Prevention Research Sub-Committee Meeting
Tuesday, March 21, 2023, 10:00 am – 1:30pm PST
Location: Zoom
Theme: Adaptation of Evidence-Based Parenting Programs
AGENDA

10:00 -10:15	**Welcome & Introductions**
10:15 – 10:30	**Impromptu Networking**
10:30 – 11:00 (30 minutes)	**Adapting First Years Away from Home (FYAH) for Spanish-Speaking Parents of Latinx Students Transitioning to College** Jennifer Duckworth WSU
11:00 – 11:30 (30 minutes)	**Adoption and Implementation of Family-Focused Prevention in Health Care Systems:** **Early Findings from the Guiding Good Choices for Health Study** • GGC4H, an NIH Pragmatic Trials Collaboratory Demonstration Project. Margaret Kuklinski SDRG/UW
11:30 – 12:00 (30 minutes)	**Planning and testing program adaptations in community settings: A case study of the Strengthening Families Program 10-14 cannabis adaptation process.** Elizabeth Weybright WSU
12:00-12:30	**Lunch Break**
12:30–1:00 (30 min)	**Legislative Update** Harrison Fontaine, PhD (DBHR) and/or Megan Moore, Prevention Voices
1:00 – 1:15	**Round Robin**
1:15 – 1:30	**2023 Meetings: Topics and Dates** • June 13th • September 6th • December 6th

Introductions

- **WSU**: Brittany Cooper, Jen Duckworth, Jordan Newburg, Clara Hill, Gitanjali Shrestha, Stacy Hust, Elizabeth Weybright, Erica Austin, Cassandra Watters
- **Spokane regional health district**:
- **UW**: Kevin Haggerty, Margaret Kuklinski, Jason Kilmer, Jim Leighty, Nicole Eisenberg, Blair Brooke-Weiss
- **DBHR**: Sarah Mariani, Tyler Watson, Harrison Fontaine, Sonja Pipek, Sandy Salivaras, Jaymie Vandagriff, Alicia Hughes, Lauren Bendall (ACA/DBHR prevention, oversees Minerva)
- **Waikaikim County Community Coalition**: Minette Smith
- **OSPI:**
- **WA DOH:**
- **WA DSHS RDA:**
- **WA LCB:**
- **WSIPP:**
- **King County Dept of Human Services, Division of Behavioral Health & Recovery:** Margaret Soukup, Jennifer Wyatt (SBIRT coordinator for King County, youth work and recovery school in Seattle)
- **King County Dept of Public Health:** Sarah Ross-Viles
- **WASAVP & Burlington Healthy Youth Coalition:** Liz Wilhelm
- **Washington Traffic Safety Commission**:
- **NWPTTC, U of Nevada:** Michelle Frye-Spray
- **Multnomah County Health Dept, OR:**
- **Foundation for Healthy Generations:**

Note: Margaret Soukup's role in changing. Has been on SBIRT. Now she is Youth and Family Prevention Manager, working with Health Promotion, Prevention, Early Intervention and Treatment. Jennifer Wyatt will now be the main representative from King County for this group.

Impromptu networking

Participants went into breakout rooms for informal discussions on this prompt: What's springing you forward? What's giving you motivation and excitement these days?

Adapting First Years Away from Home (FYAH) for Spanish-Speaking Parents of Latinx Students Transitioning to College

Jennifer Duckworth, WSU Dept Human Development

(See slides)
Background: over 60 million folx in US are Latinx; college enrollment for this population also increasing dramatically. WSU is an Emerging Hispanic Serving Institution. Btwn 15-24% undergraduate pop Latinx. WSU is 18%

Latinx students report many barriers to enrolling in and graduation from college – see slide

- Transition is more difficult.
- More likely to be first-generation college students.
- Experiencing intersection.
- Note: Decreased support for family often due to lack of experience with college culture

Tailoring interventions to this pop is a priority.

There have been some interventions targeting Latinx students that have been studied; most aimed at enhancing academic prep during summer prior to college.

First Years Away From Home project
Handbook for parents/caregivers

Brief summary of the project.

