

**California**

**University of California at Los Angeles: UCLA/RAND Center for Adolescent Health Promotion: Work Site Parenting Program Promotes Communication about Sexual Health between Parents and their Adolescents**

Many parents report feeling embarrassed when faced with talking with their teens about sexual health. The reasons can be many such as believing they are inadequately informed, or being unsure of what to say or how to begin when talking with adolescents, especially younger ones, about sexual topics. In addition, recruitment and retention of parents in health education programs can be challenging. Community and school settings can be impractical for parents who work because of scheduling and location. Parenting interventions delivered at parents' places of work could reach a substantial number of youths.

The UCLA/RAND Center for Adolescent Health Promotion explored bringing a health intervention to parents at their workplaces. The center developed *Talking Parents, Healthy Teens* to help parents improve communication with their adolescent children, promote healthy adolescent sexual development, and reduce adolescent sexual risk behaviors. The intervention consists of eight, weekly one-hour sessions delivered to small groups of parents to children in 6<sup>th</sup>-10<sup>th</sup> grade (ages 11-16) at their work site during their lunch hour (free lunch provided). Following formative research and three pilot tests, the center developed a curriculum to influence parents' skills (such as communication and monitoring), intention to talk about and monitor adolescents' sexual behavior, and perceptions of barriers and facilitators that influence talking about sexuality. A trained facilitator and assistant led the program using a standard script and program manual. Parents who miss sessions receive materials by interoffice mail, and the facilitator reviews the content with them by telephone. Participants engage in role playing, videotaped interactions, games, and discussions. Home assignments are designed to strengthen parent-child relationships, and handouts review content. The program teaches skills, facts, and options, and offers advice on how and when to talk with children; it does not dictate to parents what their values should be or how they should feel.

At 13 work sites in southern California, 569 parents completed baseline surveys at work, gave permission for surveys to be administered to their adolescent children (683 total), and were randomly assigned to intervention or control groups. Participants also completed follow-up surveys at one week, three months, and nine months after the program. The average number of new sexual topics that parents and adolescents reported discussing differed significantly between intervention and control groups. Both parents and adolescents in the intervention group reported greater ability to communicate with each other about sex and more openness in communication about sex.

Results for this intervention illustrate the potential of work site health promotion programs to address behavioral health issues. As demonstrated, programs that help parents feel comfortable about and improve their communication skills in conversations related to sexual health can change adolescents' sexual development and sexual risk behaviors. Follow up confirmed that parents and adolescents in the intervention groups did not revert toward the behavior of the control groups, and ongoing communication is essential to achieving a lasting effect. The intervention also guarded against a decline.

## Prevention Research Centers (PRC)

### Washington

#### **University of Washington Health Promotion Research Center: PEARLS (Program to Encourage Active Rewarding Lives for Seniors) Beats Depression in Older Adults**

Depression affects 15%-20% of older adults and is known to profoundly compromise health and quality of life. People who are socially isolated and in frail health are especially at risk for depression. Doctors and their older patients often incorrectly assume that depression is an unavoidable consequence of aging, and many depressed older adults do not receive treatment.

The University of Washington Health Promotion Research Center (UW HPRC) worked with the City of Seattle's Aging and Disability Services Division and Senior Services of Seattle/King County to develop and test a program to reduce depressive symptoms among homebound, chronically ill, and frail low-income older adults. The Program to Encourage Active, Rewarding Lives for Seniors (PEARLS) helps older adults define the factors contributing to their depression and develop their own solutions. It also helps them plan pleasurable events and schedule social and physical activities. In the study phase of PEARLS, 43% of seniors who participated in the program reported less depression and more than 33% of participants reported they were no longer depressed.

The UW HPRC is working with the Washington State Department of Social and Health Services to assess whether PEARLS should be implemented statewide among older adults who receive social case management and is working with the Washington State Unit on Aging to develop a PEARLS implementation toolkit. The UW HPRC is also working with local agencies to train social services staff to provide PEARLS counseling. The City of Seattle's Aging and Disability Services Division and Seattle's Northshore Senior Center are already using the program. The Substance Abuse and Mental Health Services Administration includes PEARLS on its National Registry of Evidence-Based Programs and Practices. Researchers at the UW HPRC also are evaluating an adapted version of PEARLS for use with adults who have epilepsy.