

The Guiding Good Choices Program:

Exploring Innovations to Support Parents and
Promote Youth Wellbeing



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Acknowledgments

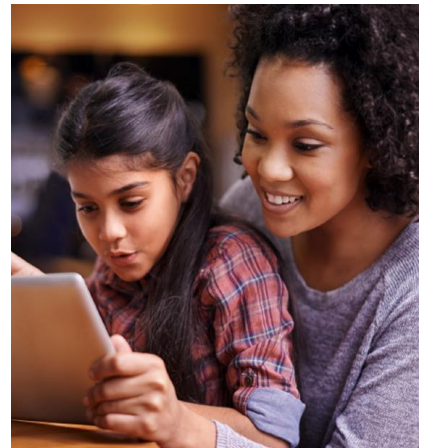
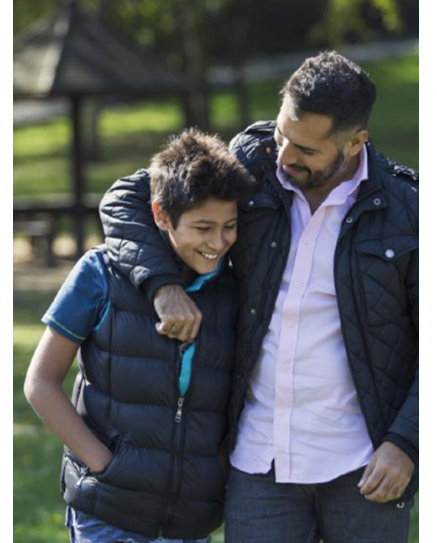
This work was supported within the **National Institutes of Health (NIH) Pragmatic Trials Collaboratory** by cooperative agreement UH3AT00983803 from the National Center for Complementary and Integrated Health, with co-funding from the National Institute on Drug Abuse, the Office of Disease Prevention, and the Office of Behavioral and Social Sciences Research. This work also received logistical and technical support from the NIH Pragmatic Trials Collaboratory Coordinating Center through cooperative agreement U24AT009676 from the National Center for Complementary and Integrative Health (NCCIH), the National Institute of Allergy and Infectious Diseases (NIAID), the National Cancer Institute (NCI), the National Institute on Aging (NIA), the National Heart, Lung, and Blood Institute (NHLBI), the National Institute of Nursing Research (NINR), the National Institute of Minority Health and Health Disparities (NIMHD), the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS), the NIH Office of Behavioral and Social Sciences Research (OBSSR), and the NIH Office of Disease Prevention (ODP). The content is solely the responsibility of the authors and does not necessarily represent the official views of NCCIH, NIAID, NCI, NIA, NHLBI, NINR, NIMHD, NIAMS, OBSSR, or ODP, or the NIH.

This work was also supported by the **Fundación San Carlos de Maipo in Chile**, and by the **Center for Communities that Care at the University of Washington**.

** We have no conflicts of interest to disclose.*

What is Guiding Good Choices?

- GGC is an evidence-based parenting program (universal prevention program or anticipatory guidance curriculum)
- For parents or caregivers of children ages 9-14
- Focused on promoting protective factors and reducing risk factors for problem behaviors such as substance use and other health risks



The Center for
Communities That Care

What is Guiding Good Choices?

Sessions promote bonding, provide strategies, teach skills

1. **Getting Started** → Strategy for promoting health and wellbeing
2. **Setting Guidelines** → Set healthy and clear guidelines, positive discipline
3. **Managing Conflict** → Deal with anger constructively
4. **Avoiding Trouble** → Resist negative influences (*with adolescents*)
5. **Involving Everyone** → Strengthen bonds, build life skills



Evidence supporting GGC

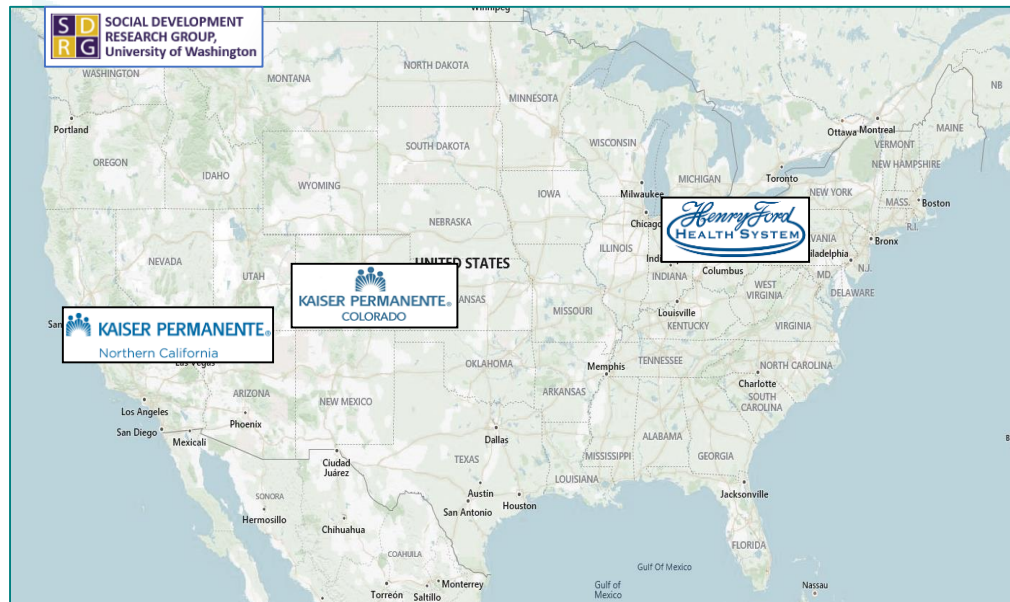
- RCTs found population level effects with Midwest samples
 - **Adolescents:** Lower substance use and antisocial behavior, fewer symptoms of depression for 4-6 years
 - **Families:** Better communication, closer relationships, less family conflict

New questions:

- *How can GGC reach more families?*
- *Can GGC be effective among socio-demographically diverse families?*
- *Can GGC be used in other countries/cultures?*



Guiding Good Choices for Health Study (GGC4H)



Principal Investigators: Drs. M. Kuklinski, UW; S. Sterling, KPNC; A. Beck, KPCO; J. Braciszewski, HFHS

Funded by National Institutes of Health (NIH) Pragmatic Trials Collaboratory

Aim: Evaluate **feasibility and effectiveness** of implementing GGC in 3 large integrated healthcare systems

Why deliver GGC via primary care?

- ~95% of families have a pediatric medical home
- Pediatricians are trusted by parents
- AAP recommends anticipatory guidance

Opportunity: Pediatricians refer parents to GGC to be delivered by behavioral health specialists → **Greater enrollment, uptake and public health impact**

Can we expand the use of evidence-based parenting programs internationally?