- College offers some new behavioral health risks; parents can interact to help them navigate more successfully
- Letting go and Staying connected handbook is a self-directed handbook that is informative for parents and that they can discuss w their college student. Supports and tools for parents to have these sometimes difficult conversations.
- See slides on content on parenting roles – safety, cheerleading, coach
- Currently publishing findings regarding the effectiveness of this handbook. See 'evidence of handbook effectiveness' slide
- Using handbook associated with decreased alcohol and cannabis use compared to control group

Studying who was engaging with the handbook? Non-white students less likely to use it or to report continued use These findings led to request an administrative supplement form NIDA to prepare an adaptation for Spanish speaking families

Applying the ADAPT-ITT model (see slide)

- Currently in the topical experts and integration parts of this model … this is an iterative process
- Assessment and Decision making

Assessment & Decision-making step: recruited student-parent dyads to discuss transition to college for first generation Latinx students. Found that resources were lacking and the transition to college was challenging; a handbook for parent could be useful

  - Adapted the handbook for Spanish-speaking parents
  - Translate
  - Added cards and visual
  - Added first 2 of 6 video modules
  - Invited multiple topic experts to review handbook and initial 2 videos
  - Conducted theater testing with Spanish speaking parents of students at WSU to get feedback

Example of an adaptation: the *Expectation card sort* activity

- Parents are reminded their student will enter college; new opportunities will be encountered can produce changes in family expectations. Talking about these changes in advance can help families discuss/negotiate etc can help set expectations – see slide
- Once they have these cards, directed to sort cards into piles of 'clear expectations/unclear expectations'
- Video created to explain and demonstrate the activity showing a family doing the card sort and discussing.
- Parents do one sort; students do another

Pls request videos to review if interested!

Integration step: piloting card sort activity while other parts of process on going

- WSU event: La Bienvenida
- Also coding and integrating expert feedback and theater test info and figuring out how to integrate into remaining 4 videos.
- Should have all 6 videos filmed by July 2023

Last 2 components of the ADAPT-ITT model: training and testing.

- Not much training will be needed: but will train people to lead the card sort activity at La Bienvenida event

Conclusions – see slide

Lessons learned:

- adaptation vs fidelity is interesting in context of the ADAPT-ITT model
- partnering with existing university programs, eg La Bienvenida, has been useful!

Questions/Comments

Lauren Bendall: what led to select Latinx rather than Latina/o

- Answ: use all three terms. Some expert feedback from universities that do a lot of work with Hispanic populations suggested use of Latinx term

Brittany: any previews of what learning from theater testing?

- Answ: 5 interviews w 9 parents. Emerging themes:
  What components of sending your child away are most relevant for Latinx parents are most relevant, and how does adaptation move handbook ahead
    - Cultural considerations are big. Eg. Parents concerned re decreased connections w families, esp if student is going far away from family. Maintaining clear and open communication with your children; the expectation cards were helpful for this. Fact that parental role is shifting kept coming out. Move away from ensuring kids are eating, sleeping etc and moving toward encouraging autonomy

Margaret K: are there other racial/ethnic groups at WSU that the university may know could also benefit?

- Answ: Brittany mentioned that haven't discussed this question specifically, yet. Yes have a Native Americans Students office on campus and that may be an area to grow/partner on. Kevin says definitely for first generation students in other populations could still be an area to focus on. WSU does have a high percentage of first generation students.
- Jennifer: almost 35% first generation students at WSU

Margaret K: how thinking about what supports parents need when they are aren't involved and their kids need supports
Jenn: my work focused a lot on young adults who don't go to college. Harder to work with.

- Great question! Would love to see how to adapt this for non-college students or maybe community college students.

- KH: roots of this was the RHC Navigating Independence module for moving into next phase of life for all completing high school youth transitioning into the next phase of their life.

Clara Hill: as a parent of young children, get lots of mailings from public health; why don't we continue this into later years?

- KH maybe because the DOH expects schools to pick up the task

Sarah M: like the idea of addressing different age groups and non-college folx.

- This is an area we're working on for expanding services for young adults.
- Have some funding coming up for this group.
- Including the *Check in with Yourself* program.
- Love the idea of applying this to those who are transitioning into other aspects of life (eg jobs/ workforce – do those who have jobs have more substance use as we hear from youth in high school report?)
- Also have insurance plans for young adults who are not on their parents' plans

KH comment: environmental change efforts can contribute here. For example, one CTC community was working on workforce/resort type community lots of restaurants. Working with workforce to help create non-use norms in that industry. Change environments where those kids were working.

Michelle Frye-Spray comment: Does WA have a recovery-oriented workplace program? Bridging from RO schools to workplace might be a natural pathway

KH: happy to resurrect some of the materials from RHC on this topic

Adoption and Implementation of Family-Focused Prevention in Health Care Systems: Early Findings from the Guiding Good Choices for Health Study

GGC4H, an NIH Pragmatic Trials Collaboratory Demonstration Project.
Margaret Kuklinski SDRG/UW

KH intro: this is a bit different from the adaptation studies we're hearing about today. This one is more an implementation study – how to create demand and expand access to these tested parenting programs

Margaret: For background, Guiding Good Choices (GGC)

- Is a group-based program for parents and caregivers of younger adolescents (ages 9-14)
- Offered in 5 sessions, once/week. Children attend one of these sessions to learn and practice refusal skills
- Demonstrated improved family and adolescent health outcomes in 2 prior RCTs
- See: https://www.communitiesthatcare.net/programs/ggc/

This study: testing feasibility and effectiveness in primary care and also with a more diverse population, in 3 large integrated healthcare systems – in Northern California, Colorado and Michigan.

