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Alcohol Prevention in Five Secondary Schools

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ALCOHOL PREVENTION IN FIVE SECONDARY SCHOOLS:

Effectiveness of an Education/ Counseling/Advisory Program

Effectiveness of One-session Classroom Presentations

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Evaluation of a broad based progam with multiple goals and multiple audiences requires more resources than were available for this research. The fact that the program was located in five different sites made evaluation even more problematic. Only with the help of graduate students in a Program Evaluation class at the University of Nebraska School of Social Work could the numerous parts of the research be conducted. Sylvia Swanson coded, key punched, and analyzed the client satisfaction data. Ms. Swanson, along with Belinda Beard, John Lewis, and Earl McGee planned and implemented the research on the system. The evaluation of the classroom presentation was planned and implemented by Jo Lynn Coles, Kathryn Morgan, Rita Sherman-Cross, and Jill Yeagley. Our thanks and appreciation go to these students who performed beyond the reasonable expectation of classroom requirements.

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TABLE OF CONTENTS

Page

ACKNOWLEDGMENTS..... i

LIST OF TABLES..... iv

LIST OF FIGURES..... v

INTRODUCTION..... 1

ALCOHOL PREVENTION MODELS..... 3

- The Socio-cultural Prevention Model..... 4
- The Distribution of Consumption Prevention Model..... 4
- The Socialization/Educational Model..... 5
- The Mental Health Model..... 6

THE PROGRAM AND EVALUATION DESIGN..... 6

- The Program..... 6
- The Research Problem..... 8
- The Evaluation Design..... 8

DESCRIPTION AND EVALUATION OF THE SYSTEM..... 11

- How Did the System Operate?..... 11
- How Effective Was the System?..... 13

EVALUATIONS OF CLASSROOM PRESENTATIONS..... 25

- Framework of the Evaluation..... 25
- Research Note..... 30
- Results..... 31
- Factors That Affected Responses to Knowledge and Attitude Items in This Study..... 33
- Conclusions/Recommendations..... 41

BIBLIOGRAPHY..... 43

APPENDIX..... 45

- Alcohol Education Questionnaire..... 47
- Project A.I.D. Program Activities Record..... 51
- Open-ended Questionnaire for Faculty and Administrators..... 53
- Interview with Principals and Vice-Principals..... 55
- Interview with Department Heads/Teachers..... 57
- Student Workshop Evaluation..... 59

LIST OF TABLES

Table		Page
I.	PURPOSE OF CONTACTS BY A.I.D. STAFF, JULY TO DECEMBER, 1978	12
II.	RELATIONSHIP OF A.I.D. COUNSELORS TO ADMINISTRATORS, OTHER COUNSELORS, AND TEACHERS	16
III.	TEACHER AND DEPARTMENT HEAD AWARENESS OF A.I.D. SERVICES BY TEACHING POSITION	18
IV.	REFERRAL SOURCE FOR HELP PREFERRED BY TEACHERS AND DEPARTMENT HEADS FOR FELLOW TEACHERS WITH ALCOHOL PROBLEMS AND STUDENTS WITH ALCOHOL PROBLEMS	19
V.	PERCENTAGE OF SCHOOL ENROLLEES INVOLVED IN A.I.D. DIRECT SERVICES	20
VI.	STUDENT ASSESSMENT OF CLASSROOM PRESENTATIONS	20
VII.	ITEMS TO TEST ALCOHOL KNOWLEDGE	27
VIII.	DRINKING-RELATED ATTITUDES BEFORE AND AFTER CLASSROOM PRESENTATION	28
IX.	ALCOHOL RELATED KNOWLEDGE ITEMS ASSOCIATED WITH AGE, PRESENTER, AND YEAR IN SCHOOL	34
X.	DRINKING RELATED ATTITUDES ASSOCIATED WITH SEX, PRESENTER, AND YEAR IN SCHOOL	37

LIST OF FIGURES

Figure — Page

1. SUMMARY OF PREVENTION MODELS..... 3
2. RELATIONSHIP BETWEEN GOALS..... 7
3. FACTORS OF HUMAN SERVICE PROGRAMS TO BE EVALUATED..... 8
4. EVALUATION MODEL OF A.I.D. PROGRAM..... 9
5. LOCATION OF PROGRAM IN THE SCHOOL STRUCTURE..... 12
6. FACTORS THAT AFFECT ALCOHOL ATTITUDES AND KNOWLEDGE..... 30
7. PERCENTAGE OF CORRECT RESPONSES TO ALCOHOL KNOWLEDGE ITEMS BY NUMBER OF TIMES SEEN AND YEAR IN SCHOOL OF RESPONDENTS..... 35
8. PERCENTAGE OF CORRECT RESPONSES TO ATTITUDE ITEMS ON REASONS FOR DRINKING AND AMOUNT OF DRINKING BY NUMBER OF TIMES SEEN AND YEAR IN SCHOOL OF RESPONDENTS..... 39
9. PERCENTAGE OF CORRECT RESPONSES TO ATTITUDE ITEMS ON DRINKING DECISIONS AND GENERAL COMMUNICATION/DECISION-MAKING BY NUMBER OF TIMES SEEN AND YEAR IN SCHOOL OF RESPONDENTS..... 40

INTRODUCTION

In the early 1970's as the enormous pressure of drug related problems was abating, the attention of mental health professionals, school personnel, and the criminal justice system was refocused on the problems that come with alcohol. A new phenomenon seemed to be following the drug "scene," the increased alcohol usage among teen-agers and even children. The message was clear: an effort had to be made to prevent alcohol abuse before problem drinking became more widespread.

Most prevention efforts until the 1960's stemmed from the same roots as the Prohibition Amendment to the Constitution, the moral precepts of the major Protestant denominations. These early precepts asserted that the cause of alcoholism was in the alcohol, and prevention efforts should be directed at removing the substance from individuals. Post-prohibitionists maintained that addiction was inherent in the individual who was predisposed to alcoholism. In both cases, alcoholism was bound to the concepts of sin and/or weakness, and prevention efforts took on an evangelistic quality.

In the last decade, other types of prevention models have arisen. The rationale behind the new efforts is that perhaps teenage problem drinking is not caused by sin or weakness but by other factors.

The major difficulty for organizations who recognize the potential dangers in teenage problem drinking is that little effort has been made to evaluate the effect or outcome of prevention programs. The long-term goal is to lower the incidence of alcoholism. Where evaluation is attempted, it's seldom longitudinal. Even the short-term goals of increased knowledge, change of attitude, more self-awareness, etc., are seldom evaluated with rigor.

This paper is a report on the evaluation of a prevention program begun in 1978, funded in part by the Nebraska Division on Alcoholism. The remainder of the report has five sections:

1) a description of the alcohol prevention model currently underlying programs;

2) a description of the program to be evaluated and the methodology used.

3) a description and evaluation of the system within which the program operated;

4) an evaluation of one of the program elements; and

5) implications and recommendations stemming from the research.

ALCOHOL PREVENTION MODELS

A survey of alcohol prevention programs currently in vogue provides four major theoretical perspectives or models of alcoholism. In most prevention programs, the causal theory is implied from the nature and content of the program activities.

