Name of Program/Strategy: Guiding Good Choices

Report Contents

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1. Overview and description

Guiding Good Choices (GGC) is a drug use prevention program that provides parents of children in grades 4 through 8 (9 to 14 years old) with the knowledge and skills needed to guide their children through early adolescence. It seeks to strengthen and clarify family expectations for behavior, enhance the conditions that promote bonding within the family, and teach skills that allow children to resist drug use successfully. GGC is based on research that shows that consistent, positive parental involvement is important to helping children resist substance use and other antisocial behaviors. Formerly known as Preparing for the Drug Free Years, this program was revised in 2003 with more family activities and exercises. The current intervention is a five-session curriculum that addresses preventing substance abuse in the family, setting clear family expectations regarding drugs and alcohol, avoiding trouble, managing family conflict, and strengthening family bonds. Sessions are interactive and skill based, with opportunities for parents to practice new skills and receive feedback, and use video-based vignettes to demonstrate parenting skills. Families also receive a Family Guide containing family activities, discussion topics, skill-building exercises, and information on positive parenting.

2. Implementation considerations (if available)

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3. Descriptive Information

Areas of Interest	Mental health promotion Substance abuse prevention
Outcomes	1: Substance use 2: Parenting behaviors and family interactions 3: Delinquency 4: Symptoms of depression (adolescents)
Outcome Categories	Alcohol Crime/delinquency Drugs Family/relationships Mental health Social functioning Tobacco
Ages	6-12 (Childhood) 13-17 (Adolescent) 26-55 (Adult)
Genders	Data were not reported/available.
Races/Ethnicities	White
Settings	School
Geographic Locations	Rural and/or frontier
Implementation History	The GGC curriculum was field-tested over 2 years in 10 public schools in Seattle, Washington, under the name Preparing for the Drug Free Years before being made into a video-assisted program for wider distribution in 1987. A multicultural population of Hispanic, African American, Samoan, American Indian, and White families was represented in that initial trial. Since 1987, GGC workshops have been delivered to urban, suburban, and rural families in all 50 States and the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Canada, Cyprus, the Netherlands, Spain, Sweden, and the United Kingdom. In 1993, GGC was implemented as part of an experimental, longitudinal study in rural Midwest communities. The curriculum developer estimates that more than 302,000 families have been served by GGC since 1987.

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NIH Funding/CER Studies	Partially/fully funded by National Institutes of Health: Yes Evaluated in comparative effectiveness research studies: Yes
Adaptations	Intervention materials are available in Spanish.
Adverse Effects	No adverse effects, concerns, or unintended consequences were identified by the applicant.
IOM Prevention Categories	Universal

4. Outcomes

Outcome 1: Substance abuse

Description of Measures	Substance use was measured by youth self-reports of the frequency and quantity of use of alcohol, tobacco, marijuana, and other illicit drugs. Data were collected at pretest and 9, 21, 33, 51, and 75 months after the intervention.
Key Findings	Adolescents from families assigned to the intervention who reported they had not used substances 1 year after the intervention were more likely to remain nonusers 2 years later compared with adolescents from families not assigned to the intervention. Adolescents from families assigned to the intervention who did report having used substances 1 year after the intervention were more likely to remain at the same level of use 1 year later compared with adolescents from families not assigned to the intervention ($p < .05$). Through 4 years following the intervention, adolescents from families assigned to the intervention reported less increase in lifetime marijuana use and drunkenness and less growth in alcohol use compared with adolescent from families not assigned to the intervention ($p < .05$). Overall, substance use increased at a slower rate for the GGC group compared with the control group. Adolescents from families assigned to the intervention also had a slower overall rate of increase in self-reported lifetime cigarette use and total tobacco use index through 6 years following the intervention ($p < .05$).
Studies Measuring Outcome	Study 2

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Study Designs	Experimental
Quality of Research Rating	2.6 (0.0-4.0 scale)

