

A WORD FROM THE EXPERTS

Families Talking Together

Interviews with Developers of Evidence-Based Programs for Teen Pregnancy Prevention



This webinar was developed by Child Trends under contract #GS-10F-0030R for the Office of Adolescent Health; US Department of Health and Human Services as a technical assistance product for use with OAH grant programs.

Inclusion on the HHS Teen Pregnancy Prevention Evidence Review does not indicate HHS or OAH endorsement of a program model.



CENTER FOR
**Latino Adolescent
and Family Health**

NYU Silver
Silver School of Social Work

Vincent Guilamo-Ramos, PhD, MPH, LCSW, RN
Professor of Social Work and Global Public Health
New York University Silver School of Social Work
Center for Latino Adolescent and Family Health

Program goals:

- Increase target parenting behaviors designed to impact adolescent sexual decision-making
- Delay too early sexual debut among adolescents
- Reduce frequency of adolescent sexual intercourse

Delivery methods:

- Individual or group sessions with parent (Flexible mechanisms of delivery)
 - ✓ Lectures
 - ✓ Role plays
 - ✓ Homework assignments

Key components:

- Family materials (Parent handbook, teen materials)
- Protocol for face-to face parent sessions with interventionist
- Homework for families (Parent-adolescent communication activities)

Target population:

- Latino and African American families with adolescents ages 10-14 years old

FTT Efficacy Results

FTT has demonstrated efficacy in two randomized controlled trials:

- 1) School-setting using community members in small group format¹
- 2) Clinic-setting using social work interventionists in individual format²

Compared to the control group, families who received FTT:

Adolescent Outcomes

- ✓ Experienced delayed sexual debut
- ✓ Lower frequency of sexual intercourse in past 30 days
- ✓ Less likely to have ever engaged in oral sex

Parent Behavior

- ✓ Higher levels of communication with mother about not having sex
- ✓ Higher perceived maternal expertise & trustworthiness
- ✓ Higher reported relationship satisfaction with mother
- ✓ Higher perceived levels of monitoring and supervision

- 1) Guilamo-Ramos, V., Jaccard, J., Dittus, P., Bouris, A., Gonzalez, B., Casillas, E., & Banspach, S. (2011). A comparative study of interventions for delaying the initiation of sexual intercourse among Latino and black youth. *Perspectives on Sexual and Reproductive Health*, 43(4), 247-254.
- 2) Guilamo-Ramos, V., Bouris, A., Jaccard, J., Gonzalez, B., McCoy, W., & Aranda, D. (2011). A parent-based intervention to reduce sexual risk behavior in early adolescence: Building alliances between physicians, social workers, and parents. *Journal of Adolescent Health*, 48(2), 159-163.

■ Evaluated populations

- Latino and African American families
- Urban settings (i.e. New York City)
- English and Spanish speaking parents
- Parents with limited education and varying literacy levels
- Economically disadvantaged communities

■ Target populations

- Latino and African American parents (primary care-givers) with adolescents ages 10-14 years old