Two of the models focus prevention efforts on the level of some social group or aggregate, and two models focus prevention efforts on individuals. Figure 1 summarizes the models.

FIGURE 1

SUMMARY OF PREVENTION MODELS

Model	Focus	Cause	Goals
Socio-cultural	Social group	Problems occur because of lack of norms of responsible drinking, ambivalent values, sanctions, or integrating into other activities.	Establish strong norms of responsible drinking within the society.
Distribution of consumption	Social-political group	Problem occurs because of easy access to alcohol.	Raise the relative cost per unit of alcohol, thus lowering consumption.
Socialization/educational	Individuals	Problems occur because people don't understand implications of too much alcohol. If they did know, they would choose the best pattern.	
[a] Responsible choice content			Educate people to choose responsible drinking behavior
[b] Proscriptive content			Educate people to choose abstinence.
Mental health	Individuals	Alcoholism is a symptom of other psycho-social problems.	Make people aware of psycho-social problems and resolve them.

The Socio-cultural Prevention Model

The socio-cultural model is based on the results of alcohol research by social and behavioral scientists. The basic premises are that problem drinking and/or alcohol abuse are a result of a lack of clear social values, norms, and sanctions concerning the drinking behavior of a social group. Programs based on this model are aimed at the social group. The mixed messages from the culture cause guilt, ambivalence, and anxiety about alcohol usage. A further instance of socially dysfunctional drinking norms is that the actual use of alcohol and even drunkenness become the goals of drinking rather than the accompaniment to other activities in society.

The scientific evidence to support this model stems from demographic data from various sub-cultures summarized by Bacon and Jones (1968) and Plaut (1967). The research generally indicates that in those cultures in which alcohol use is integrated into the normative activity of the family, a lower incidence of alcoholism occurs. For instance, Jews and Italians both use wine at ceremonial meals and occasions to which children are exposed at an early age and have low alcoholism rates.

Cultures which prohibit drinking such as Mormons and Southern Baptists and cultures with ambivalent norms of drinking such as the Irish have a higher relative incidence of alcohol abuse. In the latter cultures, drinking becomes a way of rebelling against authority.

A recent study of the alcohol and drug use among 3,000 high school students suggests a strong relationship between drinking behavior and peer group norms/values around alcohol. (Akers; 1980)

The ultimate prevention goal of this model is to lower the incidence of problem drinking of a social group. This goal is implicit in the model but is rarely measured. The immediate goal of a program based on this model is to change some law, norm, custom, punishment, value, or attitude toward drinking of a specific social group.

The Distribution of Consumption Prevention Model

The distribution of consumption model is based on research from a Canadian group, the Addictive Research Foundation (ARF). Its prevention thrust is to prevent the consumption of alcohol by manipulating the cost of alcoholic substances. The model is based on demographic correlation with cause imputed to an uncontrolled correlation between cost and cirrhosis mortality rates and between cost and consumption.

The scientific evidence seems strong because of the correlations. However, because intervening causal variables have not been controlled, the model is functional only for social aggregates with political boundaries. The ARF group found that consumption of alcohol varies across populations with the relative cost of alcohol. Relative cost is the per unit cost of alcohol in proportion to annual disposable income. In addition, in countries that have taken many measures to control alcohol consumption, only raising the relative price has been significantly related to decrease in both alcohol consumption and cirrhosis mortality rates.

The ultimate prevention goal of this model is to lower the alcohol consumption of a social aggregate or geographical area. The immediate goal of programs based on this model is to gain public approval to develop public policies which would raise the cost of alcohol.

The Socialization/Educational Model

The basic premise of this model is that members of society are socialized to perform their roles in society. The model's focus is on the individual. Socialization is the process by which the individual learns the attitudes and activities to perform these roles. Formal education is usually a more advanced form of role learning. Implied in this context is the notion that the use of alcohol is learned behavior. A prevention program would socialize individuals into responsible adult roles with regard to drinking. This model is the most widely used in primary alcohol prevention programs. It is the model behind most mass media and public education efforts, most formal programs, workshops, etc., in the schools and elsewhere. Whether or not it is conscious, socialization/education is the process by which very young children form attitudes that will affect their lifelong drinking behaviors. A major assumption of this model is the belief in man as a rational animal whose social behavior will change given proper learning opportunities.

The scientific evidence for this approach is mixed. On the one hand, faith in training children in the home and educating children in the schools to new knowledge and activities is well supported. On the other hand, the belief that education or knowledge can solve social problems is not necessarily supported and needs further study.

The ultimate prevention goal of this model is to affect individuals'

drinking behaviors so that over their lifetimes they refrain from problem drinking. This ultimate goal is defined differently by those with a socio-cultural perspective and those with a proscriptive perspective. For the latter, any alcoholic consumption is problem drinking. For the former, responsible drinking patterns can be developed. The immediate goals of this model are to develop or change knowledge or attitudes about drinking alcohol, its physical effects, its emotional effects, etc.

The Mental Health Model

Plaut (1972) reports the development of a non-specific model based on the rationale that alcoholism is not a disease but a symptom of personal or social problems. Problem drinking is merely a way that some people handle these problems. Both prevention and treatment are directed toward these underlying problems. Hence it is non-specific, meaning that the content of programs does not concentrate on alcohol and its usage.

Scientific evidence for this model comes from a wealth of social and psychological research on treatment. The research on high risk populations such as delinquents indicates that they tend to have a high alcohol usage along with other acting-out behavior.

The ultimate goals of the mental health model are to improve the quality of family life, help people to cope with crises, and improve the quality of interpersonal relations. On a societal level, goals are to reduce poverty, deprivation, injustice, alienation, etc. Specific program goals include increasing coping, communication, and problem-solving skills in a target group.

THE PROGRAM AND EVALUATION DESIGN

The Program

In 1978 five Omaha area Catholic high schools developed a cooperative program for a comprehensive alcohol education and counseling program to be implemented one day per week at each of the schools. The program, called Awareness, Intervention, Development (A.I.D.) was funded primarily by the Nebraska Division on Alcoholism. Two staff persons were hired to implement the program in the five schools.

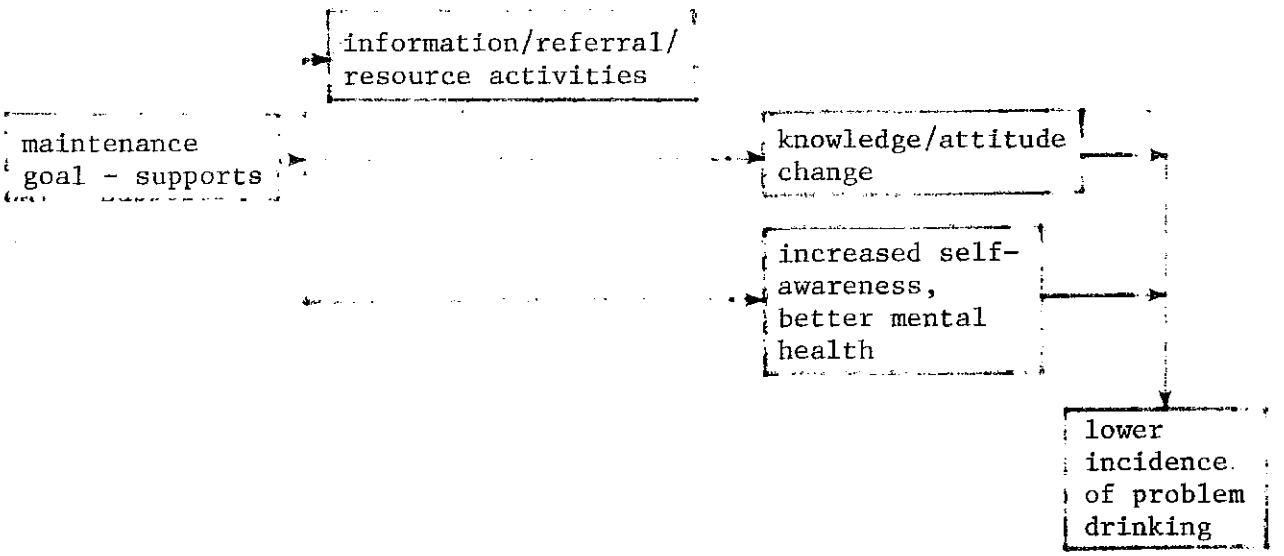
The goals of the program can be summarized under four headings:
1) maintenance goals including fund raising, record keeping, staff development,