- Longstanding partnership between the **Social Development Research Group** and the **Fundación San Carlos de Maipo (FSMC)** in Chile
- Increase the use of evidence-based prevention programs in Chile
- Pilot study to train local GGC facilitators and implement the program in Spanish, in Chile

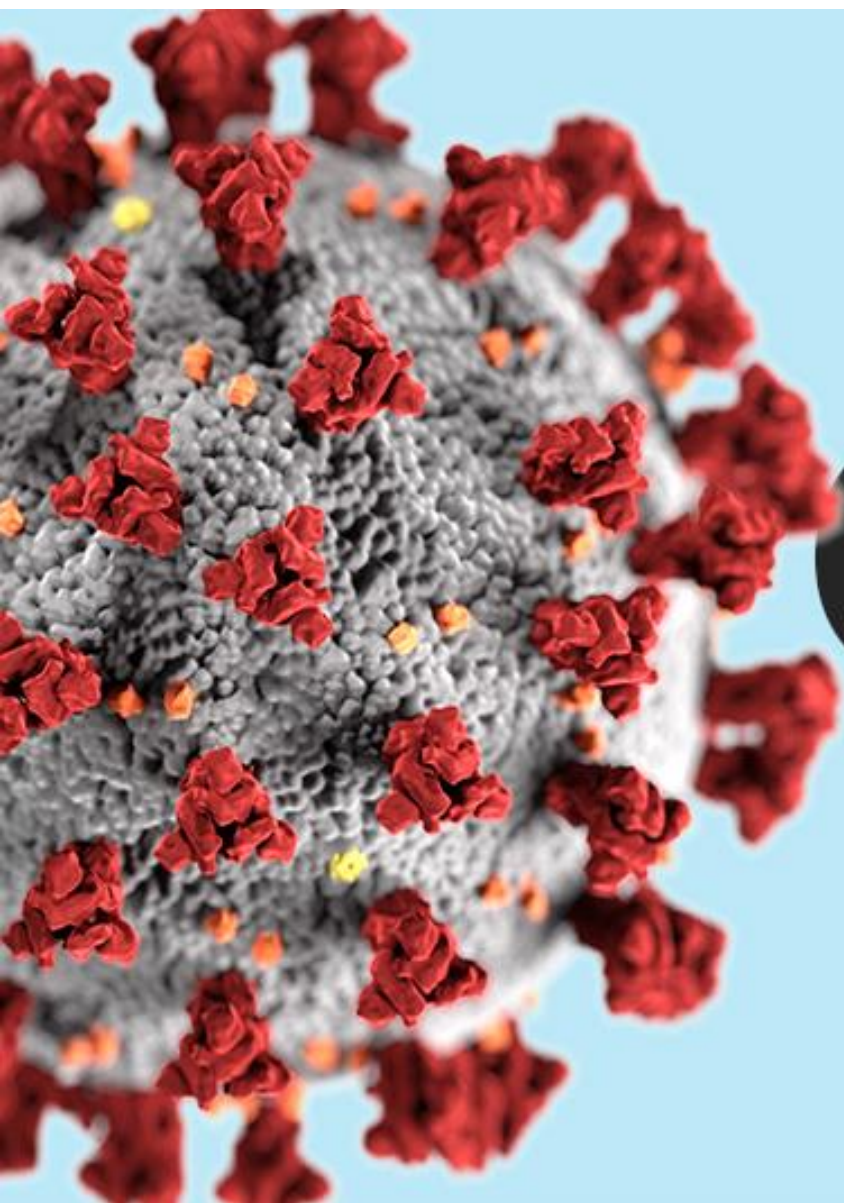
Nicole Eisenberg, UW, Principal Investigator
Romina Veas, FSCM, Project Director

Funded by the Fundación San Carlos de Maipo



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COVID-19

CORONAVIRUS PANDEMIC

Today's focus: four implementation studies

1) **Are caregivers of adolescents open to virtual parenting support?**

Erica Morse

2) **Does virtual GGC meet caregivers' needs?**

Hannah Scheuer

3) **Can virtual GGC be delivered with high fidelity?**

Kristi Morrison

4) **Can virtual GGC be implemented in a new country/culture?**

Nicole Eisenberg



Discussant: Dalene Beaulieu

Study 1:
Are caregivers of
adolescents open to virtual
parenting support?



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Parent Perspectives on Shifting from in-Person to Virtual Delivery of Guiding Good Choices

Erica Morse, M.A.,¹ Margaret R. Kuklinski, PhD,² Stacy A. Sterling, MSW, DrPH,^{3,4} Arne Beck, PhD,¹
Jordan M. Braciszewski, PhD,⁵ Nicole Eisenberg, PhD,² Jennifer Boggs, PhD, MSW,¹ Amy Loree, PhD,⁵
Tobie Taylor-McPhail, M.A.,¹ Amiè Williams, B.A.,¹ Sarah Danzo, PhD,⁶

¹ Institute for Health Research, Kaiser Permanente Colorado

² Social Development Research Group, School of Social Work, University of Washington

³ Division of Research, Kaiser Permanente Northern California

⁴ University of California, San Francisco, CA

⁵ Center for Health Policy and Health Services Research, Henry Ford Health

⁶ Department of Psychiatry and Behavioral Sciences, University of Washington

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Objectives

- Background
- Research Questions
- Methods
- Results
- Conclusion



Background

- Guiding Good Choices (GGC) parenting groups primarily delivered in an in-person format
- COVID-19 pandemic led to lockdowns and social distancing
- Delayed launch of GGC parenting groups
- Obtained IRB approval to conduct virtual parenting focus groups



Research questions

Are caregivers of adolescents open to virtual parenting support?

Would GGC be acceptable and feasible in a virtual format?

Methods

- Data collection Summer, 2020
- 3 sites: Kaiser Permanente Colorado and Northern California, and Henry Ford Health System in Detroit
- Virtual platform (Teams, WebEx, phone)
- 59 parents with 13-year-old children, pilot families and never-attended
- Semi-structured interviews (n=18); Focus Groups (n=41)
- Episodic summaries post interview/focus group
- Rapid Qualitative Assessment

Theme: Virtual Group facilitators

"Sometimes it takes a village to raise a child, and this is an easy way for us to come together and accomplish that."

Safety

Ease and convenience

Useful course content

Format and logistics

Group length

"You might tend to say more because people can't see you. You might say a little bit more and get a lot more out."

"If the topic is interesting and it's something I can apply and help my child, [90 min-2 hours is] not a lot of time at all."

"The things that draw us in are the things that seem welcoming and engaging, using the tools mentioned before (breakout rooms, jam board, chat box) would help (make parents feel welcome and engaged)."



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Theme: Virtual Group Barriers

"I have a one-year-old. Trying to move around her...having her take up our virtual time."



