Published in final edited form as:

Am J Addict. 2015 June ; 24(4): 315–322. doi:10.1111/ajad.12176.

Spreading the word: A process evaluation of a voluntary AOD prevention program

Maria Orlando Edelen, Ph.D.¹, Joan Tucker, Ph.D.², and Elizabeth D'Amico, Ph.D.²

¹RAND Corporation, 20 Park Plaza, Suite 920, Boston, MA, 02116

²RAND Corporation, 1776 Main Street, P.O. Box 2138, Santa Monica, CA, United States, 90407-2138

Abstract

Background and Objectives—Research on voluntary after-school alcohol and other drug (AOD) prevention programs is limited. It is important to increase understanding of students' motivation to attend these types of programs and their tendency to transfer program information to peers. This paper summarizes efforts to evaluate process information for CHOICE, a voluntary after-school AOD prevention program for middle-school youth.

Methods—A survey administered to 1899 students aged 10–16 in seven schools assessed: 1) why students choose to attend CHOICE; 2) barriers to attendance; and 3) how program information is disseminated to non-participants. Frequencies of responses from participants and non-participants were compared.

Results—Participants were motivated by several features, most notably, the demeanor of the group leaders and enjoyable curriculum content. Barriers to attendance were primarily logistic, but results also suggest that the promotion message should more effectively emphasize that CHOICE is appropriate for everyone. The majority of students knew about CHOICE, both through advertising and conversations with friends. Non-participants' detailed reports of what they heard from friends corresponded closely with what participants reported sharing.

Discussion and Conclusions—The use of dynamic group leaders is critical to engaging students in voluntary programs. Offering the program on different days of the week or at different times (e.g., before school) may improve attendance rates. Peer networks represent a critical pathway for prevention information that can help increase program impact.

Scientific Significance—These results can be used to inform modifications to existing voluntary after-school AOD prevention programs to obtain higher attendance rates and more widespread dissemination of the intervention message.

Corresponding Author: Maria Orlando Edelen, PhD, RAND Corporation, 20 Park Plaza, Suite 920, Boston MA, 02116. Tel: 617-338-2059 x8634, Fax: 617-357-7470, Orlando@rand.org.

Declaration of Interest

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of this paper.

Introduction

There are a variety of school-based prevention programs aimed at adolescent alcohol and drug (AOD) use. The majority of these programs are mandatory and take place within school hours. However, some have involved voluntary sessions hosted by the school, but occurring outside of class time. In these voluntary after-school programs, using the school location retains benefits such as a familiar environment and lessened stigma relative to an off-site referral, while voluntary classes have the chance to be more impactful since attendees *choose* to be there. Research has shown that providing youth with a choice can be motivational and inspire them to seek further help¹, make changes in their AOD use,²⁻⁴ or remain abstinent.⁵ Although there are specific attendance barriers that voluntary programs have to overcome, including attracting at-risk youth and attendees from lower-income families, voluntary programs such as CHOICE have been shown attract at-risk youth and to have positive effects on adolescents' actual AOD use.⁵⁻⁷

CHOICE is the only voluntary program developed specifically for middle school students, who are in the peak years for initiating alcohol and marijuana use.⁸ With this in mind, the program was designed to reach both middle school youth who have already initiated AOD use and those who have not yet initiated. CHOICE is comprised of five different 30-minute sessions that are offered on a set day once per week after school, with the program offered on a continuing basis throughout the school year. The CHOICE curriculum is based on a motivational interviewing approach,⁹ and uses varied methods – such as discussions, games, and role plays -- to address social norms and beliefs about AOD use, pressures to use, stress and negative feelings, and how to handle risky situations and asking for support.¹⁰ Since it is a voluntary program, students can attend one to five sessions and come whenever it is convenient for them. Incentives such as a snack during the session (i.e., pizza), a \$5 gift certificate after completing all five sessions, and promotional materials (e.g., pencils or water bottles with CHOICE logo) are used to interest students in attending.⁷

