

# GGC4H: Testing Feasibility and Effectiveness of Universal Parent-Focused Prevention in Three Healthcare Systems

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**NIH PRAGMATIC TRIALS  
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# Objectives

- Overview: Guiding Good Choice and opportunities for parent-focused prevention in primary care
- Challenges and opportunities (or...the only constant in life is change...)
  - Engaging stakeholders: Balancing pragmatic implementation and rigorous design
  - Measurement: Could we harness EHR data to address key study questions?
  - Feasibility: Implementation during the pandemic

# Guiding Good Choices (GGC)

- **6 virtual sessions**
  - Specific parenting skills
  - Strategies to promote bonding
- **2 RCTs → GGC reduced**
  - Alcohol, marijuana, cigarette use
  - Symptoms of depression
  - Antisocial behavior
  - For 4-6 years (Grades 10-12)
- **GGC also strengthened families:**
  - Better communication, closer relationships, less family conflict



→ *Would implementation in pediatric primary care increase uptake and achieve impact among diverse families?*

# Study design

- Randomly assigned 75 pediatricians within 3 healthcare systems and 10 clinics
- Recruited ~1975 adolescents to the study – 2 cohorts
- Offered GGC to 512 enrolled parents in intervention arm
- RE-AIM\* measurement framework
  - Implementation: Reach, adoption, implementation fidelity, participant engagement and skills
  - Effectiveness: Evaluate GGC's impact on adolescent health

# Barriers/challenges

- Pragmatic implementation → Challenges for valid statistical inference
- Viability of EHR as a data source
- Impacts of the COVID-19 pandemic

# Pragmatic implementation: Key leader support

- All clinics, pediatricians chose to participate...and were retained
- Universal recommendation → no risk assessment
- Low-burden workflow: Minimal ask of pediatricians, flexible tools

## Pediatrician referral “scripts”

“We have a new free program called Guiding Good Choices for Health and I’m encouraging all parents of my 11-12 year old patients to attend this free program.”

“We’re offering a new free class called Guiding Good Choices. It’s for parents of children your son’s/daughter’s age in my practice, to provide you with tools to help your child avoid risky behaviors during the challenging teen years while keeping your relationship strong.”

## Rx Guiding Good Choices: prescription for success

We know good parents like you often have a lot of questions about the teen years. You’re looking for ways to help your kids avoid some of the risky behaviors that come with that age. You also want to know how to talk with your kids about challenging issues and keep your relationship strong.

We are offering a free class for parents called **Guiding Good Choices** that does just that. This proven-effective program provides you with tools to help your child steer clear of risky behaviors, communicate effectively, and maintain strong family bonds. It has helped many families like yours navigate adolescence. And it’s now available to you.