MEETING FATIGUE



BACKGROUND NOISE



MULTITASKING



GROUP DYNAMICS AND RAPPORT



SECURITY AND PRIVACY



TECHNOLOGY AND LOGISTICS

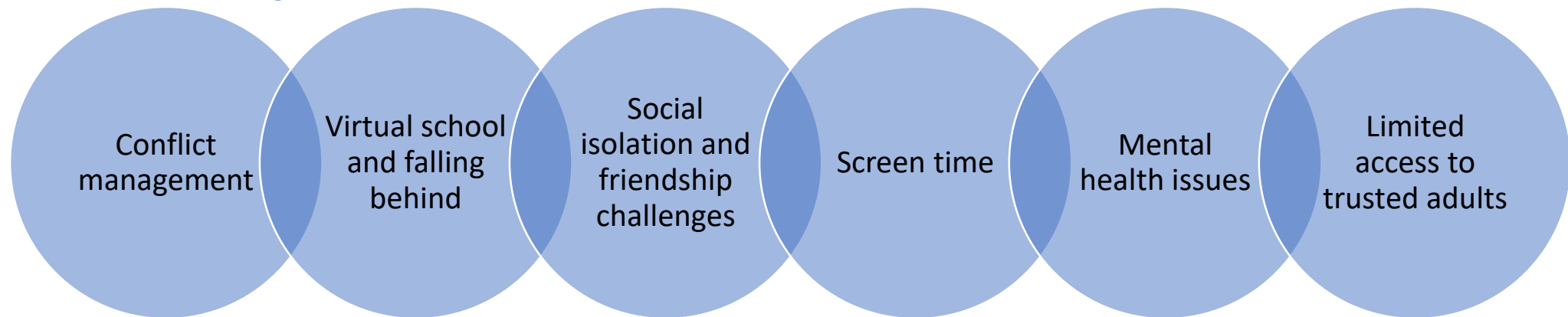
"There is something indefinable in being around people, [and being able to] take in all the affective cues...it's not the same [virtually], the ability to have some of the deeper conversations on video is a little bit harder."



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Theme: Help Dealing with COVID-19

"Maybe if I were to take this workshop now, probably I would find a lot of value in listening to other parents saying exactly the same things, saying how lost they feel."



"It's really hard to go through my child's changes right now. Sometimes I'm so mad at him, he's rebellious, and he's rude. It's just so hard, because I feel like I'm losing him, and that hurts tremendously. I didn't know that kind of pain. It just feels so awful and so lonely."

Theme: Adolescent participation

"They need more time to open up and to feel comfortable. Just doing one session and expecting them to do something in that one session...I don't see MY kids doing it."

Group length

Acceptability and appeal

Privacy and technology

Incentives

"It's easier for me to get my kid to join if it's virtual. I feel like they'll be more comfortable."

"The challenge I see is securing engagement from a rather independent child who is not inclined to be on video."



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Conclusions

- Desire for virtual parenting support
- Content is relevant for general parenting and during COVID-19
- Safe to attend online during COVID-19
- Support needs for parents and teens
- Consider home environments
- Different engagement techniques and technological needs for virtual delivery

Study 2:

Does virtual GGC meet caregivers' needs?



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Virtual Implementation of Guiding Good Choices

Lessons Learned from Intervention Adaptation in Response to COVID-19

Hannah Scheuer, MSW,¹ Margaret R. Kuklinski, PhD,¹ Stacy A. Sterling, MSW, DrPH,^{2,3} Arne Beck, PhD,⁴ Jordan M. Braciszewski, PhD,⁵ Dalene Beaulieu, MS,¹ Jennifer Boggs, PhD,⁴ John S. Briney, MA, MPA,¹ Sarah Danzo, PhD,⁶ Nicole Eisenberg, PhD,¹ Kevin P. Haggerty, MSW, PhD,¹ Andrew Jessen, MA,⁴ Andrea Kline-Simon, MS,² Amy Loree, PhD,⁵ Vivian H. Lyons, PhD, MPH,^{1,7} Miguel Mariscal, BA,¹ Kristi Morrison, BA,¹ Erica Morse, MA,⁴ and Xu Wang, MBBS, MPH⁵

¹ Social Development Research Group, School of Social Work, University of Washington

² Division of Research, Kaiser Permanente Northern California

³ University of California, San Francisco, CA

⁴ Institute for Health Research, Kaiser Permanente Colorado

⁵ Center for Health Policy and Health Services Research, Henry Ford Health

⁶ Department of Psychiatry and Behavioral Sciences, University of Washington

⁷ Allies in Healthier Systems for Health & Abundance in Youth, University of Washington

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Virtual Adaptation of GGC

- Due to the COVID-19 pandemic necessitating a shift in care delivery models, GGC was adapted for virtual delivery
- Experts set the following goals for virtual content and delivery:
 - retain core intervention components
 - maintain fidelity and efficacy of the intervention
 - engage parents in a virtual modality so that exposure to intervention components would remain strong
 - provide a virtual environment that allowed parents to bond with each other and with GGC interventionists

Specific Adaptation Modifications

- **Added introductory session**
- **Swapped Sessions 3 & 4**
- **Adjusted activities and exercises**
- **Added “Tech Checks”**



Evaluating Feasibility & Acceptability of GGC's Virtual Adaptation

- Utilizing parent satisfaction data and focus group data from study interventionists, we evaluated feasibility and acceptability of the virtual adaptation
- Satisfaction data are from post-session surveys completed voluntarily by parents (n = 253, from 45 groups, 15 to 19 groups/site)
- Interventionist data are from a focus group (n = 8) held to understand the feasibility of virtual GGC



GGC Post-Survey Satisfaction Questions

How satisfied were you with each of the following aspects of the session?

Overall Session

Video Segments

Activities/ Exercises

Family Guide

Workshop process (i.e., combination of large group discussion, small group breakouts, presentations by the leaders, role plays/practice)

radio (Matrix)

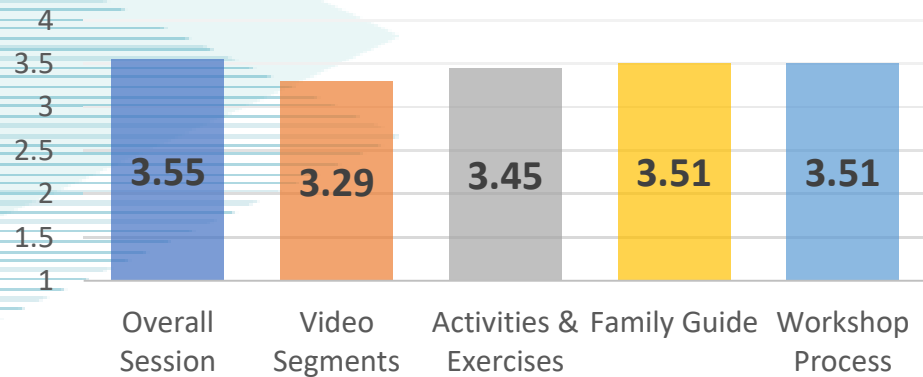
| | |
|---|--------------------|
| 1 | Not Satisfied |
| 2 | Somewhat Satisfied |
| 3 | Satisfied |
| 4 | Very Satisfied |



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Overall Satisfaction

MEAN SATISFACTION BY COMPONENT



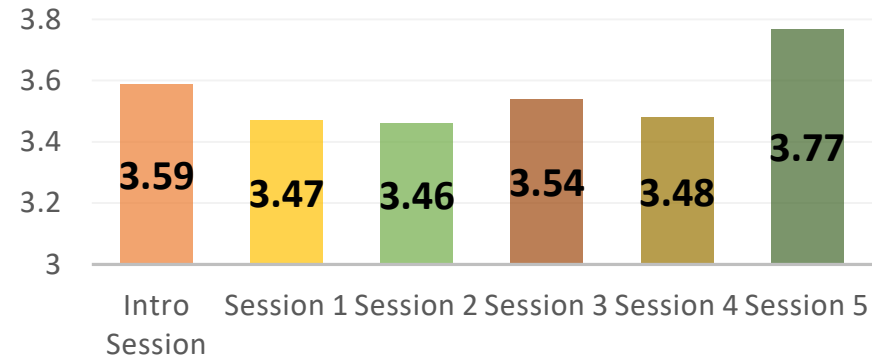
Note. For each participant, an average satisfaction score across sessions was generated. This chart utilizes the average satisfaction score across sessions to generate an overall mean satisfaction score by session aspect.