Three topics to discuss today:

1. Why offer GGC in primary care?
2. Study design and early implementation findings
3. GGC in a virtual world – is it feasible, acceptable and satisfying?

Why offer GGC in primary care?

- Effective parent training is an important prevention tool during adolescence to help reduce mobility and mortality across the lifespan.
- Offering GGC via primary care clinics is a possible way to expand the reach to more parents and also see if effective in a more diverse population (original studies were in mid-west, mostly white families)
- Pediatricians might be effective in recommending parents attend; also it's an opportunity that dovetails with American Academy of Pediatrics recommendation about Anticipatory Guidance, and provides a concrete example for pediatricians on how to do that

Design of this study: 5-year longitudinal cluster-randomized trial

- Year 1: planning
- Year 2: Randomized 75 pediatricians, by strata (HCS, clinic. Constraints included pediatrician gender, panel size, % Medicaid-insured
- Year 3: Recruitment. Recruiting 1,975 adolescents in 2 cohorts. Gender balanced, racially/ethnically diverse, demographically similar trial arms
- Year 4: Intervention. Offered GGC to all caregivers in intervention arm. 2 modalities: virtual groups and digital self-guided
- Year 5: Evaluation. Used the Re-AIM and PRISM frameworks. Looking at implementation outcomes, adolescent health outcomes (substance use initiation), mechanisms and cost-effectiveness

Research questions

1) Are caregivers of adolescents open to virtual parenting support?
   Leads: Morse
2) Can virtual GGC be delivered with high fidelity?
   Leads: Morrison, Eisenberg, Kuklinski
3) Does GGC meet caregivers' needs?
   Leads: Scheuer, Kuklinski, Eisenberg, Morse, Lyons

Implementation frameworks guiding the study: RE-AIM & PRISM

- Implementation factors can moderate/mediate whether programs are effective in new settings
- PRISM thinks about broader factors that can impact implementation and impact

Study 1: Are caregivers open to virtual parenting support?

- Focus groups and semi-structured interviews conducted in each of the 3 health care systems
- Identified several themes
    - In general, great need in caregivers in early part of pandemic to find support
    - Virtual approach was seen as potentially safe, easy, convenient; however some concerns about privacy in the home setting and possible technology challenges for families
    - Some concerns with whether adolescents would join, but enough support to go ahead

Study 2: Can virtual GGC be delivered with fidelity?

Actions taken

- Adapted material for virtual delivery; retained core components and removed non-essential content; retained use of broad range of teaching strategies (lecture, discussion, demonstration, practice)
- Focus on how to engage parents in a virtual environment
- Key to GGC: bonding is important, including bonding between participants in GGC with instructors and other participants. This is an important ingredient in creating the motivation to use the skills learned in the program
- Dalene Beaulieu, GGC Master Trainer, trained interventionists across all three systems
- Now, doing things virtually is common; then it was a challenge!

Measuring Fidelity Methods

- Held over 40 groups
- Completed fidelity forms for all as well as observer data
- Observers for 10% of sessions
- Focus groups/interviews with GGC interventionists

Findings: Virtual GGC was delivered with high fidelity

- Adherence: 98-99%
- Dose: 86-96%
- Delivery quality: 4.7 out of 5 point scale
- Caregiver engagement: 4 out of 5 point scale
- Areas for improvement: Groups and family meetings completed

Study 3: how about parent satisfaction?

- Voluntary satisfaction forms completed by parents after each session
- Overall satisfaction was strong
- Enhancements (e.g. info on social media) could strengthen engagement

Conclusions

- Yes it is feasible to offer GGC in primary care healthcare systems
- Virtual GGC is feasible and acceptable to parents
- Parents valued flexibility, connection with other parents, sense of community
- AND enhancements could create a stronger experience for parents
    - e.g., Shorten sessions; strengthen engagement, address additional parenting concerns like social media

Questions/Comments
KH: exciting to see this implementation adaptation via primary care

- Sarah M: really excited about this project – how can we integrate this in WA State? Need to figure out: what is % decrease in SUD based on participating in parenting classes? (KH: overall or just with this program?). If a parent takes this class, what is the likelihood of their children's SUD being decreased over time? KH: Nora Volkov says if we want to put money anywhere we should put it in parenting programs. If we knew there was, say 80% uptick in reduced use, this would be a selling point for the health care system.