■ Evaluated settings

- Community based settings
 - Schools
- Clinical settings
 - Pediatric clinics



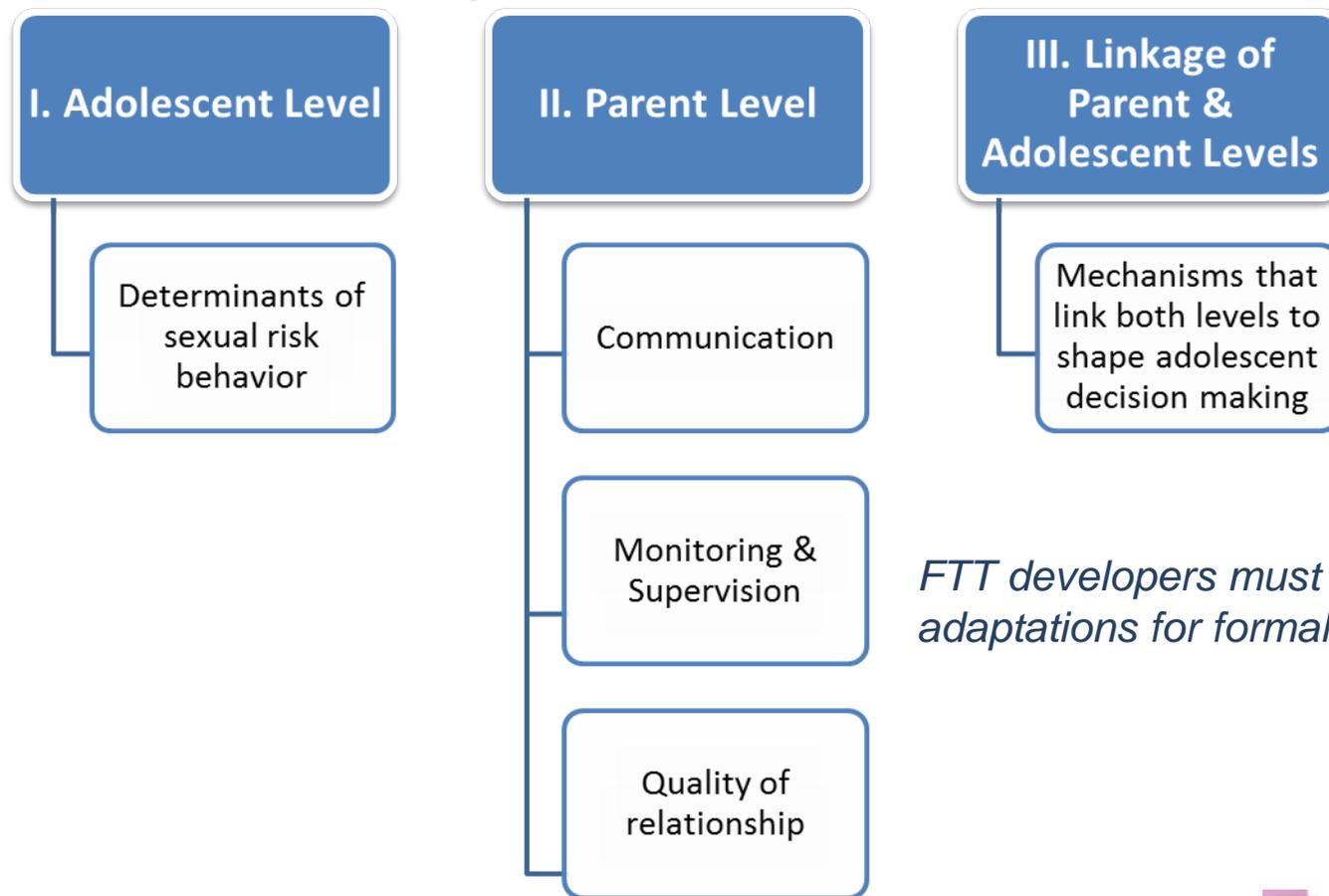
■ Other settings

- Expanded to household delivery in rural areas (California, Dominican Republic, and Texas)

■ Adaptations

- Lower literacy versions developed
- Expanded to Haitian Creole speaking populations
- Novel delivery mechanisms: community health workers to deliver FTT

Critical to Adaptations of FTT intervention is an Understanding of the Key Features of the Intervention



FTT developers must approve any adaptations for formal use of FTT.

Note: TPP grantees must obtain prior approval from OAH for any adaptations.

