

**NWX-OS-OGC-RKVL**

**Moderator: Jaclyn Ruiz**  
**January 26, 2015**  
**11:00 am CT**

Coordinator: Welcome and thank you for standing by. I would like to inform all participants this conference is being recorded. If you have any objections you may disconnect at this time. Thank you. You may begin.

Jaclyn Ruiz: Thank you (Arlene). Today we'll be interviewing Dr. Vincent Guilamo-Ramos as part of our developer interview series.

The Office of Adolescent Health will be hosting a series of interviews with developers of those programs, identified by the Department of Health and Human Services, teen pregnancy prevention evidence review, as having shown effectiveness in reducing teen pregnancy, sexually transmitted infections or sexual risk behaviors.

The goal of these interviews is to ask developers some of the most frequently asked questions by OAH grantees.

The webinar series was developed as a technical assistance product for use with OAH grant program to provide additional guidance on selecting,

planning and implementing an evidence based program for teen pregnancy prevention.

This webinar should not be used on its own but as a complement to various other resources available online. Additional resources are identified later in this PowerPoint presentation.

Inclusion on the HHS team pregnancy prevention evidence review does not imply endorsement from the Office of Adolescent Health. Program selection is up to grantees.

So now I'd like to introduce Dr. Vincent Guilamo-Ramos, who is a professor and a director of the doctoral program at the Silver School of Social Work. He is licensed as a clinical social worker and registered nurse in New York State and Board Certified in HIV/AIDS nursing.

Dr. Guilamo-Ramos has expertise in the role of families and promoting adolescent health with a special focus on preventing unintended pregnancies, HIV and other sexually transmitted infections.

Additional research interests include parent/adolescent communication; intervention research; and alcohol and drug use. Dr. Guilamo-Ramos has conducted research primarily with ethnically diverse families in resource poor settings.

Welcome Vincent. We'd like to start off the program - start off the series as asking you to please describe briefly, your program, Families Talking Together.

Dr. Vincent Guilamo-Ramos: Sure. So let me start by saying first, thank you to the Office of Adolescent Health, and to you Jackie, for hosting this webinar today. It's really a pleasure to be here and have an opportunity to talk about families talking together.

So really succinctly, Families Talking Together is a program that is specifically designed to help parents to communicate effectively with their early adolescent children about delaying too early sexual behavior. And so the program has a couple of key components.

It has some resources for the family that include some written materials for the parent and the material the parent can choose to give to the teen.

It has some face to face sessions where an interventionist works with the parent to help them get the skills and the practice in being able to communicate effectively with their teen about delaying too early sex.

And it has some structured homework activities that a parent can then follow up with their teen and actually start communication. Our delivery methods are really flexible. You know, there are some lectures, there are role plays. And I've mentioned already, the homework assignments.

And I think one thing that I want to maybe just highlight on our webinar today, that the program is specifically for Latino and African American families. And I think this is important because not only is it a family based program but it's actually addressing underserved populations.

And it really is designed to help Latinos and African Americans.

Jaclyn Ruiz: Vincent can you talk anything about sort of any technology requirements or any specific equipment that grantees may need if they're implementing this program?

Dr. Vincent Guilamo-Ramos: Well there's no specific technology requirement. Actually, what's needed are the actual materials. And grantees can access those materials directly from the Center for Latino Adolescent, (CLAS) dot org, our Web site. And they can download the intervention materials.

If there's interest in obtaining training or getting access to training protocols, then grantees should feel free to contact the developers at (CLAS).

Jaclyn Ruiz: Okay. Can you briefly talk about the previous evaluation results you've had?

Dr. Vincent Guilamo-Ramos: So FTT has been implemented in a couple of settings. And so I'm going to collapse across both of those settings and summarize the results from both of the randomized clinical trials. And so one of the settings was a clinical setting, pediatric clinics.