**Guiding Good Choices** – A prescription for good health and wellbeing for young adolescents.

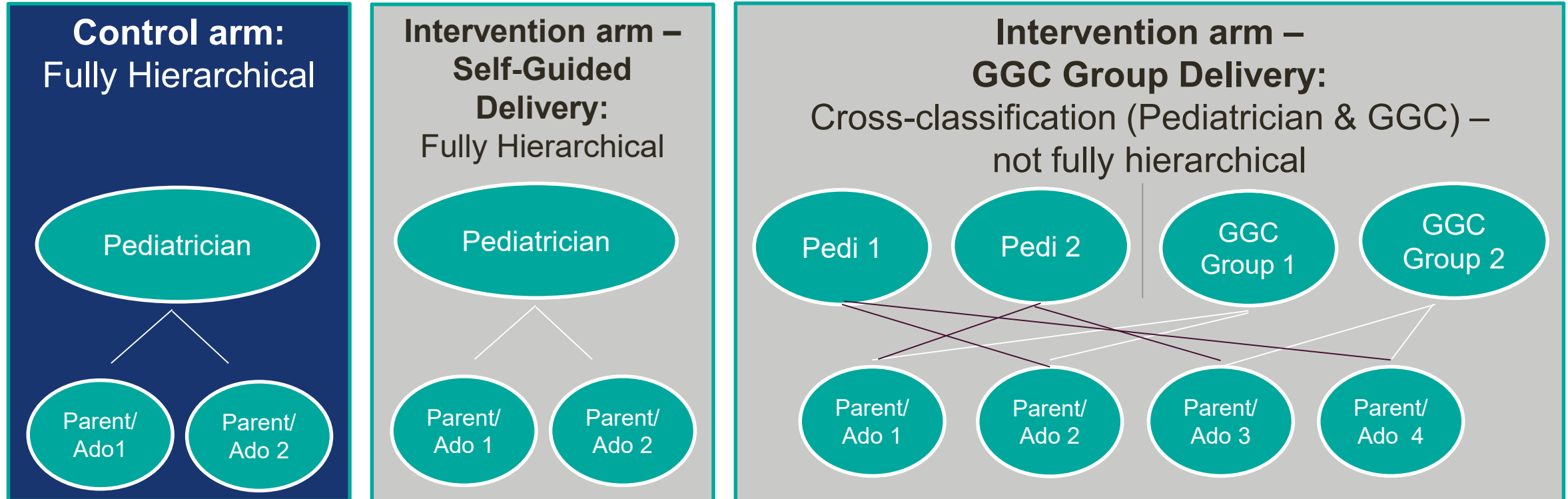
### Instructions:

- ✓ Contact us: 510-910-1328
- ✓ Hear from us: We’ll call you in 1-2 weeks.
- ✓ Attend our groups with food!

### Prescriber:



# Pragmatic implementation: study design



- Cluster randomized trial with partial cross-classification in intervention arm
- If not modelled appropriately: threats to inference (bias), increased type I error
- Quesenberry adapted Luo et al (2015); Sofrygin simulation showed adequate power, coverage

# EHR did not have the outcomes data GGC4H needed. *We developed a Youth Behavioral Health Survey instead:*

GGC4H YOUTH OUTCOMES			
Primary Outcomes	Secondary Outcomes	Exploratory Outcomes	Mechanisms to Impact
<b>Substance Use</b> Age of Initiation  <b>Substances Examined</b> Alcohol, Marijuana, Cigarettes, E-Cigarettes, Inhalants, Opioids, Other Drugs	<b>Mental Health</b> Depression (PHQ-9) <b>Antisocial Behavior</b> Ever Past-Year <b>Substance Use</b> Lifetime Frequency Past-Year, Past 30-day Use Past 30-day Use Amount	Anxiety (GAD-7) <b>Screen &amp; Social Media Time</b>  <b>Sexting</b>	<b>Parent and Family Risk &amp; Protective Factors (RPFs)</b>  <b>Individual RPFs</b> <b>Peer RPFs</b> <b>School RPFs</b>

- Developed Adolescent Behavioral Health Survey to collect data on behavioral health outcomes; widely used, validated measures
- Administered online or by telephone with trained interviewers



# COVID-19 → Virtual GGC.

*Would virtual GGC be delivered with fidelity, satisfying to parents?*

- High-fidelity – interventionist ratings across 44 implemented groups
  - Dosage: 86% of planned sessions
  - Adherence: 99% objectives, 96% activities
  - Parent engagement: 4.0 out of 5
  - Overall quality: 4.7 out of 5
  - Independent observers confirmed
- How satisfied were you with the following aspects of the session?
  - Overall Session
  - Video Segments
  - Activities/ Exercises
  - Family Guide
  - Workshop process



**3.6 out of 4 – very satisfied**  
(*n* = 254 parents)

# Solutions/lessons learned

- 1) Universal/primary prevention programs can be attractive to pediatricians and feasible to deliver within the healthcare system.
- 2) Challenges to consistent collection and storage of behavioral health outcomes and their precursors remains a challenge – even in healthcare systems participating in the VDW.
- 3) Parents and caregivers were satisfied with virtual GGC, which can strengthen the business case for GGC because of economies of scale.