Currently, the number of voluntary after-school programs such as CHOICE is small, and most have not been thoroughly studied. Thus the field of prevention science has little understanding of why students choose to attend vs. not attend voluntary after-school programs, and has yet to identify significant barriers to attending. However, one of the more challenging aspects of voluntary after-school programs such as CHOICE is that only a subset of the school population attends one or more intervention sessions. For example, in a randomized controlled trial of CHOICE,⁶ 15% of consented students across the intervention schools attended, a participation rate that is similar to what has been reported in other studies of after-school programs.^{11,12} A better understanding of what motivates students to attend, as well as a recognition of the barriers that prevent students from attending could provide valuable information that could help increase attendance rates in future implementations. Thus one of the primary goals of this research was to identify the facilitators and barriers to program attendance so that more students could be reached directly in future implementations.

Even a substantial boost in overall attendance rates, however, would leave many students un-exposed to a voluntary after-school AOD program. Unless the behavior of adolescents in

the school who do not attend the program can somehow be influenced, the school-level effects of the program are likely to be minimal. Notably, there is evidence of school-wide effects of CHOICE. Specifically, as part of the initial pilot evaluation of CHOICE, we examined whether CHOICE had school-wide effects on AOD-related outcomes by comparing use rates among all students in the control vs. intervention schools. We found that alcohol (ES=.22) and marijuana (ES=.29) use rates, and perceptions of friends' use of alcohol (ES=.30) and marijuana (ES=.51) increased significantly more sharply among the students in the control school relative to those in the school that implemented CHOICE during Year 2.¹³ These school-wide effects were corroborated in a larger randomized trial involving 16 schools whereby youth in the CHOICE schools were less likely to initiate alcohol compared to youth in the control schools.⁶ Finding that a brief, voluntary intervention for younger adolescents can have school-wide effects, regardless of participation, warrants further examination. Thus, another key goal of these analyses was to gain a better understanding of the school-wide effects of the intervention.

This paper summarizes our efforts to gather and evaluate process information for CHOICE in order to discover possible changes in implementation that would allow the intervention message to reach more students – either through an uptick in attendance rates or through facilitation of the informal dissemination of information throughout the school. Specifically, we wanted to gain a better understanding of: 1) why students chose to attend; 2) barriers to attendance; and 3) how program information was disseminated to non-attendees to produce school-wide program effects. We first provide a brief description of a CHOICE process survey designed to be relevant for both participants and non-participants in schools where CHOICE was implemented. Next we provide descriptive results from a field test of the process survey among N = 1,899 teens (369 CHOICE participants and 1,530 CHOICE non-participants) in seven schools, and finally we discuss the implications of results for the CHOICE program and for future research.

Material and Methods

CHOICE process instrument development

The process survey was developed based on feedback from eight focus groups involving 68 teens in eight southern California middle schools who had attended at least one CHOICE session in the previous year. Specifically, a stratified random sample of CHOICE attendees, randomized within each school and stratified by gender, race/ethnicity, grade, and substance use history were invited to participate in the focus groups. This recruitment strategy resulted in a fairly representative mix of students from each school. According to available focus group data, participants were 50% male; 38%, 40% and 22% were in grades 6, 7, and 8 respectively; 56% were Hispanic, with 17% White, and 27% Asian, Mixed, or African American; and 22% had tried either alcohol or cigarettes in their lifetime. All groups were led by an experienced facilitator and co-facilitator. Group sizes ranged from 4–14 adolescents, and one group session was held at each intervention school from the randomized study.⁶ The groups lasted approximately 1½ hours and were audio recorded. Approval for this aspect of the study was received from the RAND Institutional Review

Board. We used unique quotes from the focus group discussions to generate a total of 96 items for the process survey, which contained three distinct parts.