report writing, etc.; 2) information/resource goals including developing resource library and referral sources, acting as a service for faculty and students to find information, publicizing the program to the community, etc.; 3) education/knowledge/attitude goals, educating students, teachers, and parents to the potential dangers of alcohol, alleviating myths, developing knowledge in parents and teachers to recognize early alcohol behavior, etc.; and 4) a mental health goal, counseling with students both individually and in peer groups to help develop more positive mental health patterns.

The latter two goals were the major immediate goals of the program. A fifth goal was also stated but was the ultimate goal: to reduce incidence of problem drinking. Figure 2 outlines the relationship between goals.

Figure 2

Relationship Between Goals



The socialization/educational model was the basis of most of the program's prevention goals. Several goals were really treatment goals and several were secondary prevention goals. The mental health model was specified in only one goal.

The staff person hired as the program director was from the guidance and counseling field. The prevention model within which he operated was the mental health model. The school staff who wrote the program proposal were also in the school guidance departments.

The Research Problem

A program such as this was difficult to evaluate. On the one hand it had multiple goals with multiple program activities which were difficult to separate. On the other hand, a broad-based program with limited resources should be carefully monitored, especially in its initial stages to determine if too much is being attempted or if efforts might be so dispersed that little real impact was made. The resources of this program were stretched even further because the program was being implemented in five separate high schools.

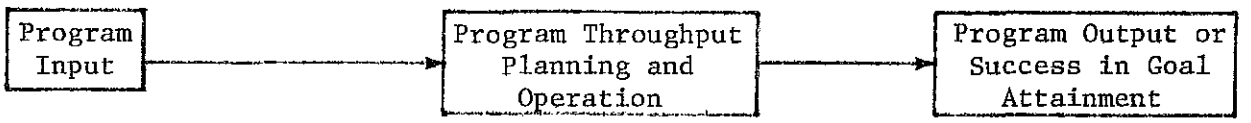
The program staff recognized quite early that an objective evaluation could help them to determine future foci. They found that two staff persons could not effectively meet all of the goals in all of the sites. The Center for Applied Urban Research, along with graduate students in the School of Social Work, undertook the evaluation.

The Evaluation Design

Three aspects of a program should be considered during evaluation: program input, program throughput, and program output. Figure 3 diagrams the relationship between them. Program inputs are the resources that enable the program to operate or the costs of the program. The costs include the direct monetary allocation, as well as costs in other resources (time and expertise), and indirect costs to the schools and other community agencies.

Figure 3

Factors of Human Service Programs to be Evaluated



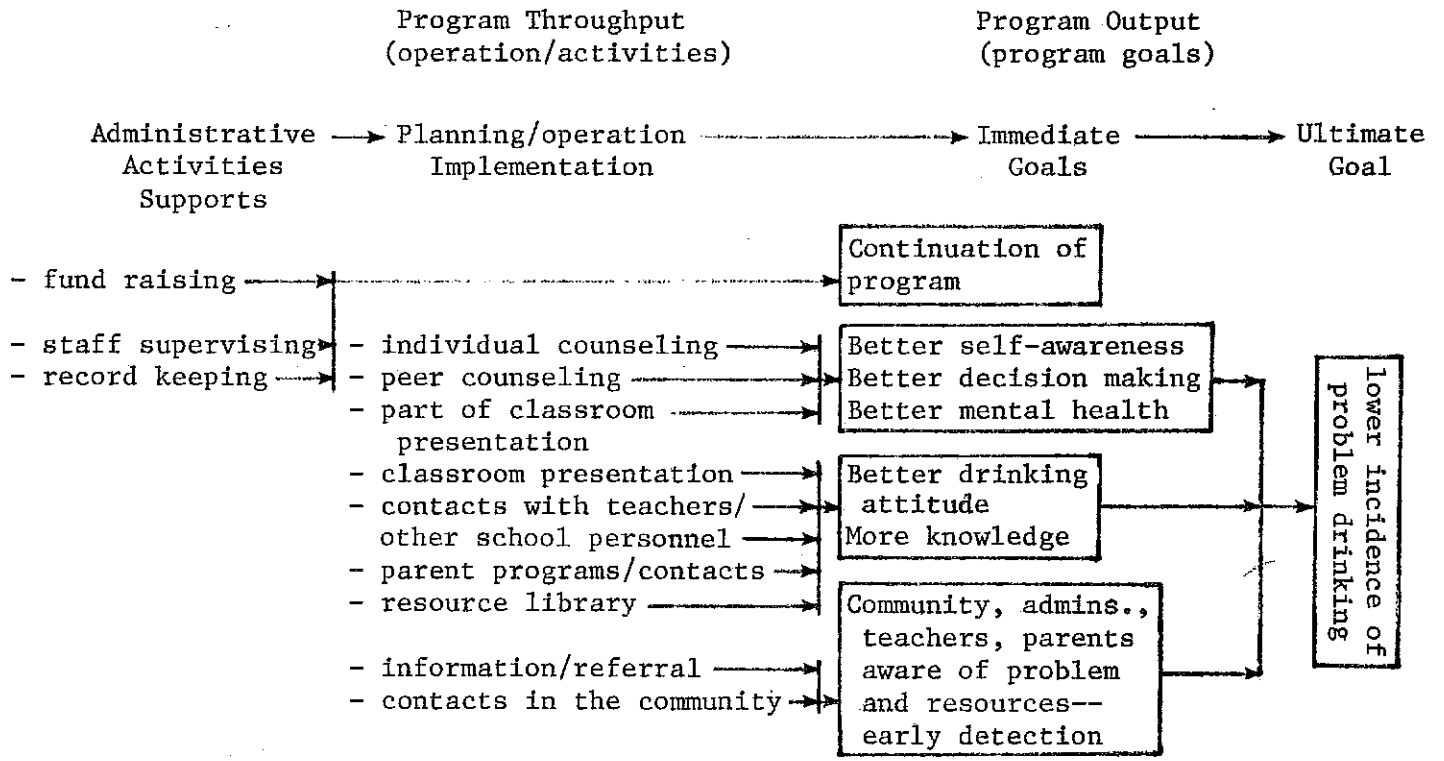
Program throughput includes both program planning and program operation. Program planning includes office management, allocation and reallocation of resources, record keeping systems, staff activities, facilities, materials and money, development of the program plan, assessment of the need for services, etc. Program operation is the way the program runs. Do program

activities (treatment) coincide with the plan? Are the proposed number of clients with the proposed characteristics in the program? Is staff present in the number proposed and with the expected training? Is client activity according to the plan? Program output is the attainment of program goals. Did the program affect the participants as proposed? To what degree were intervention goals attained?