And the other setting was a community based setting in schools. And so I think what's important is that we were able to demonstrate in a long term follow up, a nine or a 12 month follow up depending upon which trial, that we were able to shape parental behavior.

Parents that received FTT, did in fact communicate sort of at higher levels relative to the control group. They actually talked about topics that were more relevant for teens' decisions about sexual behavior. They reported greater monitoring and supervision.

And teens reported greater satisfaction with their parent/adolescent relationship after, you know, the parent had implemented or been exposure to FTT. I think what's probably most important to highlight for anyone who's thinking about using FTT, is that FTT didn't only shape parent behavior.

That it really, you know, is important that, you know, we sort of keep focused on the main thing, which is the teen sexual behavior. So FTT demonstrated in both of the trials that it did in fact delay sexual debut among early adolescents.

And for those youth that were sexually active, those receiving FTT had a lower frequency of sexual intercourse in the past 30 days. And also there was a tendency for FTT youth to report that they were less likely to ever have engaged in oral sex.

I think it's worth mentioning that the main outcome for FTT and what the intervention is really designed to address, is really preventing too early sexual debut and really helping parents sort of shape, you know, their teens' decisions around waiting to have sex.

Jaclyn Ruiz: Thank you for that clarification. In terms of the population that can be targeted for this intervention, can you talk a little bit about which population the intervention was evaluated in versus maybe recommendations that you have of populations that it may be effective?

And you already sort of touched upon this already. But, you know, anything you'd like to add?

Dr. Vincent Guilamo-Ramos: So FTT was evaluated on Latino and African American families in New York City, in urban settings. And so I think it's important to mention that the families were both English and Spanish speaking.

The materials and the actual intervention, was delivered in English and also was delivered in Spanish where appropriate. The families typically were residing in economically disadvantaged communities. They were limited in terms of their education and varying literacy levels.

And so I think FTT had demonstrated true efficacy with Latinos and African Americans who are residing in urban settings. And for families where the adolescent is between the ages of ten and 14 which I think is a really important point.

Oftentimes folks will ask me about FTT and can they use it with older populations. And I want to highlight at the focus here and on delaying too early sexual debut. And that we want to reach young people before they become sexually active and have them postpone.

And so in terms of other populations or other settings that haven't been formally evaluated, I think that in recent years we've been moving FTT into settings outside of schools and - and pediatric clinics.

And we've been working in community settings using some innovative ways of reaching families such as community health workers. We've been working even outside of, you know, the United States and the Dominican Republic and other settings that are sort of more rural.

And here in the United States we've been working in California and in Texas, trying to extend their efforts outside of the New York City context.

Jaclyn Ruiz: So I'm actually looking at slide 7 which where you're essentially asking what my next question was going to be about evaluation settings and settings that

you recommend. And you mentioned expanded to Haitian, Creole speaking populations.

Could you clarify that a little bit? Just because I noticed that wasn't something you - you mentioned yet

Dr. Vincent Guilamo-Ramos: So I think in, you know, so we have the two published files that were primarily focused on Latino and African American families. And they were done in community and clinic settings.

But more recently, as I mentioned, we were working in California and the Central Valley with community health workers, with families that are sort of Mexican - primarily Mexican migrants.

We've been working in the Dominican Republic with Dominicans that reside in the Dominican Republic but also with Haitians. There are 2 million Haitians in the DR. And so many of those, you know, individuals have adolescent children.

And so we've adapted the materials into Haitian/Creole so that they would be able to also benefit.

And then most recently we're, you know, doing some work in Texas along the border and sort of - and then also sort of more South Texas where we're focused on again, community health workers reaching Latino families.

Jaclyn Ruiz: So the current evaluated settings that you have mentioned - schools and pediatric clinics - physically speaking, is there any other setting you'd recommend? Is it - it could be a community based organization or some sort of like YMCA situation. Anything like that?