Overall Satisfaction = 3.55

Satisfaction Ratings:

- 1 = Not Satisfied
- 2 = Somewhat Satisfied
- 3 = Satisfied
- 4 = Very Satisfied

Mean Satisfaction By Session



Parent Feedback

Enjoyed small breakout rooms & time to connect with other families

Virtual format reduced participation barriers

Technological challenges impeded engagement

Virtual sessions fostered community during COVID-19

"I personally really loved the virtual format; being able to participate from my home made it less difficult to find the time."

"It was great! Adapted well in pandemic with virtual platform! Def wouldn't have attended in person pandemic or not- thanks to open & accepting zoom environment. Keep going with zoom! Virtual allows great family flexibility!"

"It is comforting to 'see' other parents who share the same hopes for our kids. I am looking forward to learning all together. During this difficult time [COVID-19], it is especially beneficial."

"Internet slowages made some conversations difficult."

"Our internet connection was glitchy impacting hearing."



Interventionist Feedback

Suggested limiting lecture in favor of more activity-based content

Virtual sessions reduced attendance barriers

Virtual sessions foster PASSIVE participation (e.g., multitasking)

“There's like advantages and disadvantages. So the advantages, like, you know, we have parents that are like cooking at home so like they have time so they can multitask and don't feel like, oh, they don't have to go somewhere to do this. At the same time, it's like multitasking can kind of lead to them not really paying attention.”

“I feel like when we've discussed it with parents, we have heard that virtual is much more convenient for them. ...but I do think it's a pretty big time saver and attendance helper”

“In person versus the virtual from the parents experience, I'm just guessing that I don't know that they're getting the same exposure to the material because of everything that everyone's mentioned, the distractions this idea that it's sort of this passive kind of participation...”

“The way that you know obviously it's designed for in person, but it is, in my opinion, too lecture heavy for virtual for exactly...”



Conclusions

- Parents were highly satisfied with virtual GGC!
- Virtual sessions foster community during COVID-19, make attendance overall more accessible and convenient, but technological challenges can impede engagement
- Interventionist data suggest that virtual delivery is feasible and reduces attendance barriers, but fosters passive participation - potentially decreasing impact
- Overall, attending to connectivity issues and engagement in virtual intervention delivery appear needed to support impact and sustained intervention delivery

Study 3: Can virtual GGC be delivered with high fidelity?

Assessing Implementation Fidelity of the Guiding Good Choices Program in a Virtual Environment

Kristi Morrison, B.A.,¹ Nicole Eisenberg, PhD,¹ Margaret
Kuklinski, PhD,¹ and Stacy Sterling, MSW, DrPH^{2,3}

¹ Social Development Research Group, School of Social Work, University of Washington

² Division of Research, Kaiser Permanente Northern California

³ University of California, San Francisco, CA

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Virtual delivery can enhance reach

- Offering interventions online can:
 - enhance reach and thereby, public health impact
 - reduce barriers to attendance
 - reduce costs for organizations



Implementation Fidelity

- The degree to which an intervention is delivered as intended
- High implementation fidelity is associated with better program outcomes
- How does the adaptation to virtual delivery affect fidelity?

Implementation Fidelity Constructs

Attendance

How much of the intervention did participants receive?

Dosage

How much of the intervention was delivered?

Adherence

How much of the core components were covered?

Quality of Delivery

How competent and effective were providers in delivering the material?

Participant Engagement

How active and engaged were participants?



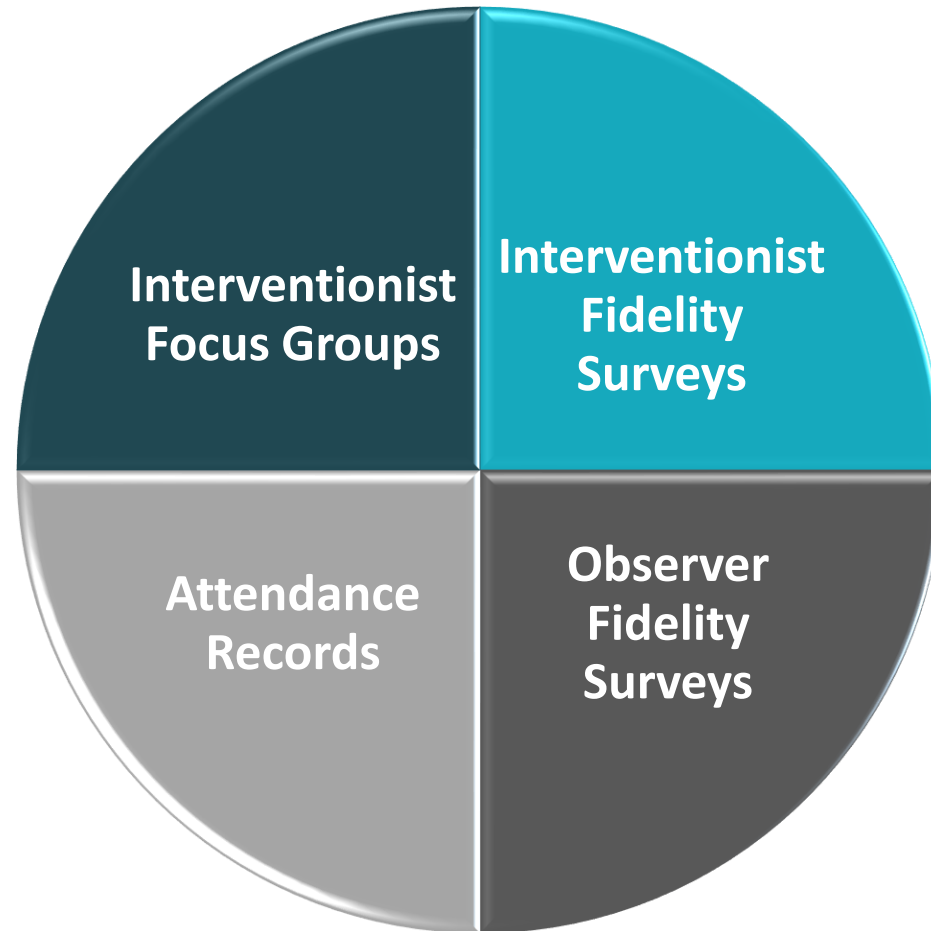
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Methods