Examination of program output is unproductive without relating outcomes to program activities and the operational definitions of program goals. The goals of a program are the program outcomes. The activities to reach these goals are the program throughput. Figure 4 is a diagram of how the activities and goals of this program fit the evaluation model.

Figure 4

Evaluation Model of A.I.D. Program



In new programs monitoring both the program's process of operations and the outcomes is important. Knowledge of how the process works enables administrators to detect activities that take too much time, are not effective, etc.

This evaluation has two foci: 1) to determine how the system operated, how program activities fitted into each school, and to evaluate the effectiveness of the delivery system; and 2) to examine one of the more formally developed program activities, to describe and evaluate the program process, and to test its effectiveness in achieving stated goals.

Method Used for System Evaluation. Two questions require answers when evaluating a system: how does the system operate and how effective is the system?

System operations were determined from two data sources: detailed program records and interviews with the program staff. The record forms can be found in Appendix A. Data on the forms were machine processed to provide information about contacts within the system. This program had excellent data sources so the information was readily available.

Unstructured staff interviews continued during the first year. The purpose of the interviews was to determine staff assessment of the system and how it was working overall and at each site. The data analysis will be in the form of a description.

Data to assess the effectiveness of the system were gathered from administrators, counselors, teachers, students, and the A.I.D. staff. Administrators, counselors, and teachers were surveyed by either interview or questionnaire to determine lines of communication and their knowledge and possible utilization of the A.I.D. program. Students had been asked to respond to a satisfaction instrument at the close of classroom presentations, and these were used to determine their assessments of the effectiveness of the presentations. A.I.D. staff provided data in ongoing interviews. Each of the surveys is found in Appendix A.

Methods Used to Evaluate Program Outcome. One type of program, the major program implemented directly with the students, was the one-session classroom presentations.

Methods Used for the Program Evaluation. Before the Center for Applied Urban Research became involved, each class had been administered a "client satisfaction" instrument to determine some demographic data, how well they liked the program, what they learned, etc. The instrument can be found in Appendix A. Data from 900 of these forms were machine processed and analyzed.

The staff wished to know how well these programs were achieving their immediate goals: (1) more knowledge, (2) better attitude, and (3) increased

interpersonal skills in decision making, communications, etc. After hearing a presentation or two a written instrument was developed to test the three factors. A design was developed to do pre-testing and post-testing with the instrument when future presentations were made. The research instrument can be found in Appendix A.

The program goal on which the least data were available was the counseling and the peer counseling. An evaluation of the outcomes of counseling required more time and money than were available to the evaluation team.

DESCRIPTION AND EVALUATION OF THE SYSTEM

How Did the System Operate?

Program Staff and Activities. The program consisted of two full-time staff persons who were to divide their time between the five schools.

The two counselors had their primary office at one of the high schools. Both of them spent the same day each week at the other four schools. During that day, they were available for individual counseling, both one-session and ongoing; classroom presentations; consultation with guidance counselors, the administration, and teachers; and informal teacher contacts. In addition, they made presentations at staff meetings, developed relationships with outside referral sources and state and local alcohol treatment/prevention systems, compiled the library/resources, and raised money to continue the program. They also kept records, wrote reports, worked with the evaluation, did staff development, ordered supplies, etc.

On a typical day, the staff spent time with the other counseling staff and in building relationships with the faculty. They also saw students who usually were referred by another counselor or higher administration. They gave classroom presentations, went to faculty meetings, called or wrote for information or resources, and spoke before community groups, etc.

During the start-up period between July and December, 1978, the staff recorded 436 individual and group contacts. Table I shows the recorded purpose of the contact.

TABLE I

PURPOSE OF CONTACTS BY A.I.D. STAFF

JULY TO DECEMBER, 1978

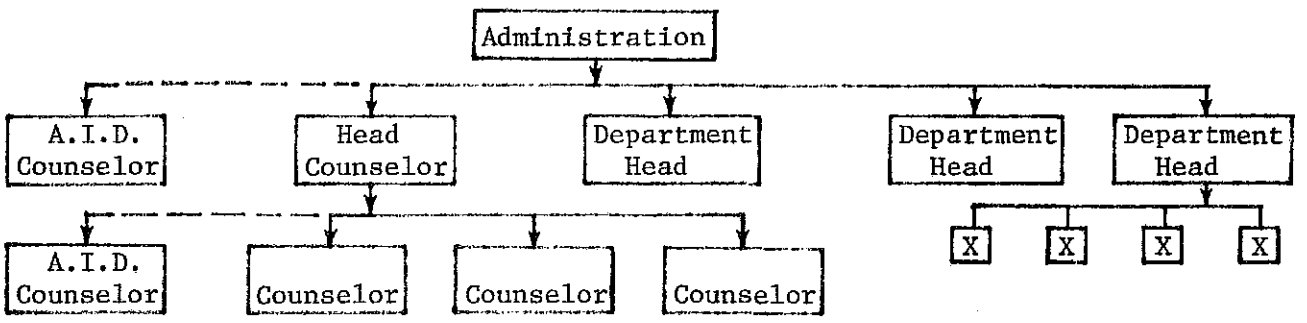
Purpose	Number	Percentage
Program Planning		
Administer program	8	2
Plan program	145	33
Gather information	60	14
Program Implementation		
Provide information	83	19
Provide training	28	6
Counsel students	112	26
Total	436	100

The contacts were about evenly divided between program planning contacts and contacts involved in implementing the program's objective.

A similar division of staff energy was seen when staff time was analyzed. The addition of travel time and preparation or study time increased the program planning percentage to 62 percent. While the start-up period would typically require more planning, the latter part of the year required at least an equal amount of time for fund raising for continuation.

Location of Program in the School Structure. The location of the A.I.D. counselors was within the guidance department of each school. In some cases, they were perceived by the vice-principal or disciplinarian as another counselor to supplement small counseling staffs.

Figure 5



The schools themselves were quite different. One enrolled only girls from the entire city and had a large proportion of nuns on the faculty. One was all boys with students from all sections of the city. One was considered "more elite" than the others. Sizes varied from 500 to 1,200 students. The ratio of counselors to students varied from 1,240 to 1,600.

How Effective Was the System?

In order for a system to operate and continue to operate it must fulfill four criteria. It must:

1. adapt to the major values of its environment
2. participate successfully in activities aimed at its own maintenance such as fund raising, staff development, etc.
3. communicate with and/or have access to persons in the environment who control non-fiscal scarce resources
4. participate successfully in goal-related activities.

If these are the criteria for a program or system's continuation, then an evaluation of the effectiveness of the system is determined by the degree to which these criteria have been met.

