

A CASE FOR BRIEF PREVENTION INTERVENTIONS: WHY A CLASSROOM-BASED CHALLENGE TO ALCOHOL EXPECTANCIES CAN BE EFFECTIVE

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The National Institute for Alcohol Abuse and Alcoholism (NIAAA) reported that alcohol education and awareness programs may “raise students’ awareness of issues surrounding alcohol use (1995; 1997), but these programs appear to have minimal effect on drinking and on the rates of alcohol problems” (Flynn & Brown, 1991; Gonzalez, 1991). The expectancy challenge procedure is listed as one of only three empirically supported interventions endorsed by NIAAA (2002) for the effective treatment of problematic drinking behavior among college students. This approach, which was conducted in a single session, allowed participants in a bar laboratory experience to see first hand that students could act and feel drunk regardless of whether or not they actually consumed alcohol. Once students realized that it was their beliefs about what would take place when they drank, not the alcohol consumed that caused most of the pleasurable associations they had with drinking, they consumed significantly less alcohol and vastly reduced incidences of binge drinking.

Although previous expectancy challenge studies have been successful in modifying expectancies and reducing subsequent alcohol use, the focus of those challenge studies has been primarily on college students. **The only known successful implementations of expectancy-based interventions for elementary to high school aged students have been conducted by researchers associated with the Alcohol Literacy Challenge™.** In order to facilitate the widespread use of curriculum-based prevention strategies, it was necessary to develop an effective approach that could be delivered in typical classroom settings and in a minimum amount of time. Moving in this direction, Cruz and Dunn (2003) successfully implemented a single-session, classroom-based strategy with elementary-level children. An interactive classroom exercise was designed to alter the associations of these students, such that they demonstrated a higher likelihood of forming negative associations to alcohol following exposure to the challenge exercise. The modified, classroom-based challenge protocol was then administered to a high school population and succeeded in addressing positive expectations associated with alcohol use and in significantly decreasing alcohol consumption (Cruz & Dunn, 2005). The ALC enhances this successful expectancy challenge protocol with media literacy information on alcohol marketing for middle and high school students.

Though not specifically challenging alcohol expectancies, studies directly relating media literacy and alcohol advertising found a change in children's intention to drink alcohol after a brief media education program (Austin & Johnson, 1997). Results showed that 3rd graders given media literacy training around alcohol ads showed significant attitudinal changes. They were less likely to rate alcohol ads positively, were less attracted to alcohol promotional material, and showed greater disdain for alcohol commercials. Dr. DeBenedittis replicated this study using his alcohol prevention media literacy lessons in presentations to 8th graders, finding a significant change in their positive attitudes towards alcohol consumption taking place after a single 45-minute presentation. (DeBenedittis, 2000).

Many in the prevention field adhere to the conventional wisdom that brief prevention interventions are ineffective and should be avoided. This notion is unfounded and probably resulted from misinterpreting program validation data. NIAAA (2004/2005) reported that the first school-based 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 noting that awareness and fear are insufficient motivators to change behavior, some evaluators assumed that a flaw with these type of programs also was that they were brief, “one-shot” interventions, rather than that they simply used an ineffective approach.

This erroneous conclusion became entrenched in prevention practices when the Center for Substance Abuse Prevention (1999), 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 a classroom based intervention challenging alcohol expectancies can significantly reduce underage drinking in just one or two sessions is often greeted skeptically.

First, consider the twenty years of alcohol expectancies research summarized in the paper “Challenging Alcohol Expectancies in a Classroom Setting: A Review of Theory and Practice” that is posted online at: <http://medialiteracy.net/research/>. The body of literature on Alcohol Expectancies demonstrates that beliefs about alcohol, and subsequently, the use of alcohol can be modified during a single, brief intervention if the proper protocol is observed.

Second, consider the effectiveness of social norms programs. Changing social norms is one of the other two empirically validated strategies NIAAA recommends for college level alcohol prevention in addition to challenging 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 advertising campaigns to achieve this end, though more recently, behavioral change has been found after brief 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 generates charts comparing their specific drinking patterns to the general population of students at their school.

In addition to online alcohol education, many colleges also offer screening programs via the internet. 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). And once students at risk have been identified, brief treatment programs have been found to be successful at reducing alcohol abuse. 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 that classroom programs challenging alcohol expectancies are faced with. However, we believe we have identified the specific items necessary for a brief classroom intervention to have real preventive value. Because brief programs like the Alcohol Literacy Challenge™ can target and alter the memory nodes an individual holds around drinking it can change expectancies and drinking behaviors, as have been demonstrated curricula at both the elementary (Cruz & Dunn, 2003), and high school levels (Cruz & Dunn, 2005).

When Dr. DeBenedittis asked Dr. Dunn (the alcohol expectancies researcher cited above) what he should tell people who question the efficacy of a classroom based expectancy challenge because it requires only one or two class sessions, Dr. Dunn responded along the following lines. Previous programs weren't able to precisely identify what worked, so they threw the kitchen sink at them. That's why they needed so many class sessions, they had to cover all their bases. 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 media literacy deconstructions that challenge alcohol expectancies seem to have. That's why it can work in a single treatment when other programs could not.

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