Addressing Adolescent Mental Health and HIV Risk Together: Family-based Prevention and Intervention

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Child Development: Layers of Risk and Resilience

Ecological Systems Theory (Bronfenbrenner, 1979); Sameroff & Chandler, 1975
Family Influence: Multiple Adolescent Outcomes

- HIV Risk Factors
- Mental Health Risk Factors
- FAMILY RELATIONSHIPS
Family, Risk Behavior, and Mental Health

- Sexual risk behavior and mental health symptoms often emerge together.
- Negative family environment is a risk factor for both.
- Improving family processes targets mental health and HIV risk simultaneously.
Family-Level Risk and Protective Factors

- Household organization: Roles and routines

- Family dynamics
  - Communication, Time Together, Favoritism/Discrimination

- Parent-Child relationships
  - Stimulation, Behavior Management, Communication

- Parent-Parent relationship
  - Satisfaction, Conflict Resolution, Problem-solving, Co-Parenting
Strengthening Families: Prevention and Treatment

• Intervention Targets:
  – Family Functioning
  – Adolescent Mental Health / Risk Behavior

• Two Approaches:
  – Universal Prevention: All families
  – Intervention: Families with current distress
Universal Prevention

To strengthen all families in a “high-risk” context
Focus on reducing risk for future mental health and HIV risk
Resilience Education And skill Development for Youth and families Muhuru Bay, Kenya
Intervention Development: Participatory

Community Advisory Committee

Evidence-based + Culturally-anchored
READY Implementation

- Group-Based (multiple families)
- Delivered in religious congregations
- Church leader discussion groups
READY Sessions

FAMILY COMMUNICATION

1. Economic Communication
2. Emotion Support
3. HIV Prevention
4. Plan

Church Leader Discussion Groups
Randomized Trial

Results

• Primary
  – Family Communication: all domains
  – Sex-Related Self-Efficacy
  – Sex-Related Beliefs

• Secondary
  – Risk Behavior: Condom use / Multiple partners
  – Parenting: Male caregiver involvement
  – Social Support
  – Mental Health

• Community: Support Seeking from church

*Bold = Statistically significant (p<.05)
Remaining need: Highly distressed families

• Not sufficient for highly distressed families who need interventions that are:
  – Tailored to specific problems.
  – Intensive enough to address engrained and complex interaction patterns.
  – Private, safe, and self-paced
Therapeutic Family Intervention

Highly distressed families
Adolescents with emotional or behavioral symptoms

Eldoret, Kenya
Co-PI: David Ayuku, PhD, Moi Teaching and Referral Hospital
Tuko Pamoja: “We are Together”

• Individual family intervention
• Delivered by community-based “natural counselors”
  – Individuals already providing family advising and support
• Adapted from evidence-based practice:
  – Family systems and Solution-focused therapies
  – Simplified and Structured, but Flexible to fit existing natural counseling practices
• Tailored: Sessions matched to specific family needs
• Includes mobile-phone based guides and videos
Tuko Pamoja: Structure

• **Primary Modules: Matched to Needs**
  – Building a Stronger Marriage
  – Building an Organized Family
  – Building a Stronger Parent-Adolescent Relationship
  – Supporting a Distressed Adolescent
  – Becoming a Healthy and Happy Caregiver

• **Core 10 Steps applied across modules**
Pilot Study (Underway; June ‘15-March ‘16)

- Trained 6 natural counselors (Summer 2015)
- Developed tiered supervision:
  - Counselors → University Students → Psychologists
- Recruited 1st round families (Current N=8; Expected N=24)
- Data collection:
  - Fidelity / Acceptability
  - Pre-post levels of family functioning and adolescent outcomes
- Early Observations:
  - Fidelity varies with counselor’s pre-existing interaction style.
  - Most families are prioritizing marital relationship goals.
  - Counselors prioritize recruiting families affected by substance use.
  - Counselors are quickly memorizing the 10-step structure, including those with low literacy levels.
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