Adaptation to Major Values in the Environment. The values which were of concern in this analysis were those which guided the program's activities.

The description of the program on page 5 indicates that the program was based primarily on the socialization/educational model with some objectives based on the mental health model. While both the developers of the program and the original staff were in the counseling field, they tended not to over-emphasize the mental health model of prevention.

Several measures indicated that the socialization/education model did, in fact, guide program activities. For instance:

a) Of the 1,346 contacts made by the program staff only 112 were for counseling, a few were for follow-up counseling to outside agencies, and 15 or 20 were for peer groups.

b) A larger proportion of objectives omitted during the first year were those objectives directed toward building better mental health as a prevention rationale.

Several possible reasons for the relative lack of emphasis on the mental health model came from this study and from the literature.

One major reason was that school systems' primary program model was the socialization/educational model. This was the model that school personnel were equipped to handle and with which they felt most comfortable.

The one school department in which the mental health model fits was the counseling department. When the A.I.D. staff interacted with teachers and administrators about the program, they received more support and positive feed-back from working toward socializational/educational objectives. These activities would be readily acceptable, whereas activities based on the mental health model might have to be "sold."

A second possible reason was the need to cover five separate schools and reach as many persons as possible. Activities based on the mental health model required much more time both in developing group support, peer counselors, referral systems, and the actual activities. Many of these activities also required much more of the staff's emotional energy. When faced with a choice of activities, especially during the start-up of the program, a natural tendency would be to make a greater number of contacts with most ease.

From a different perspective, a tension seemed to grow between the professional expectations of the staff and the actual activities they had been pursuing. While the mental health model appeared to be their own guide for program development, the bulk of their activity was based on the socialization/educational model or was related to administration.

In general, however, the program did seem to adapt to the educational system, much to the surprise of the program's director.

Successful Maintenance Activities. Over the course of the year, the A.I.D. staff worked with school administrators toward local funding of the program. In addition they sought a second year of funding from the Division on Alcoholism and the Drug Commission. All of these efforts were successful. Only one of the five schools declined to support the program for the 1979-80 school year. However, that school has since reconsidered and wishes to participate in 1980-81.

The staff also continues to seek alternative funding sources--from foundations, other government agencies, etc.

In the course of fund raising, a broader base of support for the program emerged. The program had been located in the counseling departments, but more active administrative support appears to be building. An advisory group which included administrators from each school was formed. That group, as it remains active, will contribute to a continuation of the program by providing both fiscal and programmatic support.

The other administrative-management details appear to have been achieved successfully. The 1978-79 funding sources were satisfied with the management of the funds. Of the 811 hours of activity recorded by A.I.D. staff 106 (13 percent) were in administration.

Communication With and Access to Control Agents. One of the major hazards of a new program operating in an ongoing system is the problem of access to those elements necessary for successful goal activity. In a recent analysis of the alcohol prevention programs in Nebraska from 1972 through 1979, several programs in the schools failed because no student came to the programs or no schools asked for educational presentations. (Burch and Davis, 1980)

The three major program goals were to provide an information and referral service, to provide alcohol education, and to provide peer support, counseling, and counseling follow-up services for possible problem drinkers.

In order to implement the programs as well as to work toward future maintenance, key control persons had to develop a knowledge of the program and a commitment to the program goals. The key controls were administrators, other counselors, and teachers.

The knowledge and commitment to the program by administration was determined by interviews with principals and vice-principals. The administrators were contacted for interviews with no reference to the A.I.D. program. Principals were asked to determine if they knew of the program, the names of the counselors, and the sources of funding for the program. They were also asked if they would commit funds from their own budgets to the program if these were needed. They were also asked about the ease of access to themselves by the A.I.D. counselors.

In three schools the administrators were 100 percent knowledgeable about and committed to the program. In fact, several of them informed the interviewers that they had already arranged to support the A.I.D. program through funding assistance for the following year. In one school, the administrator answered 50 percent of the questions indicating commitment to the program, and in one school the administrator answered only 25 percent of the questions in this way. Responses can be seen in Table II.

TABLE II

RELATIONSHIP OF A.I.D. COUNSELORS TO ADMINISTRATORS, OTHER COUNSELORS, AND TEACHERS

School	Knowledge of and Commitment to A.I.D. by Administration	Committed to Funding	Referral A.I.D to Counselors by Other Counselors	Availability of Ongoing Casual Contacts With Other Faculty	Students in Classroom Presentations No.	%
A	High	Yes	High	Yes	277	33
B	High	Yes	Little	Very Little	125	17
C	High	Yes	High	Yes	457	38
D	Moderate	No	High but not alcohol related	Little	41	7
E	Low	Yes	High but used as regular counselor	Yes	0	0

The commitment of the administrators and the ease of access to them were important for directly fulfilling two of the program objectives. One was to help each school develop a policy about substance-related school incidence. The other was to work with each school to develop financial support from the school for the program.

The clear support from the administration was vital in order to implement some of the other goals such as using staff days for training about alcohol, presenting at faculty meetings, and working with classroom teachers and department heads to integrate alcohol program content into other subject matter.

The commitment to the alcohol counseling program by other counselors was measured by the number of referrals for counseling that they made. In three of the schools the other counselors made referrals to A.I.D. counselors but in one school referrals were made by administration, mostly for regular counseling. In the fifth school few counseling referrals were made to the

program at all. Referral sources were vital to the programs. Without them several of the key program goals were impossible; i.e., 1) acting as a short-term resource to help youth over crisis situations in which chemical substances were involved; 2) acting as a referral source and following up for referral to outside agencies.

The opportunity for continued informal contact with faculty was equally important for the function of the program. These contacts served to engender trust among the teachers for the A.I.D. staff. Such contacts over time also kept the program in the mind of individual teachers to that when a problem did occur, the A.I.D. staff was remembered and youths were referred to the A.I.D. counselors. Casual contacts also resulted in the arrangements of many of the classroom presentations. Table 2 shows the ease of access and the number and percentage of persons contacted in classroom presentations. Other than school D which had some exceptional circumstances, the less informal interaction with teachers, the smaller the proportion of the student body that heard a classroom presentation.

Successful Goal Activites Related to Programs. In this section the activities related to goal activities will be analyzed. Whether these activities achieved the desired outcome is the major question. Three major program goals were defined: 1) to develop as an information/referral resource for department heads, teachers, and administrators; 2) to provide alcohol education to students, parents, and faculty; and 3) to provide counseling and peer support for problem drinkers, high risk population, and for early prevention.

A major goal of the program was to serve as a resource for teachers, department heads, counselors, and others who worked directly with students, to use when substance abuse among students was suspected. The degree to which the program achieved this goal was evaluated by determining the extent to which teachers and department heads knew about the program and would refer students there for counseling.

A survey was made of a random sample of teachers at each school and all department heads. The questions were constructed so that no mention of the A.I.D. program was made.

The results showed that all respondents at the schools surveyed were aware of the counseling program, and only three of the 81 respondents (4 percent) were not aware of the educational services. The conclusion was that the A.I.D. staff had more than met their goal to become known as an alcohol/substance abuse resource. Table III shows the results.