- KH will check on this – previous studies' findings:
    - GGC--adolescents were 37% less likely to have initiated marijuana use over the course of the study than control youth. 4 years later increased the likelihood that non-users would remain drug free by 28%
    - Reduced alcohol and marijuana use by 40.6%.
    - Reduced progression to more serious substance abuse by 54% six years later.

- Margaret K expects to have these results in a year's time.

Planning and testing program adaptations in community settings: A case study of the Strengthening Families Program 10-14 cannabis adaptation process

Elizabeth Weybright, WSU

Five year grant from USDA (children, families and youth at-risk mechanism)

- First year is a planning grant, then implement following 4 years (See slide)
- Adapting SFP for legalized cannabis environment

Finding a framework for adaptation

- Escoffery 2019 paper: scoping review paper that gave insights on HOW to do this study
- Describes 11 steps of the adaptation process – see slides

Strengthening Families 10-14 has a long history in WA

- has been implemented statewide through WA State Extension services.
- But it was not developed or evaluated in the context of legalized cannabis.

The question for this study is: What if we could add content specific to cannabis to this existing parenting program?

Dr. Weybright stepped us through the activities taken under this grant for each of the 11 steps of the Escoffery recommended adaptation process.

1. Assess the community: long history already in WA

2-3. Understand and select the intervention: Identify core components to ensure not losing anything in adaptation process

4. Consult with experts and key audiences: international/national training (AnaMaria Diaz), developers, local trainers, caregivers and others

- Key audiences: focus groups with facilitators and caregivers. What would you like to see included?

COVID pandemic caused a pivot to virtual implementation: this happened early in the pandemic when our culture was not as familiar with virtual meetings

- Started with taking bite-sized pieces
- Developed a tool-kit for how to deliver in a virtual environment
- Did some evaluation of virtual: found it was acceptable to trainers
- Caregiver/youth perspective – both found it satisfactory and generally felt connected to the group
- See successes and challenges on slide
- Virtual delivery was effective (still analyzing; only 7 groups analyzed so far)

5-6. Decide what to adapt and then do it

- Collaborative process in making these decisions. Worked with a core group of researchers, extension faculty across the state, research coordinators and put adaptations into a tool kit form
- Relied on FRAME for doing adaptations (see slide
- Documentation and evaluation of the adaptation
- Modifications, how planned, who participated

And then used the MADI decision guide

- Did we think about outcomes we anticipate with this adaptation; did we expect them to be good or bad? How modify to adapt

- See adaptation example slides #1 and #2 ideas (e.g., add a whole new session specific to cannabis content? Or maybe just add 15 minutes' worth of content to specific sessions?)
- bi-weekly adaptation meetings with the team for 3 months

7. Train staff: existing facilitators to be trained in the adaptations
   - decided to NOT do virtually; had to wait until could meet in person

8. Test the adapted materials
   - see pre-post changes slide
   - see quotes slide

Still in last 3 steps of the MADI adaptation process: testing, implementation and evaluation

Will present some of this work at Society for Research on Adolescents and SPR

Questions/comments

KH: highlight in this adaptation work, we've seen specific adaptation models. This is different from being responsive to the populations we're working with. We should always do that.

What we're seeing here is specific adaptations to new content/environments

KH Questions: concern about fentanyl type products? Are you thinking of doing something like this?
- Answ: have a separate line of funding for an opioid adaptation.
- Have one full delivery of this adaptation. It was not well received, partly because families already felt they had the content (court-referred families). Cannabis is so much part of our culture; people already more tuned in an wanting more information. Thinks that opioids are different; not so interested until they are directly impacted.

Sarah M: cannabis/alcohol are different for parents than opioids.
- Easier to say a hard 'no' to opioids; harder on how to navigate cannabis and alcohol use , e.g. at what age is it ok for my kids to have a drink once in a while?

Margaret K: parenting message around opioid use would be share the message and help them understand how to act on it

KH: only 1 in 3 overdoses are in people who are using opioids. It's really hidden. This is the concern.

Erica Austin: question about ability to reach bilingual populations. Latina groups fearful about being tracked. Programs coming in their homes by Zoom may be a concern for their participation. What are you finding in reaching these families?
- Answ: know there were Spanish language cycles delivered but not offered by this funding source. The funder has a bunch of evaluation questions that are required. Will require an adept facilitator to ensure participants understand that we are not reporting these results to the government individually.

