

Improving Adolescent Health Through Interventions Targeted to Parents and Other Caregivers

A Recommendation

Community Preventive Services Task Force

Summary: The Community Preventive Services Task Force recommends person-to-person interventions intended to modify adolescents' risk and protective behaviors by improving their caregivers' parenting skills, on the basis of sufficient evidence of effectiveness in reducing adolescent risk behaviors. These interventions, conducted face-to-face or by telephone, occur outside of clinical settings.

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Introduction

Risky behaviors, such as the use of alcohol, tobacco, and other drugs (ATOD); precocious sexual behaviors; and unsafe driving practices, pose serious threats to adolescents' health and safety whereas protective behaviors, such as condom use, can help mitigate adverse health outcomes.¹ Previous research^{2–5} indicates that improving the parenting skills and behaviors of parents or other caregivers yields positive effects on the behaviors of adolescents for whom parents and caregivers are responsible. These results have been demonstrated for a wide range of adolescent risk and protective behaviors and health outcome categories, such as use of violence or carrying weapons; abuse of ATOD; engaging in early intercourse and neglecting condom use; and risky driving behaviors. This article provides a recommendation on interventions to improve adolescent health by improving the parenting skills of the adolescent's parents or caregivers.

The Community Preventive Services Task Force (Task Force) develops the *Guide to Community Preventive Services (Community Guide)* with the support of the DHHS in collaboration with public and private partners. The CDC provides staff support to the Task Force for development of the *Community Guide*. Task Force findings primarily are based on the effectiveness of each intervention as determined by the systematic

review process (described elsewhere).⁶ The specific methods for and results of the reviews of evidence on which this recommendation is based are provided in the accompanying article.⁷

In arriving at its findings, the Task Force balances information about effectiveness with information about other potential benefits and harms of the intervention. For interventions recommended by the Task Force, the systematic review team also considers the applicability of the intervention to various settings and populations to determine the scope of the recommendation and barriers to implementation. Finally, the Task Force reviews economic analyses of effective interventions, if such data are available. Economic information is provided to assist the reader with decision making, but it generally does not affect Task Force recommendations.⁸

Intervention Recommendation

The Task Force evaluated the evidence of effectiveness of one selected intervention as a strategy for improving adolescent health by targeting parents and other caregivers through person-to-person interventions designed to modify parenting skills. The intervention evaluated by the Task Force was required to have some form of direct personal contact between the caregiver and intervention staff. The possible outcomes for the intervention were cross-cutting in that a wide range of risk behaviors (e.g., possessing weapons or using ATOD) and protective behaviors (e.g., use of condoms during intercourse) were included as possible outcomes. Health outcomes such as pregnancy also were included.

The names and affiliations of Task Force members are listed at www.thecommunityguide.org/about/task-force-members.html.

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Person-to-Person Interventions to Improve Adolescent Health, Targeted to Parents and Other Caregivers: Recommended

The Task Force recommends person-to-person interventions intended to modify adolescents' risk and protective behaviors by improving their caregivers' parenting skills on the basis of sufficient evidence of effectiveness in reducing adolescent risk behaviors. These interventions are conducted either face-to-face or by telephone and occur outside of clinical settings.

Interpreting and Using the Recommendation

Interventions that target the knowledge, attitudes, and behaviors of parents and other caregivers through person-to-person contact should be considered as a strategy for changing adolescent risk and protective behaviors and longer-term outcomes. Further analysis revealed that all studies included in this review had an educational component even though specific topics covered varied across studies. In some cases, the educational component included general topics such as provision of information about good communication strategies; recommendations for parental monitoring approaches and rules; and approaches for general life skills development. Other studies focused on specific behavioral areas, such as sex, ATOD use, violence, or safe driving.

The information provided in specific topics often was focused on educating parents or other caregivers about the topics and providing them with specific skills for discussing these subjects with their adolescents. To complement the educational component, all studies had an interactive discussion component in which the caregiver had the opportunity to discuss the topic and ask questions of a trained individual. All included studies also gave the parents or other caregivers opportunities to practice skills learned in some way, such as through completing homework assignments or role-playing activities.

The intervention evaluated by the Task Force for this review was population-based and occurred outside of clinical settings. Recommendations from the Task Force should be relevant directly to local efforts including school-based and community interventions that specifically target parents and other caregivers with direct responsibility for adolescents. Populations in the studies represented a diverse demographic mix; some study populations were majority white, African-American, or Hispanic. Not all studies, however, reported racial and ethnic characteristics. Most studies reached out to parents or caregivers when adolescents were younger, with baseline

measures across studies that reported a median age of 12.5 years.

The Task Force did not make recommendations about the effectiveness of the intervention for specific categories of behaviors when considered in isolation from other types of problem behaviors. Although available evidence resulted in a Task Force determination of sufficient evidence to support caregiver-targeted interventions for modifying adolescent risk and protective behaviors, evidence reviews do not replace the need to conduct local assessments with specific populations and age groups.

The Task Force recommendation indicates that policies and programs that use person-to-person interventions targeting parents and other caregivers would be expected to be useful for altering adolescent risk and protective behaviors and health outcomes. The systematic review⁷ on which the recommendation is based provides evidence that this intervention has the potential to influence cross-cutting risk and protective behaviors and longer-term health outcomes. Economic data were not available for this review and specific costs and benefits could not be calculated. A single intervention strategy with potential to influence multiple types of behaviors, however, may be beneficial particularly during times in which resources are constrained. Further analysis from a cost–benefit perspective could be informative.

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