TABLE III

TEACHER AND DEPARTMENT HEAD AWARENESS
OF A.I.D. SERVICES BY TEACHING POSITION

School		Awareness of Counseling Service		Awareness of Educ. Service	
		Yes	No	Yes	No
A	Teachers (N=15)	15	0	15	0
	Dept. Heads (N=8)	8	0	8	0
B	Teachers (N=15)	15	0	14	1
	Dept. Heads (N=3)	3	0	3	0
C	a/				
D	Teachers (N=15)	15	0	14	1
	Dept. Heads (N=6)	6	0	5	1
E	Teachers (N=15)	15	0	15	0
	Dept. Heads (N=4)	4	0	4	0

a/ Because of an unexpected school holiday, staff were absent from school and were not available for testing.

Respondents were also asked where they would refer fellow teachers and students with a drinking problem. Staff were much more likely to see the A.I.D. as a resource for students than for fellow faculty. Only school D failed to perceive A.I.D. as a major source of referral for students. Table IV shows the distribution.

TABLE IV

REFERRAL SOURCE FOR HELP PREFERRED BY TEACHERS AND DEPARTMENT HEADS FOR FELLOW TEACHERS WITH ALCOHOL PROBLEMS AND STUDENTS WITH ALCOHOL PROBLEMS

School		Fellow Teacher Problem a/			Student Problem a/		
		Out of School Referral	In School A.I.D.	In School Other	Out of School	In School A.I.D.	In School Other
A	Teachers (N=15)	10	3	1	5	5	1
	Dept. heads (N=8)	12	6	2	4	7	7
B	Teachers (N=15)	9	6	2	4	10	3
	Dept. Heads (N=3)	1	0	0	1	0	2
C	b/						
D	Teachers (N=15)	12	1	4	9	2	7
	Dept. Heads (N=6)	5	2	3	6	1	5
E	Teachers (N=15)	5	1	4	2	5	0
	Dept. Heads (N=5)	5	1	0	5	3	0

a/ May total more referral sources than respondents; respondents were allowed more than one response.

b/ Because of an unexpected school holiday, staff were absent from school and were not available for testing.

A second program goal was to develop and implement a classroom educational presentation that would increase the knowledge of participants about alcohol and be helpful in an attitude and behavior change. This goal was achieved to some extent at each school. Between August and December, 1978, 900 persons had attended such a presentation. One large group, 457, had a presentation during orientation at their school. The remainder were presentations during a regularly scheduled class. All but one of the classes were religious classes. The one exception was a science class. Table V shows the percentage of persons from each school who were contacted through these classroom presentations.

TABLE V

PERCENTAGE OF SCHOOL ENROLLEES INVOLVED IN A.I.D. DIRECT SERVICES

School	Total Enrollment	Percent of Students Contacted by the Classroom Presentation
A	850	33%
B	760	17%
C	1200	38% (during orientation)
D	600	7%
E	500	0

The process question that occurs is the degree to which participants in the classroom presentation reported it helpful. A two page client-satisfaction instrument was administered at the conclusion of the classroom presentations. The instrument can be found in Appendix A.

The major measuring technique was a semantic differential scale. Table VI shows the 900 students responses to the returns.

TABLE VI

STUDENT ASSESSMENT OF CLASSROOM PRESENTATIONS

	Number Responding						Percentages in Most Favorable Categories
Uninformative	21	41	130	357	351	Informative	79%
Impractical	12	66	229	355	238	Practical	66%
Useful	257	339	206	77	21	Useless	66%
Worth my time	229	316	249	85	21	Not worth my time	61%
Interesting	177	325	300	78	20	Boring	56%
Dull	44	164	429	221	42	Exciting	29%
Too long	106	142	510	91	51	Too short	16%

Other interesting responses were as follows:

- 61 percent said it was very much needed
- 67 percent said it would be an appropriate presentation for parents or faculty
- 60 percent said it would be very useful in personal life.

The distribution of responses about how the presentation would be useful in personal life were:

- gained knowledge for self help (28 percent)
- helped make drinking decision for self (11 percent)
- gained knowledge or help and understanding for a friend (8 percent)
- gained insight into the problems of an alcoholic (7 percent)
- other (6 percent)

The records showed little indication that the program staff provided any formal parent or teacher education. However, the staff members were present at faculty meetings, and several parent training sessions were held.

The third program goal was the counseling/follow-up goal. Many of these were one session in length. Very few persons were referred to community agencies, and those who were referred were not provided follow-up or support services.

Summary of Goal-related Activities. A.I.D. staff were quite successful in becoming known as an alcohol abuse resource in the five schools. They reached a large number of students in the first semester and undoubtedly reached a large number during the second semester in one-session classroom presentations. They were less successful in reaching target populations in counseling, peer counseling, parent and teacher education, and the development of support groups through Alateen or use of students who had expressed interest in further involvement.

In general, the program was well managed and well staffed. The degree to which the two staff persons accomplished the program's goals in five schools during the start-up year was impressive. Three of their accomplishments were especially noteworthy: maintenance activities, development of the program as a resource activity, and degree of saturation of the schools with classroom presentations. One maintenance activity was the development of a broader base of support by involving administrative personnel in further program decisions. While this involvement would

eventually mean that A.I.D. staff would have less autonomy over the programs to be developed, it would also mean that those programs would have more support at the local level.

The second maintenance achievement was the development of local funding support. This support meant that less staff time and effort needed to be devoted to fund raising each year for the basic budget.

The almost universal recognition of the program at the five schools and the faculty responses on their potential use of the A.I.D. staff as a resource was an accomplishment of note. Over time, this recognition should lead to more counseling referrals and early recognition of alcohol abuse by teachers.

The classroom presentations were successfully implemented for a large number of students at four of the five schools. This meant that, at the very least, students had access to knowledge about the problems caused by alcohol abuse. In fact, a large majority of the students reported that the information was helpful to them personally. Validity was lent to the data by the fact that many students reported the material unexciting and uninteresting.

A final achievement was the rapport that the staff appeared to have with administration, faculty, and students. A topic of social behavior such as patterns of alcohol use often causes young and old alike to erect defensive barriers. This seemed to be less the case in the A.I.D. program.

Several areas of the total program were not as effective as those just listed. These were: 1) the minimum involvement with those program objectives which involved working with individuals, working with small counseling groups and teachers, and working outside the school environment with parents and community direct service areas; and 2) the seeming ambivalence in the prevention model used.

The lack of involvement in working with individuals and small groups is readily understandable in this system. The time involved in developing the program in five separate sites and time and effort involved in working with the administration would preclude the time necessary to develop and sustain, even for a short time, a counseling reputation in each school. Furthermore, the interviews with teachers showed that the presence of the counselors in each school only one day per week deterred teachers from referring individual students.

Finally, an excessive amount of energy was required to develop effective small group and individual counseling interaction. The process is often slow and the results are sometimes unimpressive. A program whose future fiscal support is dependent upon visibility and recognition should probably not spend its initial year of operation in very much activity of the small group variety.

The apparent ambivalence in the use of a prevention model was the greatest problem in this program. While the movement of the program's controlling locus out of counseling into the mainstream educational system indicated a more complete integration of the program into its environment, it also indicated absence of a clear philosophy of prevention.

