



GUIANDO
BUENAS DECISIONES

Extending the Reach of Guiding Good Choices through Primary Care-based Implementation with Spanish Speaking Families

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Society for Research in Child Development, 2023 Biennial Meeting

Federal Agency Professional Development Symposium: Intervention Development and Testing at the National Center for Complementary and Integrative Health (NCCIH)

March 25, 2023

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.

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

PARENT STUDY – A MULTI-SITE, PRAGMATIC, CLUSTER RANDOMIZED TRIAL TO IMPLEMENT **GUIDING GOOD CHOICES** IN 3 HEALTHCARE SYSTEMS

3 large “learning” healthcare systems:

Kaiser Permanente Northern California

Henry Ford Health System

Kaiser Permanente Colorado

Social Development Research Group, School of Social Work, University of Washington, the developers of Guiding Good Choices

Guiding Good Choices for Health (GGC4H)

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MANY BEHAVIORAL HEALTH PROBLEMS BEGIN OR RISE SHARPLY DURING ADOLESCENCE

By the time they leave high school:

- 50% of adolescents will have used some form of illicit drugs
- 20-25% will have met diagnostic criteria for depression
- Many will engage in delinquency or violence
- Other common behavioral health problems: Anxiety, Sexual risk behavior, academic and school problems

MANY ADVANTAGES TO PROVIDING PARENTING PROGRAMS IN PEDIATRIC PRIMARY CARE

- Behavioral health problems in adolescence influence later health.
- Pediatricians have high credibility and are trusted by parents.
- Most children in U.S. have access to pediatric primary care.
- Care provided in a pediatric setting is less stigmatizing than specialty care.

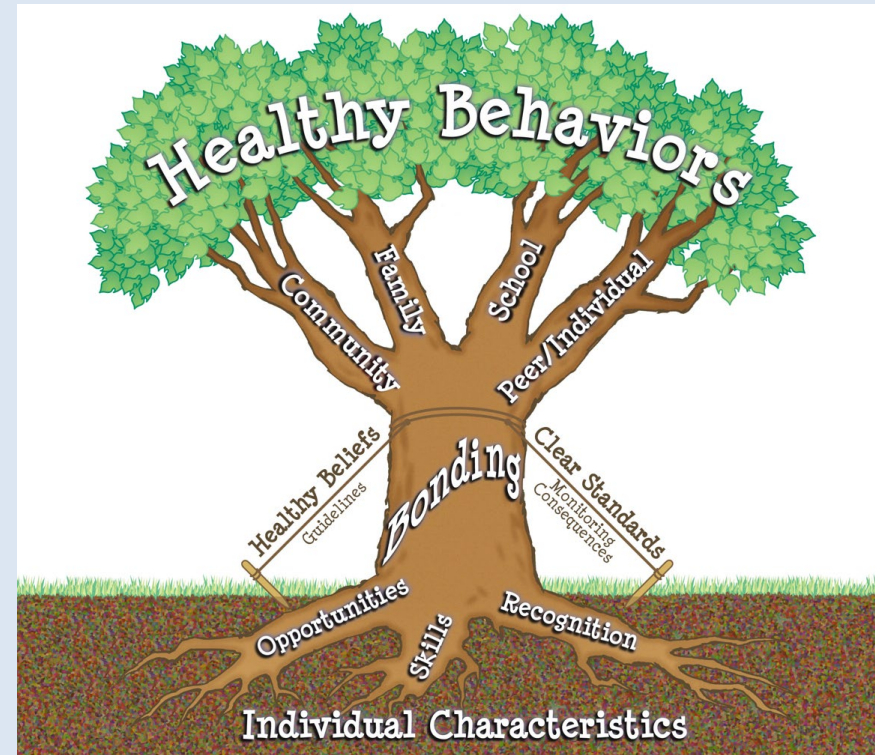
GUIDING GOOD CHOICES

Universal prevention program for **parents of early adolescents** ages 9 - 14

Theoretically grounded: **Social Development Model**

2 RCTs demonstrated behavioral health impact:

- ✓ Affects **Parenting Behavior** regardless of family risk (Spoth et al., 1998)
- ✓ Reduced Growth in **Substance Use** (Mason et al., 2003)
- ✓ Reduced Growth in **Delinquency** (Mason et al., 2003)
- ✓ Reduced **Depressive symptoms** (Mason et al., 2007)
- ✓ **Cost-beneficial: Benefit-Cost Ratio: \$2.77** (WSIPP, 2018)



