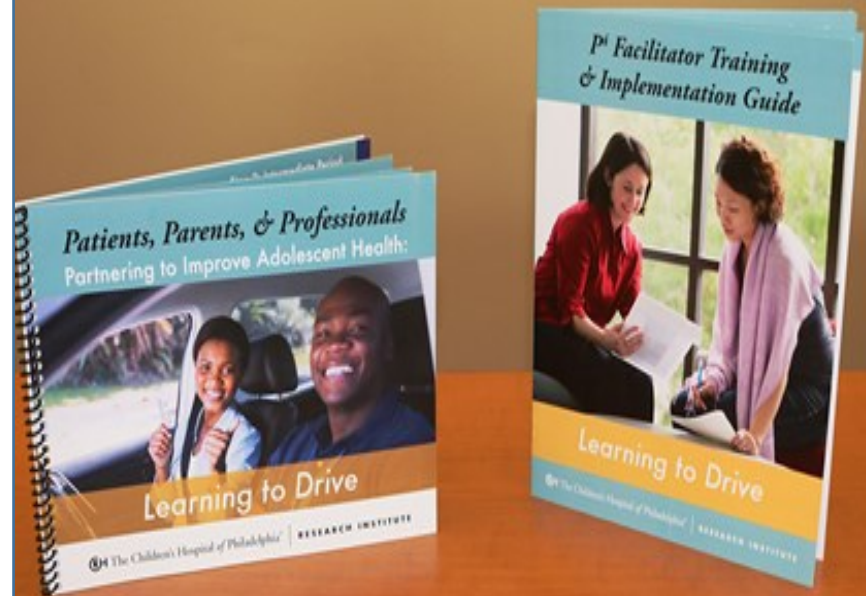


Table 1***Parent-Adolescent Communication about Teen Driver Safety Topics 6 months post-enrollment***

	Intervention n=22	Control n=24	p
<u>Topic of Communication</u>	<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 friends.	2.59 (0.73)	1.79 (0.98)	.003
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)