One set of 28 items that was relevant for all students regardless of CHOICE participation queried: 1) how students learned about CHOICE (e.g., *My friend told me about CHOICE*, 8 items); 2) what students want to learn about alcohol and other drugs (e.g., *I want to learn the consequences of using alcohol and drugs*, 7 items); and 3) what students might have found helpful about CHOICE (e.g., *Kids who go to CHOICE are less likely to use alcohol or drugs*, 13 items).

A second set of 34 items was for CHOICE participants only and queried: 1) reasons for attending (e.g., *I wanted to learn more about alcohol and drugs*, 9 items); 2) opinions about positive aspects of the CHOICE group atmosphere (e.g., *The discussions were fun*, 8 items); 3) opinions about negative aspects of the CHOICE group atmosphere (e.g., *I worried that other kids would laugh at me*, 5 items); and 4) information relayed to other students (e.g., *I told other kids that CHOICE is fun*, 12 items).

A final set of 34 items was for non-participants of CHOICE only and queried: 1) reasons for not attending (e.g., *I always had too much homework*, 14 items); 2) facts about the curriculum (e.g., *The group leaders give you handouts*, 8 items); and 3) information relayed by students who went to CHOICE (e.g., *Kids told me that CHOICE is fun*, 12 items).

All of the process items were assessed on either a 4-point scale (1=*strongly agree* to 4=*strongly disagree*) or used a *True/False* or *Yes/No* response format. The survey also included items to assess basic demographic information (e.g., age, ethnicity, parental education) and lifetime and past 30 day use of cigarettes, alcohol, and marijuana.

CHOICE process instrument field test

The administration of the process questionnaire took place in spring 2012. All students from the larger trial in seven of the eight wait-list control schools that received CHOICE after the randomized controlled trial was complete during the 2011–2012 school year were eligible to take the survey^a and respondents reported on their recent experience of the program. Analyses reported in this paper are based on data from N=1,899 respondents, or 37% of all eligible students (N= 5,123). The primary reason for non-completion was lack of parental consent (45% of eligible)^b. The completion rate among those with parental consent (N=2,240) was quite good (85%).

Although consent rates were low, they were similar across the seven schools, and the demographic characteristics of the sample used in these analyses largely reflected the composition of the student body in the participating schools. Nearly 20% of respondents were CHOICE participants (n=369), approximately 80% did not attend CHOICE (n=1530).

^aOne school was unable to implement CHOICE due to changes in the school structure and student flow to the school.

^bAlthough consent forms were returned by 90% of students, many indicated non-consent to participate. This trend differs from the excellent participation rates in the larger study.⁶ We believe this drop in consent was largely due to participant burn out. Students had been asked to complete five surveys over three years as part of the larger study. The sub-study described in this paper required a new consent process and students seem to have taken the opportunity to decline participation for this sub-study.

Characteristics of the sample are displayed in Table 1 according to participation status, and differences by participation status are evaluated using chi-square tests with a significance level of .05. Gender was not assessed in this survey so is not available for this sample. However, given the similarity of this sample to the overall control group in the larger trial, we assume that gender was approximately evenly split overall. Notably, participants and non-participants differed only on ethnicity (participants are more likely Hispanic or African American), and grade (participants are more likely to be in 6th grade), and did not differ significantly on parents' education and substance use experience.

Analyses

Process survey items were grouped for analyses according to respondent type (participant, non-participant) and are presented according to the themes identified during the survey development. We used SAS version 9.2 (SAS Institute) for all analyses, and generated interpretive graphs with Microsoft Excel. Within each item group, we used SAS PROC FREQ to summarize the percent of respondents endorsing each item, and the total number of items endorsed. We used chi-square tests with an alpha of .05 to evaluate differences in item endorsement rates according to participation status for items completed by all respondents. For ease of description, items measured on a 4-point scale were dichotomized so that responses of 1 or 2 (strongly agree and sort of agree) were recoded to 1 and reflected endorsement, and responses of 3 or 4 (sort of disagree and strongly disagree) were recoded to 0 and reflected non-endorsement.