6 SESSIONS, ONE INCLUDING ADOLESCENTS - **VIRTUAL**

Orientation & Tech Check

Session 1. Getting Started: How to Promote Health and Wellbeing During the Teen Years

Session 2. Setting Guidelines: How to Develop Healthy Beliefs and Clear Standards

Session 3. Avoiding Trouble: How to Say No, Keep Your Friends, and Still Have Fun

Session 4. Managing Conflict: How to Deal With Your Anger in a Positive Way

Session 5. Involving Everyone: How to Strengthen Family Bonds

Sessions emphasize concrete, pragmatic parenting skills:

Build family bonding
Establish and reinforce clear and consistent guidelines for children's behavior
Teach children skills to resist negative peer influence
Improve family management practices
Reduce family conflict

KPNC Oakland Pediatrics - Diverse Patient Population

- ~15,000 adolescent patients, 40 primary care providers
- Hispanic/Latino 17%
- Asian 17%
- Black/African-American 16%
- White 31%
- Hawaiian/Pacific Islander 1%
- Native American 1%
- Multi-racial 6%
- Unknown 11%

- Spanish as primary language in EHR 6%
- Many require a translator
- Many more feel more comfortable in Spanish than English

Supplement Aims

Aim 1.

- (a) Semi-structured interviews with Spanish-speaking families
- (b) Semi-structured interviews with pediatricians with large proportions of children of Spanish-speaking families
- (c) Content analysis of interviews to identify themes that can guide tailoring of GBD referral, enrollment, engagement, and intervention processes and activities for uses with the target population.

Aim 2.

- (a) Hire and train 2-3 Spanish-speaking interventionists; Rigorous 3-day training with curriculum experts.
- (b) Orient pediatricians in the KPNC Oakland Pediatrics Clinic, including any tailoring to messaging identified in Aim 1.
- (c) Develop and disseminate Spanish language versions of all enrollment tools and materials (e.g., referral scripts and talking points describing GBD).

Aim 3. Deliver GBD to 2 groups of parents.

Pediatrician Interviews:

*“**Not just the language it’s culture.** There’s a difference. Different culture from Mexico than from Spain, than from Peru. You need to be sensitive to that”*

*“Very important for those leading the class to be **bicultural, not just bilingual**”*

*“Immigrant **intergenerational stress** - 1st generation children walk a “**cultural tightrope**” - between their world at home and the outside world (school, neighborhood) – so GGC (curriculum-content) needs to reflect this.”*

*“Disconnect parents have” – they need help understanding the experiences and pressures of their children. **Parents can only understand the world from their reality/experiences – they need help understanding the social forces that impact their kids.**”*

“Working multiple jobs, physical separation of families (due to immigration status), language barriers, racism, housing, food deserts, looming fears (immigration status/deportation even if here legally), health insurance status.”

Hesitancy and stigma of discussing mental health: *“Parents want to talk about mental health but are afraid to discuss in front of their kids because of their children’s trauma.”*

Pediatrician Interviews

*“Curriculum of GGC is great, marketing should be different – start with provider, but **depend more on personal phone recruitment.**”*

*“**Help your teen succeed – helping you helping your child succeed in relationships**’. Success in general appeals; they all think they’re bonded already”*

“Focus on effective family relationships, on how the class can help the kids do better in school, on sexual activity (that is a concern)”

*“Any outreach should highlight **tools to help guide parents on how to communicate** with their kids”*