Originally, the classroom presentations by one of the A.I.D. counselors were heavily weighted toward the mental health model. The content dealt with decision making, coping, and communications. The alcohol content was introduced as an example of how alcohol use results from other problems. However, this content was presented only once with no follow-up within a regular class session. Furthermore, most of the classes were religion classes so that alcohol use was associated, not with rational personal decision making, but with religion and morality.

The A.I.D. counselors did not follow up with students who signed up to help. This would have been a starting point for peer support groups. The press of administration and detail precluded a thorough development of a system that might have worked.

The recommendations that follow from the previous discussion have to do with areas that need re-evaluation by the A.I.D. staff and the new broad based board. These areas are the structure, the direct service program, and the philosophy.

The structure of the program, as it is currently operating, is too broad in focus if it is to be staffed by only two people. Either the focus should be narrower or the funding increased. The latter alternative depends on the level of commitment funding agents, including the schools, have in dealing with substance abuse.

A second structural issue is the function of the A.I.D. counselors. If their function is to provide the direct service to youth, then less time should be spent in administration, public relations, teacher training, etc., and more time and effort should be used for program implementation. If their function is to help the schools develop policy and enable current

school personnel to provide services, then the program's goals and objectives should be rewritten and the job descriptions re-developed.

A third structural issue is the most functional location for the A.I.D. program within a school. Figure 5 on page 12 indicates the current location is within the counseling department, or adjacent to the head counselor. If the A.I.D. program increasingly assists the administration in alcohol/drug related policy, teacher training, and curriculum development, then the more functional structure is for A.I.D. to be directly related to the administrative office of a school.

The nature of the direct prevention programs in secondary schools needs to be examined. Prevention, by its currently recognized definition, precludes many of the activities described by the program objectives. Second, if the school decides that substance prevention has a high priority, then the school can and should be developing many activities within the educational model, perhaps with consultation and help from the A.I.D. staff. One example is to include modules relating to substance abuse in regular curriculum sequences where they are appropriate. A second example is to deal with substance use by juniors and seniors more realistically and with fewer moral overtones. Third, teachers who have informal rapport with students can be released from regular duties to lead peer-group formations. The A.I.D. staff could spend more time in determining those programs that will best reinforce the aims of the programs and work with the schools to develop those programs and train and supervise regular school faculty.

A final area which should be further discussed is the choice of the prevention model that is the basis for the program. Blane (1978) has suggested that prevention does not belong in the secondary school, especially if the model being used is the socialization/education model. The A.I.D. staff needs to develop a more coherent and integrated model upon which to base direct programs to youth. It should be based on whatever evaluation or research is available.

Program activities could be devised to reflect the model. Outside activities, other than maintenance, could be selected on the basis of whether they fit the model. A.I.D. staff would then have a logical, consistent basis to use with school administration, other funders, outside agencies, and evaluators as the basis for and definition of activities.

EVALUATIONS OF CLASSROOM PRESENTATIONS

Shortly after the A.I.D. program began, the staff developed a presentation for classroom settings usually at the invitation of the teacher and usually during a religion class. Each A.I.D. counselor had his own style of delivery and content. Not much time elapsed before they questioned the utility of these classroom presentations for changing either knowledge, attitudes, or behavior. This section is a report of the evaluation of the program to determine the degree to which the presentation affected knowledge of the program content and attitudes toward alcohol.

The objectives of the classroom presentations were: "to alleviate myths associated with alcohol abuse, to emphasize the potential dangers and physiological effects of alcohol use/abuse, to provide information concerning the needs people have for communication and decision-making skills relative to chemical use, to provide knowledge that will affect their attitudes towards alcohol use/abuse, and to inform students about readily available counseling service."

As the program began, each of the A.I.D. counselors had a different approach to the content of the presentation. One approach was based on the mental health model. It focused on the development of effective communication plus coping and decision-making skills. The other approach was based on the socialization/educational model. It dealt with factual information concerning alcohol use/abuse. As the year progressed, the two approaches overlapped somewhat. Both types of presentations were within the structures and standard curricula of the individual schools.

Framework of the Evaluation

The evaluation of the classroom presentation was designed to answer two research questions:

1. What change in attitudes or knowledge was a result of the presentation?
2. What other factors affected alcohol related knowledge and attitudes?

The answer to the first question is the determination of the program's impact or outcome. That is, did the presentation significantly change attitudes or knowledge?

The answer to the second question can increase knowledge of 1) those factors which affect alcohol use/attitudes/knowledge and 2) factors which affect how the program can be most effectively delivered in the future.

Measuring the Program Outcomes. A field experiment was developed to test program outcomes. A thorough discussion of the methodology used is available through CAUR. Participants at classroom presentations were tested using an administered instrument during the class period on the day before the presentation. This was done so that the responses would not be influenced by any previous knowledge of the presenters. Participants were post-tested six weeks following the presentation.

The variables to be measured were those that were specifically addressed by presenters. Graduate students acting as research assistants for the project observed several presentations by both presenters to determine key content areas. A search of the literature was made to locate previously validated indicators which measured that content area. The instrument was discussed with the presenters to affirm further that the content to be measured was, indeed, the key content of the presentations.

Three content areas were measured. The first was content related to the understanding of alcohol and its use, the alcohol content of different drinks, the effect on the body, etc. Ten true-false statements in the instrument tested this area. These items can be seen in Table VII.

A second content area was attitudes and practice concerning alcohol usage. A Likert-type scale of 16 items was developed to measure: 1) expressed reasons for drinking, 2) attitudes/values about socially acceptable amounts of drinking, and 3) attitudes about how drinking decisions should be made. Content of the items was based on the program's content. These items can be seen in Table VIII.

A third content area measured was an alcohol/non-specific area of communications decision making based on the mental health model. The five Likert-type scale items included in the instrument can also be seen in Table VIII.

Measuring Causal Factors. The variables measured above were the major interest of this research as evaluation. In the course of developing the instrument, a number of items were included to measure factors that have been found to affect drinking attitudes. In a search of the literature, five variables in particular have been associated with problem drinking. They are age, sex, socio-economic and family status, nature of peer group, and source of social control. (For the purpose of brevity, relevant literature will not be cited in this report.)

TABLE VII

ITEMS TO TEST ALCOHOL KNOWLEDGE

		Percentage of Groups with Correct Responses			
		Experimental Group			
		Pre-test N=53 Percent	Post-test N=53 Percent	All Pre-test N=149 Percent	Post-test Only N=136 Percent
Alcohol is a drug.	True	85	91	85	91
A person's body burns up about an ounce of alcohol every two hours.	True	74	77	69	70
A drink taken with food has less effect on how you feel than one taken on an empty stomach.	True	92	89	92	90
Loss of control has nothing to do with alcoholism.	False	94	93	93	93
Use of other drugs in combination with alcohol is dangerous.	True	98	98	98	98
Primary prevention of alcohol abuse helps people before serious problems occur.	True	87	79	89	85
Ten ounces of beer and six ounces of wine have about the same effect on a person's body.	False	36	30	46	36
Drinking plenty of black coffee helps to sober up an individual who has had too much to drink.	False	64	66	69	65
A person cannot be an alcoholic if he only drinks beer.	False	98	96	95	98
Alcohol has a depressant effect on the central nervous system.	True	93	87	94	93