Outcome 2: Parenting behaviors and family interactions

Description of Measures	Parenting behaviors and family interactions (known risk and protective factors for adolescent substance use) were assessed using self-report measures and direct observation of family interactions in a general discussion task and a problem-solving task. Parental behaviors included intervention-specific skills and general child management skills. Intervention-specific skills included communicating clear rules about substance use, explaining consequences and rewarding compliance with substance use rules, helping the child learn how to express and control anger, and finding ways to keep the child involved in family activities and decisions. General child management skills included rewarding positive child behavior, child monitoring, and effective discipline.
Key Findings	Parents assigned to the intervention reported or demonstrated better intervention-specific and general child management skills compared with parents in the control group ($p < .05$). Outcomes were best for parents who attended the intervention classes regularly and reported higher readiness for parenting change. Observations of family interactions indicated that mothers assigned to the intervention exhibited less negative interaction in the general discussion task and more proactive communication in both tasks compared with control group mothers ($p < .05$). Mothers assigned to the intervention also used a less interrogating style and less antagonistic behavior in interacting with their children compared with control group mothers ($p < .03$). Fathers assigned to the intervention exhibited more proactive communication and better relationship quality in the problem-solving task compared with control group fathers ($p < .05$). On self-report measures, mothers assigned to the intervention were more likely than control group mothers to report that they reward their child for pro-social behavior, communicate rules about substance use, punish their child for misbehavior, restrict their child's alcohol use, expect their child to refuse a beer from a friend, express less conflict with their spouse, and work at being more involved with their child ($p < .05$). Fathers assigned to the

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	intervention were more likely than control group fathers to report more communication with their child regarding rules on substance use and more involvement from their child ($p < .05$). In a subsequent study, parents assigned to the intervention reported better intervention-specific parental behaviors compared with control group parents (e.g., communicating clear rules about substance use, explaining consequences and rewarding compliance with substance use rules, helping the child learn how to express and control anger, and finding ways to keep the child involved in family activities and decisions). The effect size for this finding was small (Cohen's $d = 0.45$). Intervention parents also reported better general child management and parent-child affective quality ($p < .05$); this result was maintained 1 year after the intervention with a small effect size (Cohen's $d = 0.29$). Parents assigned to the intervention also reported establishing stronger norms against alcohol use relative to control group parents 3.5 years after the intervention ($p < .05$).
Studies Measuring Outcome	Study 1, Study 2
Study Designs	Experimental
Quality of Research Rating	2.9 (0.0-4.0 scale)

Outcome 3: Delinquency

Description of Measures	Adolescents were asked to report their involvement in a range of non-drug-related delinquent activities in the past 12 months. The range of activities included items such as taking something worth $25 or more and purposely damaging public property. Data were collected at pretest and 9, 21, 33, and 51 months after pretest.
Key Findings	Adolescents from families assigned to the intervention had a slower rate of increase in self-reported activities associated with delinquency compared with adolescents from families not assigned to the intervention ($p < .05$). In addition, the frequency of participation in these activities served as a reliable predictor of substance use ($p < .01$).
Studies Measuring Outcome	Study 2
Study Designs	Experimental
Quality of Research Rating	2.6 (0.0-4.0 scale)

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Outcome 4: Symptoms of depression (adolescents)

Description of Measures	Adolescents were asked to report feelings and behaviors associated with depression at the time of assessment or in the preceding 6 months. The measure included 8 items such as "I feel worthless or inferior," "I am unhappy, sad, or depressed," and "I think about killing myself." Data were collected at pretest and 9, 21, 33, and 51 months after pretest.
Key Findings	Adolescents from families assigned to the intervention had a slower rate of increase in self-reported depressive symptoms compared with adolescents from families not assigned to the intervention ($p < .05$).
Studies Measuring Outcome	Study 2
Study Designs	Experimental
Quality of Research Rating	3.1 (0.0-4.0 scale)

5. Cost effectiveness report (Washington State Institute of Public Policy)

Benefits minus cost, per participant **Source:** Benefits and Costs of Prevention and Early Intervention Programs for Youth – *2004 update*. *Washington State Institute for Public Policy, http://www.wsipp.wa.gov/pub.asp?docid=04-07-3901.* Costs and Benefits of Prevention and Early Intervention Programs for At-Risk Youth: Interim Report – *2003*. *Washington State Institute for Public Policy, http://www.wsipp.wa.gov/pub.asp?docid=03-12-3901.*	According to the WSIPP study, this program strategy returns **$6,918 per individual** in savings that would otherwise be associated with education, substance abuse, teen pregnancy, child abuse and neglect, or criminal justice system.