- Staff at the three healthcare systems received extensive training on GGC
- Two interventionists delivered the program via Zoom
- 45 groups delivered across two years (cohorts) during the COVID-19 pandemic



Mixed Methods

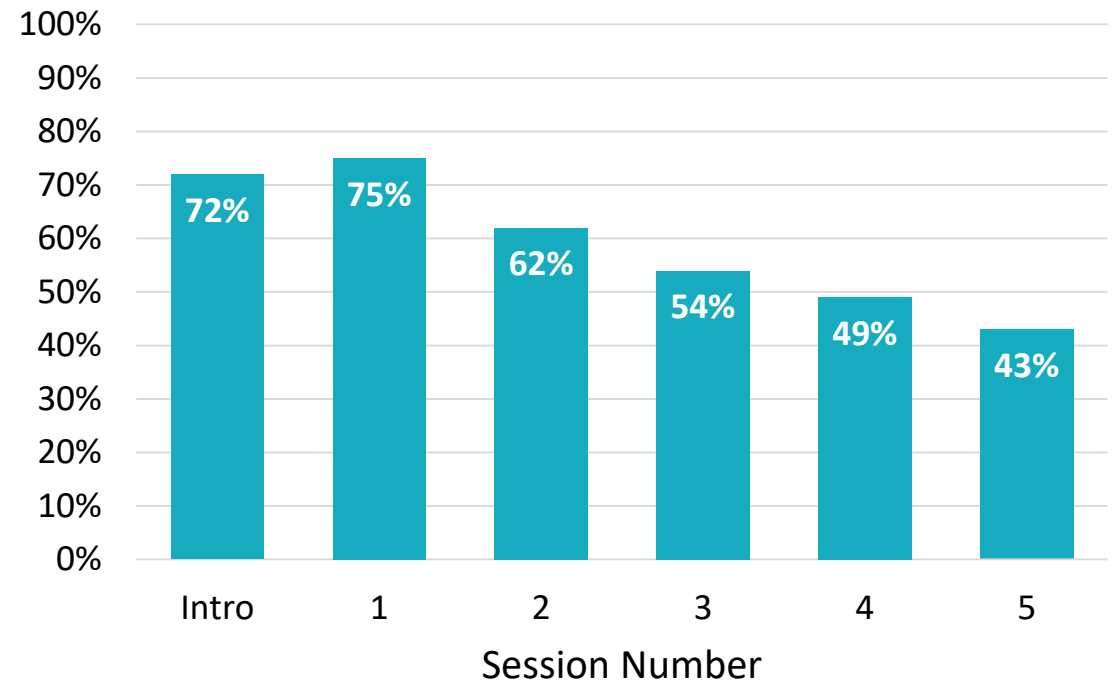


Results

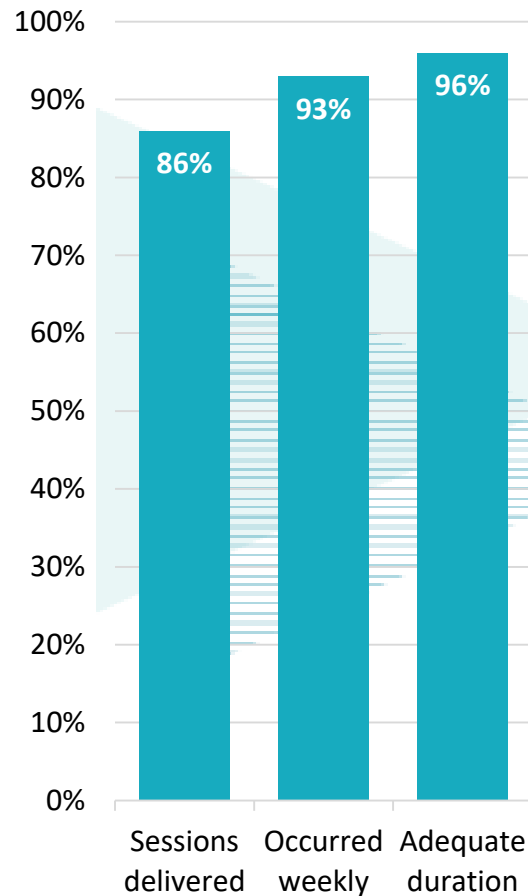
Attendance

- 292 families attended at least one session
- Families attended (on average) 3.5 out of 6 sessions
- Program attendance declined as time went on

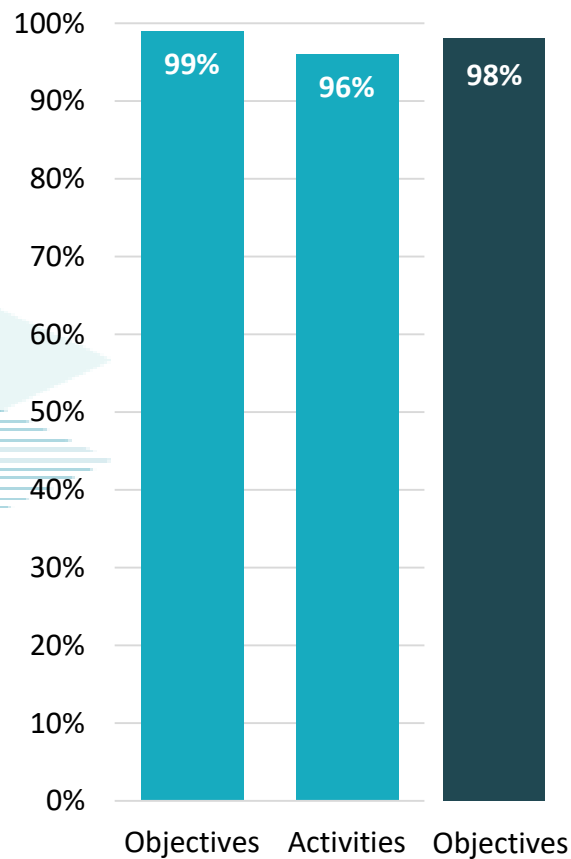
Percent of Attendees at Each Session



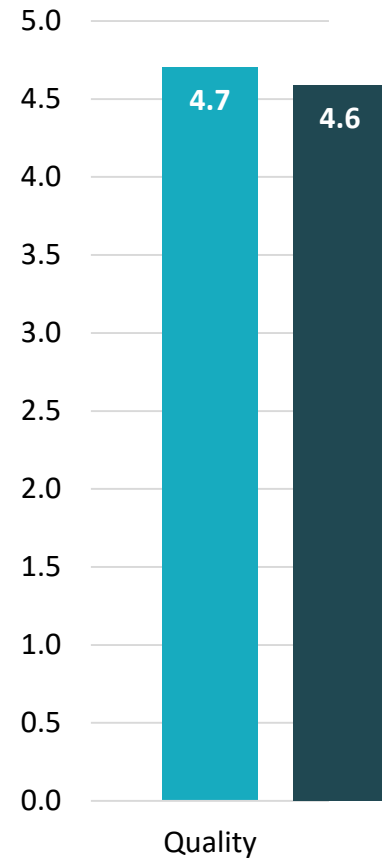
Virtual GGC was delivered with high fidelity