Flexible eligibility: *“GGC should be open to grandparents and siblings who are guardians. Families can also be split – ex. dad is in Mexico, going back and forth and parent acts as single parent”*

“In-person. It’s cultural – they prefer face-to face – eye contact. Even a phone appt is not too popular. Her patients’ parents don’t know how to navigate online”

“Not as many resources or opportunities for monolingual Spanish-speaking parents”

Parent Interviews

*“The thing is I have two little kids, so, **childcare during the class. The schedule has to be flexible. I’m not very keen on technology, but now I’m learning** because classes are online, with all this going on, I’m learning how to deal with the computer, **I would like video calls.**”*

Q: *“What would be the best way to get to parents to inform them about the programs?”*

A: *“**Texting. And phone calls.**”*

“It is important to learn more regarding what’s going on with teenagers, to deal with deeper topics about what’s going on currently.”

*“I think that **social media worries me the most right now.** I’m not scared of her being bullied, I’m scared of what people post. Many people are sending messages like, “Send me a picture of you and I’ll pay for it. Show me your feet. People want to give you money for doing this and that. Many things on the internet aren’t good.”*

“Kids grow up faster here. That’s why I need to talk to somebody about it. I want someone to help my daughter and me. I want my husband to listen to that conversation too.”

*“Many Latinos understand English, but some don’t know how to speak it yet. I do understand what they say, but it’s harder for me to talk in English. **I would appreciate it if it was a bilingual group.**”*

Facilitators of GGC Engagement

- Childcare
- Flexible scheduling
- Financial incentives
- Referrals from the pediatrician
- Virtual format/remote format classes
- Clear information about the class content,
- Assistance navigating the technology
- “Marketing” of programs, outreach and recruitment through texts, phone calls, or by pediatrician referral
- The messaging that appealed most to parents related to how to best help and support their children to succeed

Barriers to GGC Engagement

- Inconvenient, inflexible scheduling
- Transportation
- Childcare
- English-only classes
- Fears of getting COVID-19
- Some concerns about virtual modality:
 - being on camera
 - lack personal connection
 - would not feel comfortable online
 - lacking devices or an appropriate internet connection to attend the class



GUIANDO
BUENAS DECISIONES

¿Qué es guiando buenas decisiones?

GBD es un programa para padres de jóvenes de 9 a 14 años, que se ofrece en cinco talleres de 2 horas cada uno, durante cinco semanas consecutivas. Cuando se ofrece virtualmente (vía internet), se añade una sesión introductoria para orientar a los padres al entorno virtual y a las herramientas necesarias para participar desde casa.

Actividad 3: Deseos para nuestros/as hijos/as

15 minutos

EN ESTA ACTIVIDAD:

- 4 min: Organización y tiempo individual para escribir.
- 11 min: Debate con el grupo completo, complementado con notas en el chat.

OBJETIVO: Que los/as participantes sean capaces de describir la importancia de prevenir el consumo de drogas en sus familias.

POR QUÉ: Para motivarlos/as para que continúen asistiendo a las sesiones de OBD restantes.



Para desarrollar creencias saludables y estándares claros

1. Establezca pautas.
 - Sea claro y específico; conozca el por qué.
 - *“No usar ni poseer nicotina. Es decir, no se permiten cigarrillos, cigarrillos electrónicos, cigarros, tabaco de mascar, etc. porque...”*
2. Monitoree.
3. Explique las consecuencias.
 - Positivas: apoye, reconozca y celebre.
 - Negativas: deben ser consistentes, adecuadas y moderadas.



GUIANDO

Sesión 2 | Diapositiva 7

¡Bienvenidos!

En el chat de Zoom, comparta una cosa que haya causado estrés familiar últimamente.





✓ ¿Tiene un hijo/a pre-adolescente entre 10 y 13 años?

✓ ¿Está interesado en cómo promover la salud, la salud mental y el bienestar durante la adolescencia?

