

A NEW PRAGMATIC TRIAL:

PARENTS, PEDIATRICIANS, AND PREVENTION: PATHWAYS TO ADOLESCENT HEALTH

PATH

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Why Implement Evidence-based Parenting Programs in Pediatric Primary Care?

- Many **behavioral health problems** that begin or rise sharply during adolescence **can be prevented by evidence-based parenting programs.**
- Pediatric primary care has advantages that **may lead to high recruitment and retention rates** for these programs – and **achieve public health impact:**
 - ✓ Pediatricians have **high credibility and trust.**
 - ✓ Care is **universal and relatively affordable.**
 - ✓ Care is **non-stigmatizing and prevention oriented.**
- Universal parenting programs can fulfill Bright Futures guideline of providing **anticipatory guidance to all parents** – currently a challenge.

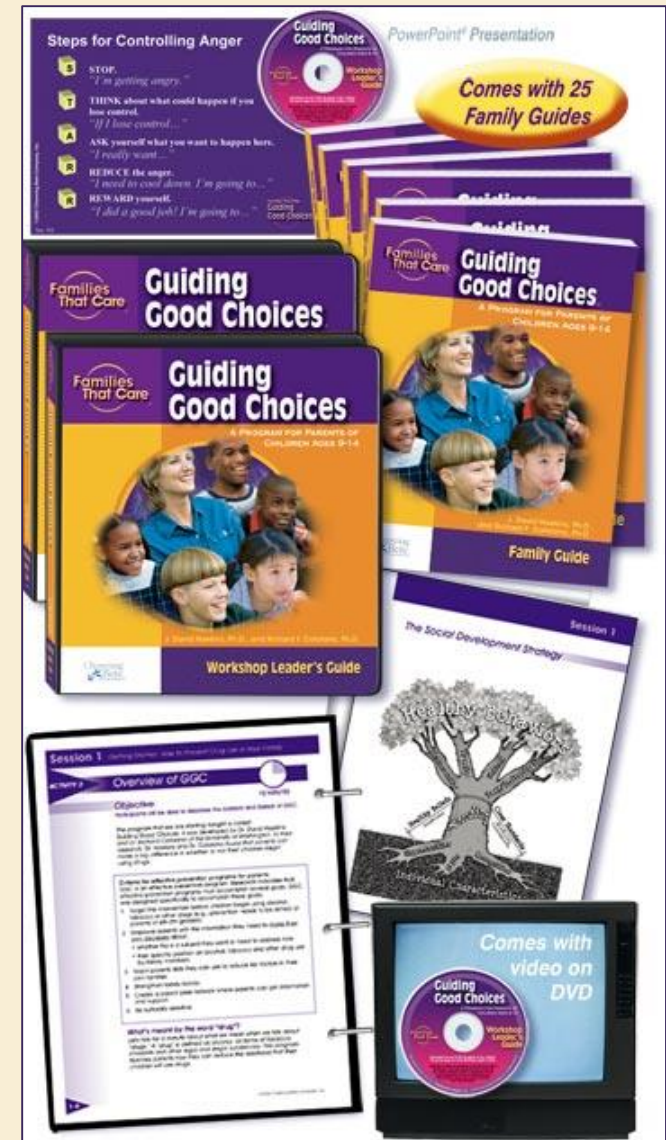
Recruitment to Effective Parenting Programs is a Critical Research Issue

- **School-based trials** of parenting programs have produced **population wide effects despite low recruitment rates: 17%** in PROSPER study
 - What population level effect might be achieved if **40% or more of eligible families** were reached with an **effective** preventive intervention?
- ➔ *Can a non-stigmatizing credible primary care provider obtain this level of parenting program exposure?*

Guiding Good Choices

- Universal prevention program for **parents of early adolescents** ages 11-14
- Theoretically grounded: **Social Development Model**
- **Five 2-hour sessions** emphasize **bonding, parenting skills (GMC), healthy communication**
- Evaluated in **two school based RCTs**
 - ✓ Strengthened parent/child relationships and parenting skills
 - ✓ Reduced substance use initiation, delinquency, and depressive symptoms

→ **A good fit for implementation in pediatric primary care.**



Study Design – UH3 Phase

- **Cluster-randomized controlled trial (C-RCT): Randomization of pediatricians within healthcare systems (HCS)**
 - ✓ 3 HCS
 - ✓ 24 pediatricians per HCS (N = 72 total)
- **Pediatricians recommend that parents enroll in GGC at their child's 11-12 well visit – 2 intervention formats led by behavioral health specialists:**
 - ✓ Group intervention
 - ✓ Self-study with outreach/support for those who do not choose group
- **2 cohorts of families: Estimated sample size = 4,608 families**
 - ✓ Cohort 1: Intervention in Y2, follow-up in Y3 – Y5 (Ages 11/12 -14/15)
 - ✓ Cohort 2: Intervention in Y3, follow-up in Y4 – Y5 (Ages 11/12 -13/14)

Adolescent Behavioral Health Outcomes

- **Primary – Substance use initiation with 3 indicators**
 - ✓ Alcohol use
 - ✓ Marijuana use
 - ✓ Tobacco use

- **Secondary – Other impacts from prior trials**
 - ✓ Depressive symptoms
 - ✓ Antisocial behavior

- **Exploratory – Available in EHR, not previously evaluated but plausibly linked to GGC**
 - ✓ Anxiety symptoms
 - ✓ Health care utilization

Key Takeaways

- 1) **Good parenting is prevention.**
- 2) **Implementation of Guiding Good Choices in pediatric primary care** provides an **opportunity to study** whether we can **reach large numbers of parents** and achieve **public health impact**.
- 3) **Our healthcare systems partners** are well-positioned to **disseminate** model and findings to other **large healthcare systems, Federally Qualified Health Centers, and community-based health centers**.

Thank you for supporting this study!

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