Results

Descriptive analyses of survey responses

Items answered by all students—Twenty-eight survey items, listed in Table 2, were assessed among all students, regardless of their participation in CHOICE, and fell into three themes: ways students heard about CHOICE, what students might be curious about regarding alcohol and drug use, and what students might have found helpful about CHOICE. Relative to those who did not attend CHOICE, students who attended CHOICE endorsed more of these items across all three themes (see Table 2), and differences in endorsement rates were significant for twenty-four of the twenty-eight items. Item level frequencies indicated a large range of overall endorsement rates (9.4% – 73.2%) across items pertaining to ways students heard about CHOICE. In contrast, there was little variation across items from the other two themes.

Items answered by CHOICE participants—Thirty-four survey items were designed to be answered only by students who attended CHOICE. These items are displayed in Table 3 according to four themes. Overall, participants endorsed an average of 6.6 reasons for why they decided to attend CHOICE, with the most endorsed item being *group leaders seemed nice*, and the least endorsed being *nothing better to do*. Similarly, participants endorsed an average of 6.6 aspects of CHOICE that they liked. All of the items in this theme were endorsed by >75% of students (range 76% – 93%). Among the five items reflecting aspects of the CHOICE program students may not have liked, endorsement rates were split roughly into two groups: items that reflected negative behavior of other students were endorsed at

high rates, whereas items that were more directly related to the CHOICE curriculum were endorsed at much lower rates. With regard to the final theme, CHOICE participants communicated an average of 5.3 items to other students. Over 80% of participants reported telling at least one friend about CHOICE, and four of the eleven items were communicated by over 50% of participants.

Items answered by non-participants of CHOICE—The thirty-four survey items designed to be answered only by students who did not attend CHOICE fell into three themes displayed in Table 4. Overall, non-participants endorsed an average of 7.1 reasons for non-attendance, and endorsement rates were high for the majority of these fourteen reasons. Responses to the eight True/False items on the basic facts about the CHOICE program indicated that non-participants were fairly well informed about CHOICE. The average number of items correct was 5.5 which corresponds to approximately 70% correct. Finally, about 1 in 4 non-participants (26%) had at least one friend suggest they go to CHOICE. Overall, the communication items were endorsed by about one-third of non-participants, indicating that they heard a fair amount about CHOICE; on average, non-participants reported hearing 2.7 things about CHOICE from students who went.

Correspondence in participant – non-participant responses

An interesting feature of the process survey is the direct correspondence between the communication items for participants and non-participants. The content of the eleven items is exactly the same; only the lead-in to the items varies to pertain to participants (*I told other kids...*) and non-participants (*Other kids told me...*). Figure 1, which shows the endorsement rates for these 11 items side by side according to participant status, highlights the close correspondence between participants and non-participants in the rank order of endorsement rates for the communication items. That is, the information participants were reportedly most likely to pass on to their peers tended to correspond with the information that non-participants were most likely to report hearing. This corroboration provides compelling evidence for the validity of the survey responses.

Discussion

The current study focused on developing and utilizing a new survey to understand what motivated middle school students to attend a voluntary prevention program, what barriers existed for attendance, how much non-participants knew about CHOICE, and how this information was disseminated to them. CHOICE participants cited several motivating reasons for their attendance, such as wanting to learn more about AOD use and wanting to try something new. However, results clearly emphasize the importance of the group leaders – their collective demeanor was the top reason that students chose to attend CHOICE and the most popular aspect of the CHOICE experience for students who went. If CHOICE is to continue to be successful, future implementations must take care to select energetic group leaders that students feel relate well to them.

Our findings also provide important information about some common barriers to participation that could easily be addressed in future implementations. For example, among the most popular reasons for non-attendance, non-participants of CHOICE were likely to

report scheduling/logistic conflicts. A more flexible schedule for the CHOICE sessions (e.g., offered on different days of the week, offered before school or during lunch time) might reduce these types of barriers. A more flexible schedule might also decrease the highly endorsed barrier related to transportation issues and increase parents' willingness to let their children attend. Although only 27% of non-participants cited lack of parental permission as a reason for non-attendance, it is important to explore ways to both better inform parents about the program and to make CHOICE more accessible so that parents are facilitators rather than deterrents to participation.