Staffing and training considerations

■ Staffing considerations

- Trained interventionists can deliver FTT
 - Interventionists' backgrounds can vary and can range in education and experience level
 - Critical to staffing is ensuring that interventionists have a comprehensive understanding of the underlining FTT Theory (i.e. Core components)



■ Training considerations

- The Center for Latino Adolescent and Family Health (CLAFH) offers trainings for interventionists to deliver FTT.
- The training is approximately 40 hours, offered in 3-4 days
- Depending on the site and the scope of requested support, the cost of training varies.
- Trainings offered in Spanish and/or English

Challenges and strategies for success

■ Common challenges

- Parents' belief that what they say won't make a difference
- Supporting effective parent-adolescent communication
- Limited understanding of theoretical models that underlie FTT

■ Strategies for success

- Maintain program fidelity (understand FTT active ingredients)
- Take advantage of “natural” opportunities for program delivery.
- Appeal to common family goals



■ Recent or planned curriculum revisions

- The FTT modules have been updated to reflect current data and estimates (i.e. teen pregnancy rates, STI rates, HIV rates) (Jan 2015) among adolescents.
- We have updated the supplementary FTT videos to reflect most recent adolescent sexual and reproductive health data (Jan 2015) [Video](#)

- **HHS Teen Pregnancy Prevention Evidence Review**
 - <http://tppevidencereview.aspe.hhs.gov/>
- **Link to implementation report**
 - <http://tppevidencereview.aspe.hhs.gov/document.aspx?rid=3&sid=53&mid=1>
- **Link to developer's website**
 - <http://www.clafh.org/resources-for-parents/parent-materials/>

Additional CLAFH Resources

www.clafh.org

Communication Guide

Guilamo-Ramos & Bouris. (2008). [The National Campaign to Prevent Teen and Unplanned Pregnancy.](#)

REVIEW ARTICLE

Paternal Influences on Adolescent Sexual Risk Behaviors: A Structured Literature Review

AUTHORS: Vincent Guilamo-Ramos, PhD, MPH, LCSW¹, Alida Bouris, PhD,² Jane Lee, MSW³, Katharine McCarthy, MPH,⁴ Shannon L. Michael, PhD,⁵ Stephanie Pitt-Barnes, PhD,⁶ and Patricia Dittus, PhD⁷

¹Silver School of Social Work, and ²Center for Latin Adolescent and Family Health, New York University, New York, New York; ³School of Social Service Administration, University of Chicago, Chicago, Illinois; and ⁴Centers for Disease Control and Prevention, Atlanta, Georgia

KEY WORDS: adolescents, fathers, paternal influences, sexual risk behavior

ABSTRACT: MED—methodologic quality score
 33—usually transmitted infection

The views and conclusions in this paper are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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Address correspondence to Vincent Guilamo-Ramos, PhD, MPH, LCSW, Silver School of Social Work, New York University, 1 Washington Square North, 4th floor, New York, NY 10003-6824.
 E-mail: vramos@ssw.nyu.edu

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abstract

BACKGROUND AND OBJECTIVE: To date, most parent-based research has neglected the role of fathers in shaping adolescent sexual behavior and has focused on mothers. The objective of this study was to conduct a structured review to assess the role of paternal influence on adolescent sexual behavior and to assess the methodological quality of the paternal influence literature related to adolescent sexual behavior.

METHODS: We searched electronic databases: PubMed, PsychINFO, Social Services Abstracts, Family Studies Abstracts, Sociological Abstracts, and the Cumulative Index to Nursing and Allied Health Literature. Studies published between 1980 and 2011 that targeted adolescents 11 to 18 years and focused on paternal parenting processes were included. Methodological quality was assessed by using an 11-item scoring system.

RESULTS: Thirteen articles were identified and reviewed. Findings suggest paternal factors are independently associated with adolescent sexual behavior relative to maternal factors. The most commonly studied paternal influence was emotional qualities of the father-adolescent relationship. Paternal communication about sex was most consistently associated with adolescent sexual behavior, whereas paternal attitudes about sex was least associated. Methodological limitations include a tendency to rely on cross-sectional design, nonprobability sampling methods, and focus on sexual debut versus broader sexual behavior.