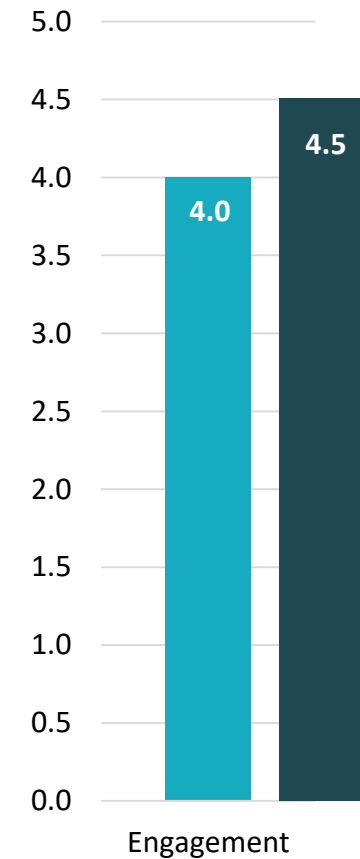
Dosage



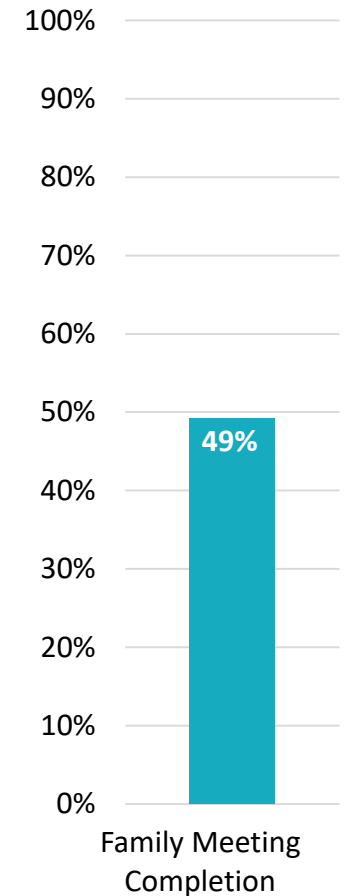
Adherence



Quality of Delivery



Participant Engagement



Interventionist Perspectives on Fidelity

| Dosage & Attendance | Adherence | Delivery Quality | Participant Engagement |
|--|---|--|--|
| <ul style="list-style-type: none">• 2-hr. sessions big time commitment• Attendance drop off | <ul style="list-style-type: none">• Sometimes modified activities — skipped videos or breakout rooms — but generally not core material• Material condensed due to time | <ul style="list-style-type: none">• Improved over time• Valued practice and ongoing support | <ul style="list-style-type: none">• Parent bonding and engagement• Parent retention and youth engagement• Additional content could motivate parents (e.g., social media) |
| <p>Two hours...was more than most people were comfortable committing to</p> | <p>...If we're running low on time, I'll just give the examples... instead of asking [them to provide examples] and... waiting for responses</p> | <p>I felt like we got better as we went along, and we were just so much better by the end</p> | <p>[One of the biggest strengths is] probably parents talking to each other because a lot of them, especially during COVID, they just stopped connecting with other people socially</p> |

Key Takeaways

- GGC can be delivered with high fidelity in a virtual environment
- Similar levels of fidelity when compared to previous studies of GGC delivered in-person
- Strategies to improve participation and retention

Study 4:
Can virtual GGC be
implemented in a new
country/culture?



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Lessons from the Pilot Implementation of the Virtual *Guiando Buenas Decisiones* Program in Chile

Nicole Eisenberg¹, Romina Veas², Viviana Muñoz², Kristi Morrison¹, Cristian Meneses², Dalene Beaulieu¹, Raul Perry², Marcelo Sánchez²



¹University of Washington Social Development Research Group



GUIANDO
BUENAS DECISIONES



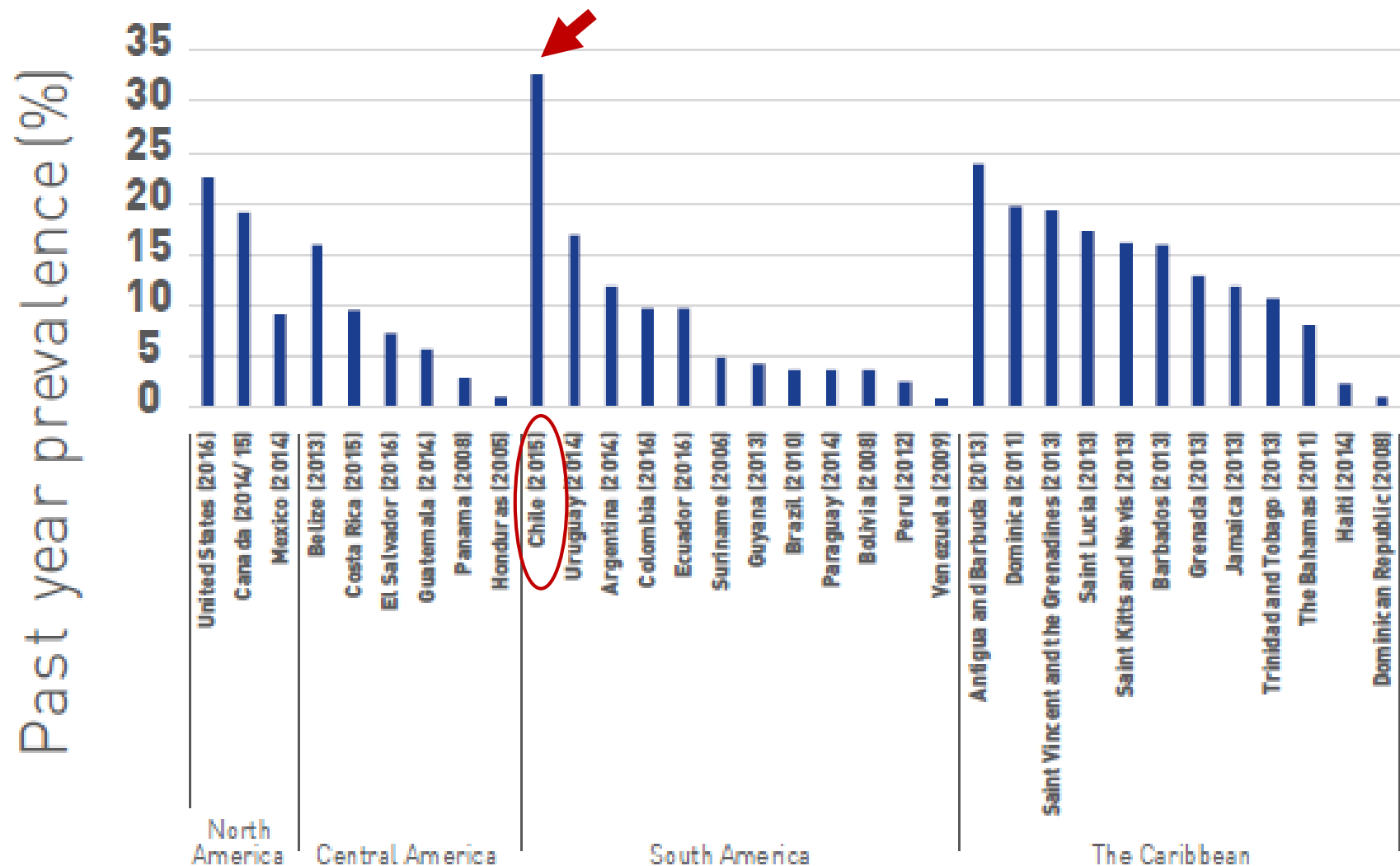
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²Fundación San Carlos de Maipo, Chile

Why implement GGC in Chile?