Non-participant respondents in the process survey sample were also very likely to say they didn't attend because the topic was not relevant for them as they did not use alcohol or drugs. This result is somewhat surprising given that CHOICE program advertising places a strong emphasis on its relevance for all students. Evidence from the randomized trial suggests that CHOICE attracts a variety of youth from all races/ethnicities, with a roughly equal gender mix, and both abstainers and at-risk youth who were more regular users were likely to attend.⁷ However, it appears that more is needed to ensure students understand that CHOICE is for students of all types, especially across the AOD experience spectrum. Future implementations may be able to attract more students if the value of the program to both initiates and those at risk of initiation, could be communicated more convincingly.

Non-participants were generally able to provide accurate information about CHOICE, and results suggest they learned about CHOICE through a variety of mechanisms. Most non-participants learned about the program through advertising, but non-participant students were also privy to information about CHOICE through informal conversations with other students, and in surprising detail. For example, over 25% of non-participants were encouraged by one or more friends to attend CHOICE, over 35% heard that CHOICE was fun and helped students learn about alcohol and drugs, and as many as 17% were given information about the actual percentage of 8th graders who reported using alcohol and drugs. Although results indicate that the existing advertising was effective in informing students about the availability of CHOICE at their school (only 6% of non-participants did not endorse any advertising sources), it could perhaps be improved so that more students choose to attend. One possibility for improvement could be to utilize student participants to formally promote the program, for example by making an announcement during homeroom.

This study provides crucial information on how voluntary programs may work in school-based settings to reach more youth; however, it is important to note some of the limitations. Most notably, the overall consent rate was lower than we expected. In our previous work in these schools, we had over 70% of parents provide consent for their son or daughter to participate. We believe that because this was the last year of the study, many youth may have tired of completing surveys and so parents opted their child out of participating. Despite the low consent rates for this process evaluation, the demographic composition of the sample is comparable to that from other data collections associated with the larger trial, thus generalizability of findings is still reasonable. Another limitation is the lack of information about respondent gender. Given that the other demographic characteristics of the sample are generally reflective of the larger trial, it is reasonable to assume that this sample is approximately 50% female. However, there are no data available to confirm this

or to determine whether CHOICE attendance at these schools differed by gender. Of note, in the larger trial, there were no gender differences in attendance.⁷

Conclusions

Recent research has demonstrated school-wide effects on AOD use in schools that implemented CHOICE, and these school-wide effects have occurred despite program participation by approximately 15% of the student body.^{5,6} In this process evaluation study, we sought to understand the motivations and barriers for CHOICE attendance, and the process by which program information was disseminated throughout the school to ostensibly generate these school-wide effects. Our examination of motivations and barriers yielded useful information regarding future implementations. Most notably, the positive demeanor of the group leaders and enjoyable environment created by the curriculum are critical motivating elements that should be adhered to and if possible enhanced in the future. The most significant barriers were logistic in nature, thus future implementations should make every effort to provide a flexible schedule to increase access to the program.

Perhaps the most important message from this process evaluation is that non-participants learned a great deal about CHOICE through informal network communications with their participant peers. This finding, coupled with existing research which has shown the importance of peer networks in decreasing alcohol and drug use,^{14–16} suggests that future implementations of CHOICE and other voluntary programs may increase their impact by encouraging participating youth to use their social networks to spread the program message throughout their schools so that more students – participants and non-participants alike – may benefit from the presence of the program in their school.

Acknowledgements

Work on this article was supported by a grant from the National Institute of Alcohol Abuse and Alcoholism (R01AA016577) to Elizabeth D'Amico.

The authors wish to thank the districts and schools who participated and supported this project. We would also like to thank Kirsten Becker and Megan Zander-Cotugno for overseeing the survey administrations at the schools.