6. Washington State results (from Performance Based Prevention System (PBPS) – if available)

Scale	Result	Direction	N	Instruments used for this program
Communication Skills (Parent)	significant	improvement	153	Managing and Monitoring for Parents [APMF02], Managing and Monitoring for Parents (Spanish)

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				[APMF02s], Family Communications [APMP01], AM Communication Skills [P6]
Family Involvement2	significant **	improvement	7	Family Communications [APMP01]
Family Management Attitudes	significant	improvement	782	Managing and Monitoring for Parents [APMF02], Managing and Monitoring for Parents (Spanish) [APMF02s], AM Family Management - Attitudes [P3]
Family Management Skills	significant	improvement	581	Managing and Monitoring for Parents [APMF02], Managing and Monitoring for Parents (Spanish) [APMF02s], AM Family Management - Skills [P4]

7. Where is this program/strategy being used (if available)?

Washington Counties	Oregon Counties
Asotin, Columbia, Ferry/Stevens, King, Pierce	

8. Study Populations

The studies reviewed for this intervention included the following populations, as reported by the study authors.

Study	Age	Gender	Race/Ethnicity
Study 1	6-12 (Childhood) 13-17 (Adolescent) 26-55 (Adult)	Data not reported/available	100% White
Study 2	13-17 (Adolescent)	Data not reported/available	100% White

9. Quality of Research

The documents below were reviewed for Quality of Research. Other materials may be available. For more information, contact the developer(s).

Study 1

Kosterman, R., Hawkins, J. D., Haggerty, K. P., Spoth, R., & Redmond, C. (2001). Preparing for the Drug Free Years: Session-specific effects of a universal parent-training intervention with rural families. Journal of Drug Education, 31(1), 47-68.

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Kosterman, R., Hawkins, J. D., Spoth, R., Haggerty, K. P., & Zhu, K. (1997). Effects of a preventive parent-training intervention on observed family interactions: Proximal outcomes from Preparing for the Drug Free Years. Journal of Community Psychology, 25(4), 337-352.

Spoth, R., Redmond, C., Haggerty, K., & Ward, T. (1995). A controlled parenting skills outcome study examining individual difference and attendance effects. Journal of Marriage and the Family, 57(2), 449-464.

Study 2

Mason, W. A., Kosterman, R., Hawkins, J. D., Haggerty, K. P., & Spoth, R. L. (2003). Reducing adolescents' growth in substance use and delinquency: Randomized trial effects of a preventive parent-training intervention. Prevention Science, 4(3), 203-212.

Mason, W. A., Kosterman, R., Hawkins, J. D., Haggerty, K. P., Spoth, R. L., & Redmond, C. (2007). Influence of a family-focused substance use preventive intervention on growth in adolescent depressive symptoms. Journal of Research on Adolescence, 17(3), 541-564.

Park, J., Kosterman, R., Hawkins, J. D., Haggerty, K. P., Duncan, T. E., Duncan, S. C., et al. (2000). Effects of the "Preparing for the Drug

Free Years" curriculum on growth in alcohol use and risk for alcohol use in early adolescence. Prevention Science, 1(3), 125-138.

Redmond, C., Spoth, R., Shin, C., & Lepper, H. S. (1999). Modeling long-term parent outcomes of two universal family-focused preventive interventions: One-year follow-up results. Journal of Consulting and Clinical Psychology, 67(6), 975-984.

Spoth, R., Redmond, C., & Shin, C. (1998). Direct and indirect latent-variable parenting outcomes of two universal family-focused preventive interventions: Extending a public health-oriented research base. Journal of Consulting and Clinical Psychology, 66(2), 385-399.

Spoth, R. L., Redmond, C., & Shin, C. (2001). Randomized trial of brief family interventions for general populations: Adolescent substance use outcomes 4 years following baseline. Journal of Consulting and Clinical Psychology, 69(4), 627-642.

Spoth, R., Redmond, C., Shin, C., & Azevedo, K. (2004). Brief family intervention effects on adolescent substance initiation: School-level curvilinear growth curve analyses 6 years following baseline. Journal of Consulting and Clinical Psychology, 72(3), 535-542.

Spoth, R., Reyes, M. L., Redmond, C., & Shin, C. (1999). Assessing a public health approach to delay onset and progression of adolescent substance use: Latent transition and log-linear analyses of longitudinal family preventive intervention outcomes. Journal of Consulting and Clinical Psychology, 67(5), 619-630.

Supplementary Materials

Aos, S., Lieb, R., Mayfield, J., Miller, M., & Pennucci, A. (2004). Benefits and costs of prevention and early intervention programs for youth. Olympia, WA: Washington State Institute for Public Policy.

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Quality of Research Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the Quality of Research for an intervention's reported results using six criteria:

1. Reliability of measures
2. Validity of measures
3. Intervention fidelity
4. Missing data and attrition
5. Potential confounding variables
6. Appropriateness of analysis

For more information about these criteria and the meaning of the ratings, see Quality of Research.

