

Technology-based health behavior intervention with at-risk teens in shelters

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Abstract:

The aim of this Phase I feasibility study is to assess the feasibility and preliminary efficacy of the 4-week Time4U Teen Health Intervention (T4U) an intervention to improve the health of teens who live in families experiencing intimate partner violence (IPV). Parental IPV is witnessed by 5.5 million American teens during adolescence. These teens are particularly vulnerable to negative health behaviors (substance or tobacco use, unhealthy eating, sexual risk-taking, teen dating violence). Women who experience IPV and their children often seek help at domestic violence shelters (DVS). Many DVS offer peer or professional counseling to assist women to deal with the consequences of IPV; however, counseling services for children are often lacking due to limited resources. The T4U intervention consists of three components: (a) four computer-based, real-time motivational interviewing (MI) sessions with a lay health worker (LHW); (b) online written health messages; and (c) online daily tracking of health behaviors. Expected intervention outcomes are change in behavior (selected by the teen) related to substance use, tobacco use, disordered eating, sexual risk taking, or teen dating violence. The specific aims of the proposed study are to: (a) Assess the feasibility of delivering the T4U intervention in shelters as evidenced by the willingness of teens to participate in four computer-based MI sessions (attendance) and subject satisfaction; (b) Obtain preliminary efficacy of the T4U intervention for use with teens in shelters to motivate change in a selected behavior and change in behavior from baseline to end of the 4-session intervention and 8 weeks after baseline compared to an attention control group; and (c) Obtain qualitative post intervention feedback on T4U intervention components (MI sessions, health messages, health behavior activity tracking system) and AC components (AC sessions, leisure time messages, leisure time activity tracking system) and suggestions for change in both T4U and AC. Using a quasi-experimental design, 100 teens between the ages of 13-18 living with their mothers in DVS, who screen positive for at least one health risk behavior, will be recruited. Fifty will be assigned to the T4U condition and 50 to the attention control (AC) condition. Data will be collected: (a) baseline, post 4-week T4U intervention or AC condition, and 8 weeks after baseline using two tools to measure teens' motivation to change and their engagement in health risk behaviors, (b) during the T4U condition to measure time spent engaging in healthy behavior related to the targeted risk, (c) after each T4U or AC session to measure satisfaction with the sessions, and (d) post 4-week T4U or AC condition to measure satisfaction with online written health messages or leisure time