Programa gratuito para padres

“Guiando buenas decisiones”

El programa virtual, conducido en español, consiste en 6 talleres con otros padres de adolescentes jóvenes. Incluye una sesión introductoria para orientar a los padres sobre cómo acceder a los talleres en línea usando el [Zoom](#).

Temas:

- Cómo desarrollar creencias saludables y estándares claros
- Cómo fortalecer los vínculos familiares
- Cómo enseñarle a su hijo/a a decir “no” a sus amigos (sin perder la amistad ni la diversión)
- Cómo ayudar a su hijo/a a tener éxito en la escuela y en la vida

Para más información llame al
(408) 728-0089

 KAISER PERMANENTE.



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Bilingual, bicultural outreach and intervention team

Sueños



- The Permanente Medical Group Health Equity Supplement provided additional support for deep dive on GBD implementation experience.
 - Qualitative Interviews with parents, post-implementation: 5 parents who attended, 1 who did not.
 - Compiling implementation data and interventionist perspectives on outreach and session implementation into recommendations.

Guiando Buenas Decisiones Enrollment and Attendance

	Cycle 1 – Summer 2021	
	20 enrolled	
Orientation	7	
Session 1	7	
Session 2	2	
Session 3	3	
Session 4	4 parents/4 kids	
Session 5	2	

Summer: 20 parents enrolled by phone. Interventionist only called those who indicated that they wanted a “tech check” zoom tutorial. All received a call/phone message reminder ahead of the orientation and session one.

Guiando Buenas Decisiones Enrollment and Attendance

	Cycle 1 – Summer 2021	Cycle 2 – Fall 2021
	20 enrolled	32 interested, 22 enrolled
Orientation	7	16
Session 1	7	12
Session 2	2	8
Session 3	3	10
Session 4	4 parents/4 kids	8 parents/7 kids
Session 5	2	9 parents

Summer: 20 parents enrolled by phone. Interventionist only called those who indicated that they wanted a “tech check” zoom tutorial. All received a call/phone message reminder ahead of the orientation and session one.

Fall: 32 recruited included parents who enrolled and parents who were interested and wanted follow-up call. Of those 32, interventionist contacted, **22** confirmed that they would attend and were enrolled.



¿Tiene un hijo/a pre-adolescente entre 10 y 13 años?

¿Está interesado en cómo promover la salud mental y el bienestar de su adolescente?

¿Y estar un paso adelante?



Temas Tratados:

- Cómo fortalecer los vínculos familiares
- Cómo preparar a sus hijos/as para que tomen decisiones saludables en situaciones de riesgo.
- Cómo enseñarles a decir "no" a sus amigos (sin perder la amistad ni la diversión)
- Cómo ayudarlos a tener éxito en la escuela y en la vida

Programa gratuito para padres, madres, o guardianes

"Guiando Buenas Decisiones"

Consiste en **6 talleres** en **español** con otros padres de adolescentes. Durante las sesiones un equipo de 2 expertos de Kaiser Permanente en **Guiando Buenas Decisiones** incluyendo una psicóloga va a dar información.



- El programa es virtual desde la comodidad de su hogar por chat de video usando **Zoom**. *Con ayuda de nuestro equipo.*

Para más información y reservar un espacio en Guiando Buenas Decisiones llame al (408) 728-0089



¿Tiene un hijo/a pre-adolescente entre 10 y 13 años?

¿Está interesado en cómo promover la salud mental y el bienestar de su adolescente?

¿Y estar un paso adelante?

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Programa gratuito para padres, madres, o guardianes “*Guiando Buenas Decisiones*”

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Lessons:

- Tailored, personalized outreach, community connections
- Bilingual, bicultural staff
- Balancing fidelity with feasibility and relatability, accessible language
- Emphasis on strengths, tools, success
- Cultural and linguistic adaptation
- Careful attention to inter-generational challenges: issues, experiences and language
- Virtual modality not a barrier, may be a facilitator, increasing convenience and access
- Scheduling flexibility
- Communities eager for services
- Materials reflect modern families

Thank you!

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