Qu: longstanding relationships via Extension might be able to overcome these barriers?
- Answ: would be interested to hear AnaMaria's response to this question.

Legislative Update

Harrison Fontaine, HCA/DBHR

See Current Session Slides for a factual overview of what is happening in the legislative session to date.
Where are we in the legislative process? more than halfway through the process

- All the bills have left their house of origin and are moving to the other side.
- Now starting conversations around the budget. Is a bill NTIB or not? (Necessary to implement budget)
    - Economic forecast and budget revisions will play a part
    - Some bills will be considered 'null and void' if not included in the budget

Questions/Comments

KH: workgroup for psilocybin; high concentrate THC came out of a workgroup. How did the high THC issue get stuck?

- 1641 (increased taxes on higher potency products) and 1642 (nothing higher than 30%) came directly from ADAI recommendations. Got stuck early in the process. Could have been a timing issue; major industry push-back.
- 1595 was an industry bill to counter-act these bills, but dropped taxes overall on all products. This one also got stuck.
- Sarah RV: Maybe it's a familiarity thing; legislators need more time to understand these issues.
- The turn around time from the ADAI report didn't allow time for education, and then the industry backed bill came in and was confusing. In testimony, the industry person said 'we all know this isn't what works; what works is parent education' and legislators were asking this person questions about what works in public health.
- Harrison: if confusion is sowed, it will kill the bill. Initial opportunities to explain bills MUST be crystal clear.
- Sarah RV: last year, it was this hemp-derived THC bill. People didn't understand enough to be able to talk about it.

Fentanyl test strips. These was a bill making possession of these exempt from paraphernalia regulation.

See legislative info slide – encourage folx to request Prevention Voices updates.

Sarah M: question for the researchers. One bill is around adult sex workers and adding alcohol into those type of establishments. Have found evidence that adding alcohol increases violence; other evidence says people come to those establishments already highly intoxicated so it might be safer to have regulating service there.
Please share contacts and references regarding this topic …

- Jordan Newberg might know someone who might know…

Round Robin

Jason Kilmer: putting email in chat. Young adult health survey is getting input on the survey. Pls send Jason an email. Time deadlines for comments? We can send request out via listserv for folx to contact Jason directly

- Action: this message will be sent out to the PRSC listserv.

Sarah M: hiring, pls send any possible interested parties her way

Sarah M: HYS kick-off meetings starting now. Making important changes to administration. Will send out notice over listserv

KH: look at offerings from NW PPTC: https://pttcnetwork.org/centers/northwest-pttc/home

- media series
- trauma-informed facilitation
- stigma

Next meeting June 13: suggestions/ideas on theme?
Sarah M: effective communication. More and more we get into communication issues. What does research say around communication techniques for different audiences? How do we find the right balance between harm reduction messaging and prevention (eg scare tactics/best practices). Would be helpful to hear and get a synthesis of what do we know works/doesn't work?

- for example, DEA events where parents who've lost children to OD testify and start talking about going into middle schools to scare kids

KH: may need more time on talking about integrating harm reduction/prevention.
Sarah M: list of citations or research brief type thing when people want to put a horror story on a billboard

Jennifer Wyatt: yes this is important. Another issue: harm reduction and adolescence. Harm reduction has evidence base in adult world. What part of harm reduction is relevant to adolescents and what doesn't? If you only have 30 minutes to talk with someone, do you spend time taking about managing substance use or motivating to change?

Jason: college student literature. Alan Marlatt started looking at this. Misunderstandings about what harm reduction means. There are lessons learned from using harm reduction with college students.

KH: it can be hard in prevention world that you have to have substance use to be able to do harm reduction. How to message that is a way that doesn't assume substance use.

Jason: how to pilot message in a way that seems more real-world can give mixed messages. For example, we know you're going to drink, so if you do, do this – kinda condones use.

- KH: we've made huge gains in reducing adolescent alcohol use
- Sarah M; also on using painkillers to get high in last 10 years.
- Would be helpful to have
- KH: bifurcated message can be harmful. A lot of kids are not using. And yes, if they are, we don't want them to die.

KH: please keep KH and Blair in loop as you percolate on this idea. Jason has been thinking about this. Will present at Montana Institute on this topic. KH is doing a webinar on national data on use.

Sarah M: seeing a shift in where resources are going -- away from prevention. "People are dying, we gotta stop it!" Currently n process of doing this around fentanyl with two audiences (users, more primary prevention). A couple of town halls coming up; would be great for researchers to be present.

- Sarah M will send dates/times for these events.

June 13 is next meeting, different from original schedule … not in person; maybe September?

- KH will check w Brittany on when to do in-person meeting.