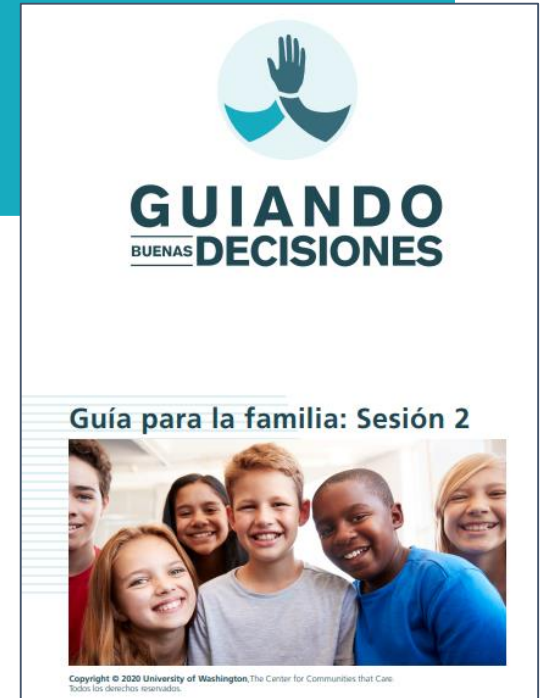
- Evidence-based parenting interventions can have positive effects on the health and wellbeing of youth
 - Research shows that reducing family conflict, improving family management and strengthening family bonds can reduce substance use
- Dearth of evidence-based programs for use in Spanish speaking countries
- Strong need for preventive interventions in Latin America, and Chile in particular

Past year prevalence of marijuana use among secondary school students, by country, sorted by subregion



Pilot study

- We piloted the virtual Spanish language version of the program (*Guiando Buenas Decisiones*, GBD) in Chile during the COVID-19 pandemic
- Goals:
 - explore the feasibility of using virtual GBD
 - assess implementation fidelity and participant satisfaction
 - identify lessons to enhance the use and acceptability of GBD in a new cultural context



¡Bienvenidos!

En el chat de Zoom, anote algo divertido o entretenido que hayan hecho recientemente en familia.

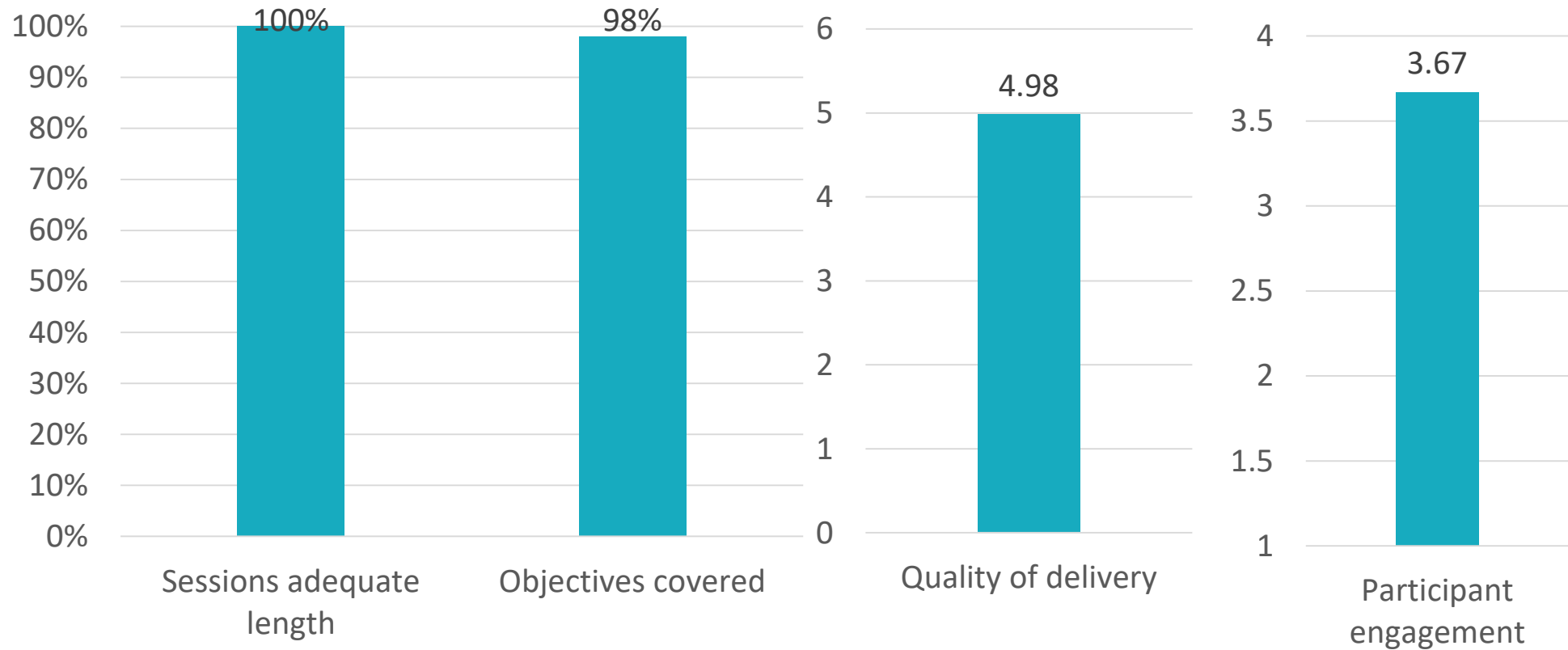


Methods

- **Four GBD groups** were implemented virtually in 2 Chilean low-income neighborhoods in 2021 and 2022
- Pairs of facilitators delivered the 6-session program
- **Implementation fidelity** (dosage, adherence, quality of delivery, participant engagement)
 - **Self-report fidelity tool** completed by facilitators after each session
 - **Observer ratings** of ~50% of sessions
- **Participant satisfaction**
 - **Session evaluations** completed at the end of each session
 - **Focus groups** conducted after the program was completed



Implementation fidelity (observer ratings)