References

1. Baer JS, Garrett SB, Beadnell B, Wells EA, Peterson PL. Brief motivational intervention with homeless adolescents: Evaluating effects on substance use and service utilization. *Psychol Addict Behav*. 2007 Dec; 21(4):582–586. [PubMed: 18072842]
2. D'Amico E, Miles JNV, Stern SA, Meredith LS. Brief motivational interviewing for teens at risk of substance use consequences: A randomized pilot study in a primary care clinic. *J Subst Abuse Treat*. 2008 Jul; 35(1):53–61. [PubMed: 18037603]
3. Monti PM, Barnett NP, Colby SM, et al. Motivational interviewing versus feedback only in emergency care for young adult problem drinking. *Addiction*. 2007 Aug; 102(8):1234–1243. [PubMed: 17565560]
4. Spirito A, Monti PM, Barnett NP, et al. A randomized clinical trial of a brief motivational intervention for alcohol-positive adolescents treated in an emergency department. *J Pediatr*. 2004 Sep; 145(3):396–402. [PubMed: 15343198]
5. D'Amico EJ, Edelen MO. Pilot test of Project CHOICE: a voluntary afterschool intervention for middle school youth. *Psychology of addictive behaviors : journal of the Society of Psychologists in Addictive Behaviors*. 2007 Dec; 21(4):592–598. [PubMed: 18072844]

6. D'Amico EJ, Tucker JS, Miles JN, Zhou AJ, Shih RA, Green HD Jr. Preventing alcohol use with a voluntary after-school program for middle school students: results from a cluster randomized controlled trial of CHOICE. *Prevention Science*. 2012; 13(4):415–425. [PubMed: 22311178]
7. D'Amico EJ, Green HD, Miles JN, Zhou AJ, Tucker JS, Shih RA. Voluntary After-School Alcohol and Drug Programs for Middle School Youth: If You Build it Right, They Will Come. *Journal of Research on Adolescence*. 2012; 22(3):571–582. [PubMed: 23264722]
8. Johnston, LD.; O'Malley, PM.; Bachman, JG.; Schulenberg, JE. Monitoring the future national survey results on drug use, 1975–2011. Volume I: Secondary school students. Ann Arbor: Institute for Social Research, The University of Michigan; 2012.
9. Miller, WR.; Rollnick, S. Motivational interviewing: Helping people change. Guilford Press; 2012.
10. D'Amico EJ, Ellickson PL, Wagner EF, et al. Developmental considerations for substance use interventions from middle school through college. *Alcoholism: Clinical and experimental research*. 2005; 29(3):474–483.
11. Afterschool Alliance. America after 3pm: The most in-depth study of how America's children spend their afternoons. 2009
12. Gottfredson D, Cross AB, Wilson D, Rorie M, Connell N. Effects of participation in after-school programs for middle school students: A randomized trial. *Journal of Research on Educational Effectiveness*. 2010; 3(3):282–313.
13. D'Amico EJ, Orlando M. Project CHOICE: The impact of a voluntary intervention for middle school youth. *Alcoholism: Clinical and Experimental Research*. 2005; 29:244a.
14. Burk WJ, Vorst Hvd, Kerr M, Stattin H. Alcohol use and friendship dynamics: Selection and socialization in early-, middle-, and late-adolescent peer networks. *Journal of Studies on Alcohol and Drugs*. 2011; 73(1):89. [PubMed: 22152666]
15. Coronges K, Stacy AW, Valente TW. Social network influences of alcohol and marijuana cognitive associations. *Addictive behaviors*. 2011; 36(12):1305–1308. [PubMed: 21872402]
16. de la Haye K, Green HD, Kennedy DP, Pollard MS, Tucker JS. Selection and influence mechanisms associated with marijuana initiation and use in adolescent friendship networks. *Journal of Research on Adolescence*. 2013; 23(3):474–486.

Figure 1. CHOICE Communication rates: items about CHOICE told and heard

Participant and non-participant endorsement rates for items communicated about CHOICE.

