Virtual Implementation of Guiding Good Choices: Lessons Learned from Intervention Adaptation in Response to COVID-19

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

1Social Development Research Group, School of Social Work, University of Washington
2Division of Research, Kaiser Permanente Northern California
3University of California, San Francisco, CA
4Institute for Health Research, Kaiser Permanente Colorado
5Center for Health Policy and Health Services Research, Henry Ford Health
6Department of Psychiatry and Behavioral Sciences, University of Washington
7Allies in Healthier Systems for Health & Abundance in Youth, University of Washington
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.
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”
Primary Questions
- Were parents satisfied?
  - Overall, by session, by component (videos, activities, family guide, process)
  - Did satisfaction differ by site?
  - Was it feasible from interventionists perspectives?

Data sources – Mixed Methods
- Post session satisfaction surveys – Parent participants
  - 45 GGC groups, 310 attendees (fall 2020 – spring 2022)
  - Completed voluntarily after each session: n = 254 (82%)
  - 4-point Likert scale ratings
- Focus group – GGC interventionists

Analysis
- ANOVA, post-hoc Tukey tests
- Thematic analysis of focus group content
Post-Session Survey Questions: Parent Satisfaction

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**

<table>
<thead>
<tr>
<th>Radio (Matrix)</th>
<th>1</th>
<th>Not Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Somewhat Satisfied</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Satisfied</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Very Satisfied</td>
<td></td>
</tr>
</tbody>
</table>

**Workshop process (i.e., combination of large group discussion, small group breakouts, presentations by the leaders, role plays/practice)**
Satisfaction Results: Parents are satisfied with virtual GGC

Parent Satisfaction: Overall, by Component, and by Session
45 groups, n = 254 parents *

- Minor but not meaningful differences across sites, e.g., overall satisfaction range 3.4-3.6

* 82% of enrollees. Overall and session component means were averaged across sessions. For session specific means, n ranges from 74 to 151.
Parents valued flexibility, connection, community

“Being able to participate from my home made it less difficult to find the time”

“It is comforting to see other parents who share the same hopes for our kids”

“In these times, just meeting other parents was a pleasure.”

“The small group discussions were awesome. They gave us a chance to connect with and learn from other parents.”

“Internet slowages made some conversations difficult.”
### Focus Group Results: Parents value engagement, small group discussions

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Challenges</th>
<th>Suggestions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Less prep time</td>
<td>• Passive engagement</td>
<td>• More interaction, less lecture</td>
</tr>
<tr>
<td>• Barrier elimination</td>
<td>• Difficulty gauging reactions</td>
<td>• Focus on parent connection</td>
</tr>
<tr>
<td>• Convenience &amp; comfort</td>
<td>• Less connection between parents</td>
<td>• Shorten to reduce Zoom fatigue</td>
</tr>
</tbody>
</table>

...We have heard that *virtual is much more convenient* for them... it’s a pretty big time saver and attendance helper.

In person, even during breaks parents will just be talking to each other...We don’t have that with virtual unless you put them in breakout rooms.

The **breakout rooms are a real strength** of the whole program...That’s what the parents love, ... the groups that have connected in the breakout rooms...it’s been so meaningful for them.

*Fall 2022 semi-structured focus group with 8 interventionists from all sites*
Conclusions

• Parents were highly satisfied with virtual GGC!
  • Virtual sessions foster community during COVID-19, & make attendance overall more accessible and convenient

• Interventionist data suggest that virtual delivery is feasible and reduces attendance barriers

• But enhancements could create an even stronger experience and support impact & sustained intervention delivery
  • Shorten sessions
  • Strengthen engagement
  • Attend to connectivity issues
Thank You!