INDIANA UNIVERSITY
SCHOOL OF MEDICINE

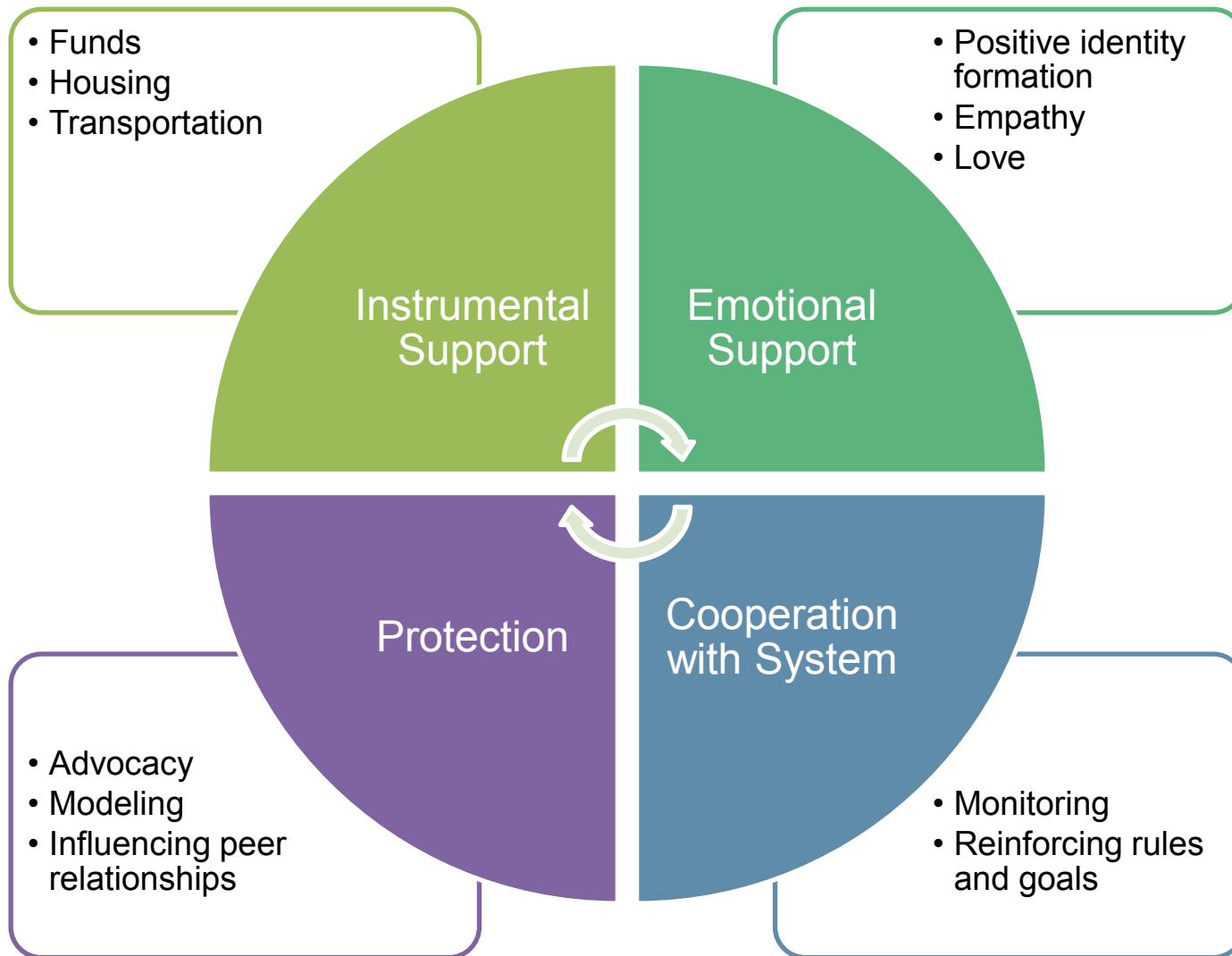
Continuing Medical Education Commercial Disclosure

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

1. 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

- Parent can be missing in action
- Teen may be unengaged in care if driven by parent

Addressing Conflict between Parents and Teens

- Parent or Teen may not believe there is a problem
- Parents and Teens may disagree on treatment approach

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 with Psychoeducation for Parent and Teen

- Makes sure that both the parent and the teen are aligned with understanding the concerns that we are aiming to address.

Shared Decision-Making Regarding Treatment

- Differences in preferences for treatment are addressed at the initial visit and a treatment approach that is acceptable 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 Standards for Parent Involvement

- Setting the team expectation for regular contact with parents and option to use a standardized form/letter 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

- 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 contributors¹



Source:
<https://www.enterpriseneews.com/news/20180519/4-stoughton-teens-killed-in-horrific-east-bridgewater-crash-identified>

¹ 2017 CDC data: https://www.cdc.gov/motorvehiclesafety/teen_drivers/teendrivers_factsheet.html

Rationale for Family Engagement

- In 2017 YRBS, **1 in 6** teens reported riding with drinking driver in past 30 days¹
- 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 member²
 - having parents with concerning levels of substance use associated with significantly higher risk²

¹ 2017 National Youth Risk Behavior Survey: <https://nccd.cdc.gov/youthonline/App/Default.aspx>

² 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://craftt.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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877-SADD-INC TOLL-FREE | 508-481-3568 | 508-481-5759 FAX
www.sadd.org

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 all 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 counseling (<i>relative risk ratio</i>)	1.31 (1.09-1.57)
Percent of patients discussing CFL with parents post-visit	54%
Riding risk among those <u>with</u> <i>baseline risk</i>	0.58 (0.37-0.91)
Riding risk among those <u>without</u> <i>baseline risk</i>	0.99 (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?