Outcome	Reliability of Measures	Validity of Measures	Fidelity	Missing Data/Attrition	Confounding Variables	Data Analysis	Overall Rating
1: Substance use	2.8	2.5	2.5	2.5	2.5	3.0	**2.6**
2: Parenting behaviors and family interactions	3.0	3.0	3.0	3.0	2.5	3.0	**2.9**
3: Delinquency	2.8	2.5	2.5	2.5	2.5	4.0	**3.1**
4: Symptoms of depression (adolescents)	3.0	3.0	3.0	3.0	2.5	4.0	**3.1**

Study Strengths

Measures of substance use are typical of those used in similar research. The authors provided a standardized training program to staff who delivered the intervention; tracked fidelity of implementation using videotapes and systematic observations, made efforts to address potential confounds, and statistically accounted for missing data.

Study Weaknesses

In one study, 43% of the sample pool declined to participate, so it appears that the participants were highly motivated; it is unclear how this might have affected the results. Between 18% and 26% of the intervention curriculum was not covered in one study.

10. Readiness for Dissemination

The documents below were reviewed for Readiness for Dissemination. Other materials may be available. For more information, contact the developer(s).

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Dissemination Materials

Channing Bete Company. (2004). Guiding Good Choices Preview Kit. South Deerfield, MA. Guiding Good Choices teleconference postcard.

Hawkins, J. D., & Catalano, R. F. (2002). Guiding Good Choices: Family guide (2004 Edition). South Deerfield, MA: Channing Bete Company.

Hawkins, J. D., & Catalano, R. F. (2002). Guiding Good Choices video [VHS]. South Deerfield, MA: Channing Bete Company.

Hawkins, J. D., & Catalano, R. F. (2002). Guiding Good Choices: Workshop leader's guide. South Deerfield, MA: Channing Bete Company.

Hawkins, J. D., & Catalano, R. F. (2003). Guiding Good Choices: Family guide (Spanish). South Deerfield, MA: Channing Bete Company.

Hawkins, J. D., & Catalano, R. F. (2003). Guiding Good Choices: Trainer's manual for training workshop leaders. South Deerfield, MA: Channing Bete Company.

Hawkins, J. D., & Catalano, R. F. (2004). Guiding Good Choices: Training of trainers. Participant's guide. South Deerfield, MA: Channing Bete Company.

Hawkins, J. D., & Catalano, R. F. (2004). Guiding Good Choices: Training of trainers. Trainer's manual. South Deerfield, MA: Channing Bete Company.

Readiness for Dissemination Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the intervention's Readiness for Dissemination using three criteria:

1. Availability of implementation materials
2. Availability of training and support resources
3. Availability of quality assurance procedures

For more information about these criteria and the meaning of the ratings, see Readiness for Dissemination.

Implementation Materials	Training and Support Resources	Quality Assurance Procedures	Overall Rating
4.0	3.0	3.5	**3.5**

Dissemination Strengths

Program materials provide everything needed for implementation. Instructions are clear and concise, and the layout and graphics of the materials are high quality. Training for workshop leaders and certified trainers is available. Pre- and posttest surveys and instructions are provided to support quality assurance. Fidelity is emphasized throughout the program materials.

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Dissemination Weaknesses

While refresher courses are available, no ongoing training for advanced trainers and workshop leaders is available. No tools are provided in the program kit for conducting follow-up evaluation with families.

11. Costs

The information below was provided by the developer and may have changed since the time of review. For detailed information on implementation costs (e.g., staffing, space, equipment, materials shipping and handling), contact the developer.

Item Description	Cost	Required by Program Developer
Core program kit	$839 each; discounts are available for 10 or more	Yes
Family guide	$13.99 each; discounts available for 10 or more	Yes
3-day, on-site training	$4,200 for up to 12 people, plus travel expenses	No
Consultation by phone or email	$100 per hour	No
On-site technical assistance	$1,200 per day or $600 per half-day, plus travel expenses	No
Pre- and posttests	Free	No

Additional Information

The basic cost to deliver the intervention to a group of 10 parents is approximately $968.

12. Contacts

For information on implementation:

Channing Bete Company, Inc., (877) 896-8532, custsvcs@channing-bete.com

For information on research:

Richard F. Catalano, Ph.D., (206) 543-6382, catalano@uw.edu

J. David Hawkins, Ph.D., (206) 543-7655, jdh@uw.edu

Learn More by Visiting: http://www.channing-bete.com/ggc

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