Table 1

Sample characteristics by participation status

Characteristic	CHOICE (n=369)	No CHOICE (n=1530)	Difference ($\chi^2_{(1),p}$)
Race/ethnicity			
Hispanic	51.8	46.6	37.95, <.0001
White	12.7	18.0	
Asian	10.0	16.9	
African American	11.1	4.5	
Mixed/Other	14.4	14.0	
Grade in School			
Sixth	48.1	33.5	29.88, <.0001
Seventh	27.3	30.3	
Eighth	24.6	36.2	
Father's education			
High school or less	35.0	32.2	0.82, ns
Some college	12.1	11.7	
College graduate or more	52.9	56.2	
Mother's education			
High school or less	25.9	29.8	2.18, ns
Some college	17.0	14.2	
College graduate or more	57.1	56.0	
Ever tried a cigarette	9.7	11.6	0.97, ns
Ever tried alcohol	19.3	19.4	.001, ns
Ever tried marijuana	8.8	10.6	1.06, ns

Table 2

Item endorsement rates by participation status for themes assessed among all students.

Theme: Ways students heard about CHOICE (8 items; Mean (SD) items endorsed: CHOICE=3.7 (1.6); No CHOICE=3.1(1.7), $p<.0001$)			
Item content	% endorsed CHOICE	% endorsed No CHOICE	Difference ($\chi^2_{(1)}p$)
Announced over PA system	78.67	71.91	6.79, <.01
Saw flyer/poster	73.00	66.95	4.94, <.05
Group leaders came to school	71.04	63.53	7.28, <.01
From teacher	31.58	32.34	0.08, ns
Group leaders came to classroom/homeroom	36.09	28.22	8.62, <.01
Friend told me	47.80	25.05	72.61, <.001
Students who went	26.94	16.10	22.95, <.0001
From parent call home system	10.38	9.15	0.52, ns
Theme: What students are curious about (7 items; Mean (SD) items endorsed: CHOICE=5.2 (2.3); No CHOICE=4.1(2.6), $p<.0001$)			
Item content	% endorsed CHOICE	% endorsed No CHOICE	Difference ($\chi^2_{(1)}p$)
Why some kids use	79.67	63.36	34.57, <.0001
What age some people start using	74.93	60.60	25.81, <.0001
How to deal with family/others who use	71.94	59.58	18.87, <.0001
How kids can get help to cut down/stop using	73.70	58.61	28.19, <.0001
How to stay away from alc/drugs	73.89	58.03	30.73, <.0001
Consequences of using alc/drugs	71.70	57.30	25.29, <.0001
what alc/drugs do to body	73.06	55.33	37.70, <.0001
Theme: What students found helpful (13 items; Mean (SD) items endorsed: CHOICE=10.9 (3.0); No CHOICE=10.0 (3.7), $p<.0001$)			
Item content	% endorsed CHOICE	% endorsed No CHOICE	
Have better understanding of alc/drugs	89.64	82.84	9.97, <.005
Know more about effects of using	88.22	82.91	6.11, <.05
Learn how to say no	90.17	82.47	12.63, <.0005
Get lots of useful info	89.11	82.53	9.20, <.005
More aware of problems of using	86.54	82.26	3.81, ns
Learn have more choices than alc/drugs	86.72	81.92	4.64, <.05
Learn how to avoid bad situations	88.02	81.30	9.08, <.005
Tell others about effects of alc/drugs	85.64	80.18	5.68, <.05
Have better idea how many kids use	86.52	78.39	11.84, <.001
Use info to help friends quit	83.89	77.46	7.13, <.01
Less likely to use alc/drugs	81.64	73.37	10.41, <.005
Might stop using after hearing info	77.56	69.39	9.41, <.005
Will wait until older to start using	58.47	55.35	1.14, ns

Table 3

Item endorsement rates for themes assessed among CHOICE participants.

