Conventional wisdom in the field of prevention holds that brief interventions are ineffective and should be avoided. This paper argues that notion is unfounded, probably resulting from a misinterpretation of program validation data. NIAAA (2004/2005) reported that the first school-based alcohol prevention programs were ineffective—being primarily informational and often using scare tactics, under the assumption that if youth understood the dangers of alcohol use, they would choose not to drink. In addition to being ineffective, many early alcohol prevention programs shared the characteristic of being brief, having been designed to fit into class lesson schedules. In addition to noting that awareness and fear are insufficient motivators to change behavior, some evaluators concluded that a flaw with these types of programs also was that they were brief, “one-shot” interventions, rather than concluding that they simply used an ineffective approach which just happened to be brief.

This erroneous conclusion became entrenched in prevention practices when EMT Associates (CSAP 1999), with funding from SAMHSA/CSAP, reported in one of the largest studies to date that “programs with more intense contact (i.e., approximately 4 or more hours per week) achieved more positive outcomes than those with less intense contact. This program feature was more important for program effectiveness than either the length of the program or the total number of contact hours.” As such, the claim that the ALC can significantly reduce underage drinking in just 90 minutes is often greeted skeptically.

Those who consider brief interventions to be ineffective are urged to read the companion paper posted on this site: Challenging Alcohol Expectancies with Media Literacy as a Prevention Strategy. The twenty years of alcohol expectancies and media literacy research summarized there reports significant changes in alcohol consumption lasting for years as the result a couple of hours spent in a bar.
laboratory experience.

Skeptics should also consider the effectiveness of social norms programs. Changing social norms is one of the other two empirically validated strategies NIAAA (2002) recommends for college level alcohol prevention in addition to challenging alcohol expectancies. A social norms approach teaches that many students have unrealistic perceptions of how much their peers drink, and that most students DO NOT drink excessively. Once students understand that their drinking is outside of normal boundaries, they tend to drink less. There is no minimum number of treatments required for social norms programs to work. Rather, the key is finding an effective enough way to carry this message to students so that they believe it. Most colleges use repetitive advertising campaigns to achieve this end, though more recently, behavioral change has been found after 20-40 minute sessions involving on-line alcohol education and assessment programs. These on-line programs commonly ask students to input the amount consumed during recent drinking episodes and then generates charts comparing their specific drinking patterns to the general population of students at their school. NIAAA has lauded the use of on-line screening programs to provide individualized assessment and feedback about a student’s drinking, noting that these types programs offer opportunities for brief motivational and skills based interventions (NIAAA, 2007).

Precedence for changing drinking behaviors through brief interventions can also be found in the field of alcohol treatment. As reported by NIAAA (2005):

*Unlike traditional alcoholism treatment, which lasts many weeks or months, brief interventions can be given in a matter of minutes, and they require minimal follow-up. . . People seeking treatment specifically for alcohol abuse appeared to reduce their alcohol use about the same amount, whether they received brief interventions or extended treatments (five or more sessions). These findings show that brief interventions can be an effective way to reduce drinking, especially among people who do not have severe drinking problems requiring more intensive treatment.*
A brief intervention usually includes personalized feedback and counseling based on the patient’s risk for harmful drinking. Often, simply providing this feedback is enough to encourage those at risk to reduce their alcohol intake (Moyer & Finney, 2004/2005). Until researchers found the specific methods necessary to make brief interventions successful, the notion that alcohol treatment could be conducted quickly was considered to be absurd. This is the same situation the ALC finds itself in today. However, because the ALC can target and alter the memory nodes an individual holds around drinking it can change expectancies and drinking behaviors. It is this precise targeting that allows the ALC to be both effective and brief.

Previous programs weren’t able to precisely identify what worked, so they threw the kitchen sink at students. That’s why they needed so many class sessions—to cover all their bases. Also, the SAMHSA/CSAP study conclusion seemed to suggest that frequent contact was more important than the total number or contact hours or length of the program. It is quite possible that trust and mentoring effects, rather than program content effects where the cause of longer programs being found to me more effective.

We know that once expectancies change, drinking behaviors change with them. We know we can change a student’s expectancies in a single intervention in a bar laboratory. The trick was finding a classroom intervention that has the same expectancy challenging power of a bar laboratory experience—which the media literacy deconstruction in the ALC possesses. That’s why it can work in a single treatment when other programs could not.

References