Dr. Vincent Guilamo-Ramos: Well I think, you know, that - that question comes up a lot. And people ask me about different ways of delivering FTT. And I think, you know, for me the actual setting is sort of less important than having the dyad - having a parent broadly defined.

It doesn't have to be a biological parent. It has to be the primary caregiver of the adolescent and an adolescent. And then wherever we can reach a parent - that might be a clinic setting, that might be a school, but there are lots of other places where we can reach parents.

If we can reach parents then actually that's a pretty terrific setting to think about implementing FTT.

Jaclyn Ruiz: Thank you for that clarification. On slide 8 we mention some potential and successful adaptations.

I just want to make a note that while the adaptations do require OAH approval and you've mentioned here that it also requires approval from the developer, it's helpful for organizations to get a sense of previous successful adaptations.

Can you provide some examples of types of minor adaptations that are allowable?

Dr. Vincent Guilamo-Ramos: Sure. I mean so I think before I give this specific example, I think what I also would like to highlight that is actually in the slide that we're talking about, in terms of critical to adaptation - is the importance of the underlining sort of active ingredient of why FTT works.

And so oftentimes, folks will contact me and say we want to (apps), and can we do that? And I will then think about what is being depicted here in the slide. And I'll say it's really critical that the three underlining components be linked together.

That we know what shaped adolescent decision making about sex, we know what kinds of parenting behaviors are going to be important in terms of shaping adolescent sexual behavior. And then we know how to link those things together.

If the proposed adaptation is actually consistent with the three essential active ingredients in FTT, then it makes sense. And so examples of that have certainly been one that I've mentioned already, that we've been trying to reach parents in a whole range of settings.

You know, we want to stop building interventions that ask parents to come to us. We want to figure out where parents are and actually reach them. And so, you know in recent efforts we've been for example, going to their homes. We've been thinking about different scenarios.

In FTT there's a sort of great story about (Marie) and (Victor). So, you know, in other settings it may be that the context in which (Marie) and (Victor) are thinking about perhaps engaging in sexual behavior, maybe your context is different.

And so that might make sense to have, you know, a potential adaptation in terms of the script. But what stays the same is that those essential ingredients that shape the teen's decision to have sex or not, or the parent behavior that are embedded in the case, those things need to be there.

The stuff that is sort of designed to help you deliver the program to your target population in a way that makes most sense to them in terms of being acceptable, culturally relevant, contextually sensitive - those things can actually change.

And so I think part of what we do in our training is that we try to help people to really understand what makes FTT work and what has to be there and what they can then think about changing.

Jaclyn Ruiz: And that leads very well into the next slide where we're - where we talk - where you talk about training considerations. Do you - do you mind sharing not only what training considerations grantees should think about as well as staffing considerations?

Dr. Vincent Guilamo-Ramos: Sure. So I think that FTT, you know, has been delivered by different kinds of interventionists. And so sometimes it's been delivered by sort of, you know, kind of social work interventionists or it's been delivered by community members.

Or more recently we've been delivering it, you know, with community health workers. I think what's important here is that the interventionists can come from different backgrounds. They can have different education levels and different levels of experience or comfort with the topic.

What's critical again is that they understand the core components and what makes FTT work. And if they can actually adhere to that with high levels of fidelity, then a whole range of different kinds of people can actually deliver the program to parents.

I think as far as formal training, (CLAFH), the Center for Latino Adolescent and Family Health, we actually offer training for folks interested in using FTT.

The training's roughly three to four days and depending upon your particular needs and the size of your group and your projects, then, you know, training will vary.

And it will, you know, some of what varies is that there may be more staff from CLAFH that may attend or there may be more sort of preparation work among tailoring to your specific situation. We provide the training in English and we also provide the training in Spanish.

And so sometimes communities will contact us and say our interventionists are monolingual Spanish speakers. We can do the training however it is, that it's needed, in those two languages.

Everything is available also - all slides, all protocols, all intervention materials, in English and Spanish and with variations for African American and Latino families.