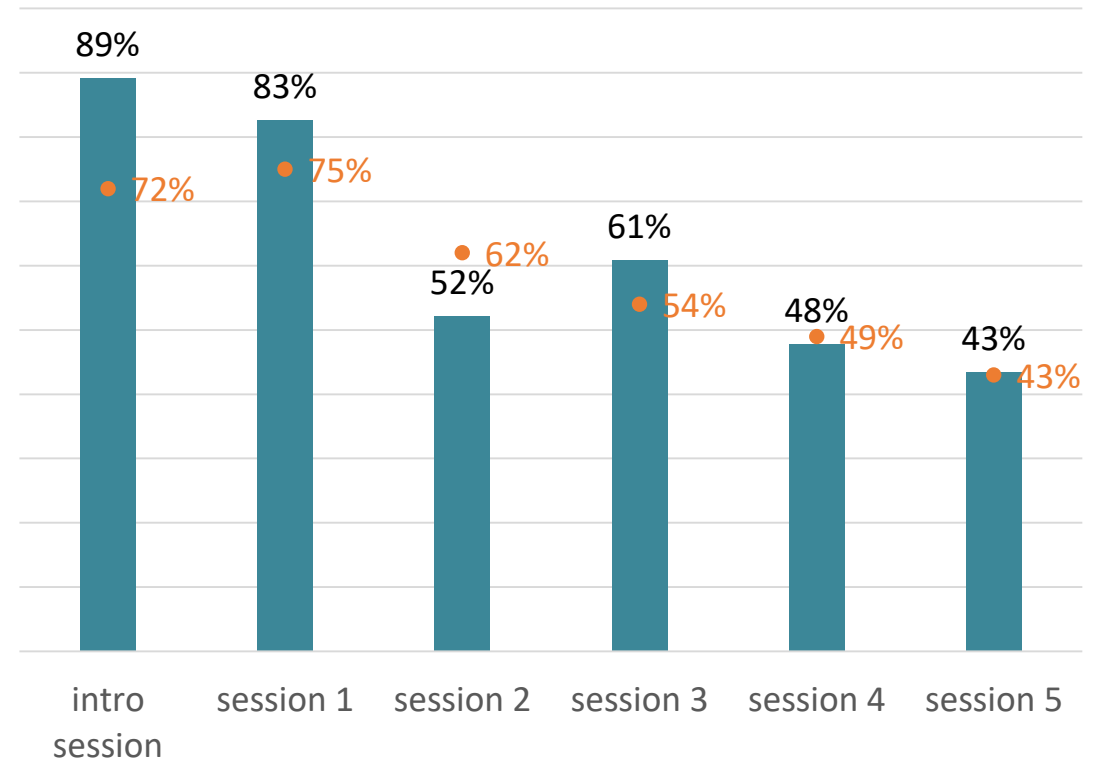
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*Self report fidelity ratings were very similar

Attendance

- 58 parents enrolled in the program
- 79% of enrolled parents (n=46) attended at least one session
- 41% of parents (n=24) attended 4+ sessions
- Attendance declined across sessions

Attendance by Session*



*Out of those attending at least 1 session

● Virtual GGC in 3 US states during COVID, ~300 parents

Participant satisfaction (caregiver evaluations)

- Similarly to the US implementation, it was difficult to get parents to attend all the sessions
- Parents that attended liked the program and responded well to it, felt the content was relevant



What did you like most about today's session?

Everyone showing respect and honesty

Opportunity to get to know other parents, interaction with other parents

Learning new skills that will help me with my family, to be a better parent

Having our children participate

The trust and confidence generated during the sessions

Sharing with others what our kids are going through

Participating and learning

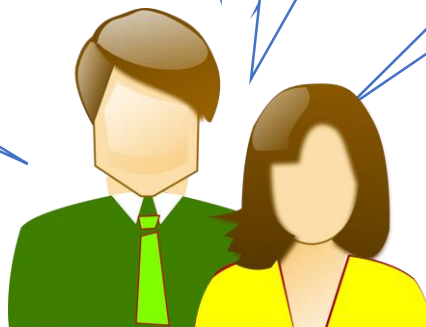
Learning about family meetings, how to avoid drugs, how to face problems...

Facilitator's knowledge and care

The role plays, activities, practice



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Focus groups with parents: strengths

- Parents felt **motivated** to join:
 - Difficult age group, need support
 - To help prevent drug use
 - To learn parenting tools
 - To have personal space for parents, share with others going through similar experiences
- Topics covered were **relevant**
- **Facilitators showed care**, interest, warmth
- Sense of **belonging** to group, good rapport with other parents
- **Benefits** experienced:
 - Sharing experiences with other parents
 - More tools to actually listen to our kids
 - Skills for kids to use
 - Less parental stress
 - More closeness with kids, more recognition of kids' values and skills

Focus groups with parents: areas for improvement

- Needed more time during sessions to delve deeper into topics
- The term “family meeting” (“reunion familiar”) seemed a bit odd to some, more clarification needed as to what it is and what to call it
- Preferred to share personal experiences than to watch the videos during sessions
- Experienced some tech challenges with videos (sometimes replaced with modeling/roles plays)
- Difficulties: internet connectivity, scheduling conflicts with work, last minute issues that come up

Conclusions

- It is possible to deliver GBD virtually with high fidelity in a new country
- Parents perceived GBD positively, reported learning new skills
- Lessons from the pilot suggested enhancements (e.g., mid-week outreach to parents to increase attendance; highlight importance of family meetings)
- Technology to virtually deliver interventions—and train facilitators around the world—can increase the reach of evidence-based parenting programs globally



Future studies: test program effects in Chile

Discussion



GUIDING
GOOD CHOICES



Guiding Good Choices

In five or six sessions, parents and caregivers learn specific actions that promote healthy development and reduce risky behavior in the teen years. Home practice and weekly family meetings build family connections and help families apply skills in real life. Guiding Good Choices® emphasizes strong family bonds as the key that motivates preteens to follow family guidelines and stay on a course toward better health and educational outcomes as teenagers.

Our Take-A-Ways (the good news):

- Are caregivers of adolescents open to GGC delivered virtually?
 - YES
- Can GGC be delivered virtually with fidelity?
 - YES
- Does GGC meet caregivers' needs?
 - YES
- Is it feasible to deliver GGC virtually in countries other than the USA?
 - YES

Our Take-A-Ways (the cautions):

- We need to be creative in regards to Recruitment and Retention of parents in preventative interventions, given the challenges that we experience in general and virtually.
- Engagement and bonding are two critical elements of the intervention. We would benefit from exploring better ways to do this (or at least to initiate them) in a virtual environment.
- We are entering homes (virtually) and need to be prepared for all that brings with it (what's going on in the background, etc.)
- Facilitators must not only be comfortable with the content and activities of the curriculum, but also with the virtual meeting software. Adequate training and practice needs to be provided.

THANK YOU! Contact us:

Guiding Good Choices program (Center for Communities that Care)

<https://www.communitiesthatcare.net/programs/ggc/>

Erica Morse Erica.F.Morse@kp.org

Hannah Scheuer hscheuer@uw.edu

Kristi Morrison goetzkm@uw.edu

Nicole Eisenberg: neisen@uw.edu

Dalene Beaulieu daleneb@uw.edu