CONCLUSIONS: Existing research preliminarily suggests fathers influence the sexual behavior of their adolescent children; however, more rigorous research examining diverse facets of paternal influence on adolescent sexual behavior is needed. We provide recommendations for primary care providers and public health practitioners to better incorporate fathers into interventions designed to reduce adolescent sexual risk behavior. *Pediatrics* 2012;130:1513–1525

Paternal Influences on Adolescent Sexual Risk Behaviors

Guilamo-Ramos, Bouris, Lee, McCarthy, Michael, Pitt-Barnes, Dittus. (2012). Paternal Influences on Adolescent Sexual Risk Behaviors: A Structured Literature Review. [Pediatrics, 130\(5\).](#)

Parent-Adolescent Communication about Sex in Latino Families: A Guide for Practitioners
 By Vincent Guilamo-Ramos, Ph.D., LCSW and Alida Bouris, MSW
 January 2008

The National Campaign
 to Prevent Teen and Unplanned Pregnancy

www.TheNationalCampaign.org www.StopTeens.org www.TeenPregnancy.org

Parents' Influence on the Health of Lesbian, Gay, and Bisexual Teens: What Parents and Families Should Know

Overview

The teen years can be a challenging time for young people and their parents. The fact sheet provides information on how parents can promote positive health outcomes for their lesbian, gay, or bisexual (LGB) teens. The information is based on a review of published studies, which found that parents play an important role in shaping the health and well-being of their LGB teens.

When LGB teens share their sexual orientation (or even if they choose not to disclose), they may feel rejected or unsupported by their parents, including their parents. This rejection can negatively influence an LGB teen's overall well-being.

On the other hand, a positive family environment, with high levels of parental support and low levels of conflict, is associated with LGB youth who experience healthy emotional adjustment. These teens are less likely to engage in sexual risk behaviors and be involved in violence.

How Parents Make a Difference

Compared to heterosexual youth, LGB teens are more likely to experience bullying, physical violence, or rejection. As a result, LGB teens are at an increased risk for mental health problems and report higher rates of sexual risk behavior and substance abuse.

Research suggests that LGB teens experience better health outcomes when their parents support their sexual orientation (positive and affirming ways). Compared to teens who do not feel valued by their parents, LGB youth who feel valued by their parents are less likely to:

- Experience depression
- Attempt suicide
- Use drugs and alcohol
- Be sexually infected with sexually transmitted diseases

This fact sheet is based on the following publications: Bruck A. Guidelines for a national strategy to improve the health and well-being of LGB youth. *Journal of Primary Prevention* 2010; 31: 273-309. *Journal of Primary Prevention* 2011; 32: 309. Because the primary research on youth who identify as lesbian, gay, or bisexual did not include research on gender identity, the fact sheet does not address transgender youth. *Final publication* about this project would describe a public health approach to sexual attraction to another person.

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
 Division of Adolescent and School Health

RAISING SMOKE-FREE KIDS

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Linking Lives

Raising Smoke-Free Kids

Guilamo-Ramos, Jaccard, Dittus, Gonzalez, Bouris, Banspach. (2010). The Linking Lives Health Education Program: A Randomized Clinical Trial of a Parent-Based Tobacco Use Prevention Program for African American and Latino Youths. [American Journal of Public Health, 100\(9\): 1641-1647.](#)

Paternal Influences on Lesbian, Gay, and Bisexual Youth

Bouris, Guilamo-Ramos, et al. (2010). A systematic review of parental influences on the health and well-being of lesbian, gay and bisexual youth: Time for a new public health research and practice agenda. [Journal of Primary Prevention; 31, 273-309.](#)



Thank you!

Vincent Ramos, PhD, MPH, LCSW, RN
Professor of Social Work and Global Public Health
NYU Silver School of Social Work
Center for Latino Adolescent and Family Health

www.clafh.org

vincent.ramos@nyu.edu

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