Jaclyn Ruiz: Thank you for that. Can you describe some implementation challenges that you're aware of and if possible, any strategies that you've known to be successful to come - to overcome those challenges?

Dr. Vincent Guilamo-Ramos: So I hope folks will forgive me for repeating this again, because I feel like I'm saying it a lot and I don't mean, in any way, to not be, you know, respectful of folks that are listening to this. But I think the number one challenge is not understanding the theoretical components of FTT.

And so getting the materials, downloading them from the site and not understanding, you know, how they actually come alive to be effective and to shape not only teens' behavior but also parents' behavior.

And so the number one thing that I would recommend is, you know, make sure that if you do want to use FTT that you really understand what makes it work. I think the other piece is that sometimes families, you know, feel like they're not able to make a difference.

And there's a tendency to focus on trying to shape adolescents' behavior directly, which I think is really terrific. But this program is designed to really work with families and to help parents to communicate with their teens about, you know, delaying too early sex.

And so we want to make sure that parents feel like they can make a difference, that they're influential, that they are critical to teens' sexual decision making. And we want to make sure that parents communicate in ways that are effective.

And that we help instruct and teach and expose parents to the essential things that are critical to helping their teen to hear the message that they are trying to deliver.

And so I think, you know, getting a solid training, understanding the theoretical components and then really being well sort of versed in family based interventions, are all strategies for being able to implement FTT well.

You know, I also would encourage folks who are thinking about using the program, to think about what I call natural opportunities for program delivery.

Does it make sense to try to build something that parents have to come to?

Think about how you can move FTT to where the parents are.

And think about reaching them in places where they're likely to already be engaged. And appeal to, you know, common family goals. You know, parents want their kids to grow up, to stay in school, to do well and to be healthy.

You know, kids want the same things despite many of the challenges that we see in many families that reside in resource poor settings or that may be disadvantaged. We all want, you know, sort of one goal.

I think it's important to be thinking about FTT that you appeal to that natural opportunity and that common family goal.

Jaclyn Ruiz: And Vincent there is a question that I meant to ask earlier and I forgot and I was just reminded as you were speaking.

Through the training opportunities that you provide at the Center for Latino Adolescent and Family Health, is there a - do you guys implement a train the trainer model or, you know, any time somebody is going to be implementing it you really want to be able to provide that training yourself?

Dr. Vincent Guilamo-Ramos: Okay. So right now what we've been doing is that we actually have been providing training. We go out to the site and we actually train the site to deliver the information within their site.

Once we train a site to deliver FTT then that site is - we give them sort of a formal certificate saying that they can train other people at their site. Where we restrict is if a site wants to then cross over and train other sites. We ask then that a new site or a new group come back to the developer for training.

Jaclyn Ruiz: That's good. Thank you for that. So just in the interest of time I just want to point out slide 11 which will provide information about the recent and/or plan curriculum revisions for Families Talking Together. And in slides 12 and 13 you'll find additional resources on Families Talking Together.

We hope these resources in conjunction with today's webinar, will provide a comprehensive understanding of this evidence based teen pregnancy prevention program and will assist you in making not only an informed decision on which evidence based program to select for your community, but how to best prepare for and implement this program.

Vincent, do you have any final words you'd like to share?

Dr. Vincent Guilamo-Ramos: I think I just want to thank OAH, the Office of Adolescent Health and - and just say that I'm very appreciative for the opportunity to talk about FTT and wish the potential grantees much success in our common goal of trying to reduce, you know, too early sort of teen pregnancy. Thank you.

Jaclyn Ruiz: Thank you so much Vincent, for taking time today and putting this information together.

I think in the evidence based program list there might not be a lot of programs focused on the parent/child relationship, so it's very nice to sort of get more of those opportunities in case that is a program that grantees are interested in, in implementing. So thank you for that. That concludes today's webinar. The operator may please stop the recording.

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