Theme: Why did you decide to attend CHOICE? (9 items; Mean (SD) items endorsed =6.6 (1.8))	
Item content	% endorsed
Group leaders seemed nice.	91.3
Wanted to try something new	80.2
Was curious to see what the discussion would be like	78.5
Seemed like it would be a lot of fun	78.0
To learn more about alcohol and drugs	77.4
Wanted to have free pizza or prizes	74.9
To hear what other kids thought about alc/drugs	67.7
Wanted to spend time w/friends who were going	65.9
Had nothing better to do after sch	46.7
Theme: What did you like about CHOICE? (8 items; Mean (SD) items endorsed =6.6 (1.9))	
Item content	% endorsed
Group leaders were nice	93.4
Group leaders could be trusted	90.4
Everyone got to talk if they wanted	86.3
Role plays were fun	80.1
Discussions were fun	79.5
Got answers to lots of my questions	77.7
Felt safe talking about my ideas	77.1
Charts & handouts were interesting	75.6
Theme: What did you dislike about CHOICE? (5 items; Mean (SD) items endorsed = 2.8 (1.4))	
Item content	% endorsed
Some kids came just for pizza, not participation	82.3
Some kids did not take CHOICE seriously	70.5
Didn't like being put on the spot to talk	49.7
Hard to have 6th–8th grade in same group	41.0
Worried kids would laugh at me	34.5
Theme: What did you tell other students about CHOICE? (11 items; Mean (SD) items endorsed = 5.3 (3.2))	
Item content	% endorsed
Told that CHOICE is fun	74.9
CHOICE helped kids learn about alcohol/drugs	61.7
About consequences of using alcohol/drugs	56.4
About reasons why using is not good idea	55.7
Told about some charts/handouts from CHOICE	46.6
Told that kids acted out skits	45.6
How to resist peer pressure	44.9
How to handle tricky situations	42.0

Stories told by group leaders	40.7
Told how/why some kids start using alcohol/drugs	38.4
Told about percent of 8th graders who use	29.8

Table 4

Item endorsement rates for themes assessed among CHOICE non-participants.

Theme: Why did you decide not to attend CHOICE? (14 items; Mean (SD) items endorsed =7.1 (2.2))	
Item content	% endorsed
Nothing to do w/me, don't use alcohol/drugs	86.6
Wanted to go home/relax after school	80.6
Wanted to do other things after school	75.3
Had other after school activities	69.5
Always had too much homework	62.5
Want to make own decisions about alcohol/drugs	60.2
Couldn't come on day of week offered	59.1
Don't need to learn more about alcohol/drugs	55.3
Didn't know anyone else who was going	54.5
Get picked up right after school, can't stay late	47.3
Parents wouldn't let me stay after school	27.9
Didn't feel safe talking about alcohol/drugs	15.4
Thought kids might make fun of me	12.6
Parents didn't want me to go	8.9
Theme: What do you know about CHOICE? (8 items; Mean (SD) items correct =5.5 (1.3))	
Item content	% correct
Program that talks about alcohol/drugs	95.6
Kids who go get free pizza	91.5
Group leaders give you handouts	80.3
Kids who go get free cookies	72.1
Get help w/homework if you go to CHOICE	68.8
Everyone who goes has to talk during group	59.8
Kids get to act in skits at CHOICE	48.2
Kids are asked who in family uses alcohol /drugs	47.8
Theme: What did other students tell you about CHOICE? (11 items; Mean (SD) items endorsed = 2.7 (3.1))	
Item content	% endorsed
CHOICE helped kids learn about alcohol /drugs	37.7
Told that CHOICE is fun	35.8
About reasons why using is not good idea	33.2
About consequences of using alcohol /drugs	31.6
Told how/why some kids start using	26.4
How to resist peer pressure	23.8
Told about some charts/handouts from CHOICE	21.9
How to handle tricky situations	21.9
Others told me percent of 8th graders who use	17.2
Told that kids acted out skits	13.9

Stories told by group leaders	13.6
-------------------------------	------

Author Manuscript

Author Manuscript

Author Manuscript

Author Manuscript