TABLE VIII

DRINKING-RELATED ATTITUDES BEFORE AND AFTER CLASSROOM PRESENTATION

		Pre-test N=53 Percent	Post-test N=53 Percent	All Pre-test N=149 Percent	Post-test Only N=136 Percent
A Attitudes About Reasons for Drinking					
1. Having a drink is a good way to feel less up-tight socially.	Agree [a/]	32	40	36	38
	Neutral	38	32	32	35
	Disagree	30	28	32	27
2. If a person is at a party where everyone else is drinking, he should also so he won't be an outsider.	Disagree	89	94	88	85
3. A person who does not drink is a square.	Disagree	92	94	91	94
4. It's okay for someone to get drunk once in awhile if it helps him stay off drugs.	Disagree	55	55	56	52
5. Getting drunk helps when you feel let down by your friends or family.	Disagree	68	64	65	63
6. I've seen my dad get drunk so why shouldn't I be able to get drunk too?	Disagree	85	88	84	81
B Attitudes/Values About Amount of Drinking					
1. Alcoholic beverages if used in moderation are okay.	Agree	85	75	82	80
	Neutral	11	21	12	15
	Disagree	4	4	6	5
2. Heavy drinking is okay as long as you know how to hold your booze.	Disagree	64	62	67	74
	Neutral	28	36		
3. It's okay for someone to get drunk once in awhile if it helps him stay off drugs.	Disagree	55	55	56	52
4. Getting drunk helps when you feel let down by your friends or family	Disagree	68	64	65	63
5. I've seen my dad get drunk so why shouldn't I be able to get drunk too?	Disagree	85	88	84	81
C Attitudes About How Drinking Decisions are Made					
1. I don't want to think about alcohol and drinking until I turn 19, the legal drinking age.	Disagree	74	72	79	74
2. The best way to decide about whether to drink, or how much, is just to wait and see what happens.	Disagree	49	43	56	50
3. Knowing how to make decisions about dating can help me make decisions about drinking.	Agree	10	15	11	18 [b/]
4. An alcoholic could stop drinking by himself if he really wanted to.	Disagree	42	42	46	46
D General Communication-Decision					
1. The closer you get to friends, the more they can hurt you.	Disagree	68	64	61	57
2. I shouldn't have to tell someone how I feel if they really care about me.	Disagree	68	68	69	66

TABLE VIII

Continued

		Pre-test N=53 Percent	Post-test N=53 Percent	All Pre-test N=149 Percent	Post-test Only N=136 Percent
3. People communicate primarily with the words they use.	Disagree	40	43	47	40
4. An intelligent person should be able to make the right choices in life.	Agree	47	49	48	61 b/
5. Most decisions can be made in several different ways.	Agree	76	79	81	83

a/ These items are related to values and are difficult to assign a "correct" response.
b/ Indicate statistically significant difference between pre- and post-tests.

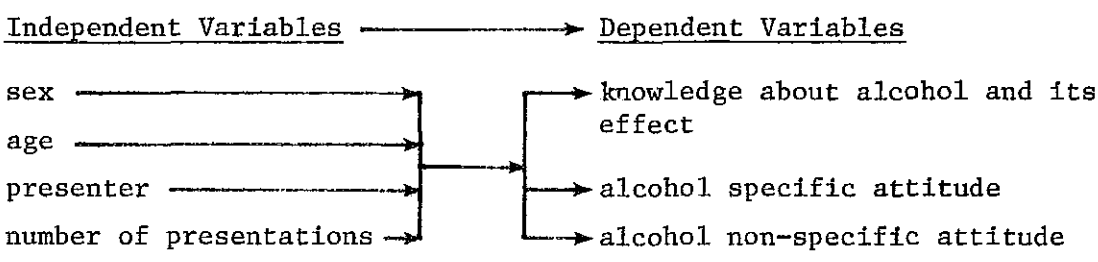
Two of these variables were included in this study. Age was assumed to coincide with school class, and sex was determined by adding a single question.

Two additional variables were included to enable the A.I.D. staff to tailor delivery of the presentations more efficiently. These were the persons presenting and the number of presentations in which students participated. One of the presenters was a recovered alcoholic. Some research has taken place on the success of using recovered alcoholics in alcohol treatment but little in the use of recovered alcoholics in prevention. Finally, the number of presentations seen by a student was used as an independent variable. By January of the first year, the presentations were being made in different classes. About 30 of the respondents in this analysis had been present at two presentations and six at three presentations. The literature suggests that attendance at several sessions has a greater and more lasting effect on attitude and knowledge development. Even though the content was the same or similar at each presentation, the same reinforcing effect might occur.

The model being tested is found in Figure 6. Each arrow from the independent variable to the dependent variable represents a hypothesis to be analyzed.

Figure 6

FACTORS THAT AFFECT ALCOHOL ATTITUDES AND KNOWLEDGE



Research Note

The data were gathered using questionnaires administered by research assistants in the class one day prior to the presentation. The plan was for the post-test to be administered six weeks following the presentation. Because of the shortness of the semester, only two classes, both all girls who had been given the pre-test, were also given the post-test. This group was the only experimental group.

Two additional groups were included in the data analysis. One group included all classes who had been given the pre-test. The other group was persons who had participated in presentations before the evaluation began. They were subsequently given a post-test. While these two groups did not comprise a true experiment, they lent some credence to the results because they were a larger group. The post-test only data were used to analyze the effect of other factors on the responses.

Results

The results are presented in the following two sections. One section will examine the difference the presentations made in knowledge and attitudes to answer the major evaluation questions. This is the difference between responses on the pre-test and the post-test. The second section will describe the effect of factors other than the presentation that seem to affect alcohol related knowledge and attitudes.

Changing Knowledge/Attitudes as a Result of the Presentation. A close look at the before and after responses on knowledge items of the experimental group showed an increase in correct answers on three items, a decrease on six items, and one item remained the same. The largest amount of increase was only six percent which is not statistically significant. The change, both positive and negative, could be explained by the ordinary day to day response differences in any population.

The responses were informative about the state of high school students' alcohol related knowledge. In general, students seemed to have a high degree of knowledge about what alcohol is and what it does to the body. Table VII shows that 92 percent or more of the experimental group gave the correct response to five of the items; two other items had correct responses from 80 percent or more of respondents. All seven of those items were general knowledge, almost common sense items.

The three items with the fewest correct responses were those that related to either the quantitative aspects of alcohol's effect on the body or with the "black coffee myth" so often reinforced by fictional media situations. In the future, perhaps these aspects should be stressed with some guidelines for calculating responsible alcohol use.

The same results were true of attitude. Little statistically significant difference was found between the pre-test and post-test responses of the experimental group. The data can be seen in Table VIII.

Six items were included to test the reasons for drinking. These items corresponded to the reasons commonly given by people who drink and were covered in the presentation's content. They were to have a good time, peer pressure, a substitute for other substances, and psycho-social and family problems.

Table VIII A shows a very mixed response pattern about drinking to be less up-tight socially. A large number (38 percent) of the experimental group were neutral at the pre-test, either indicating ambivalence or uncertainty of what the "correct" answer should be. In the post-test slightly fewer neutral responses were given and more agree responses.

The responses were clear and consistent for pre- and post-tests in all groups on drinking because of peer pressure. High agreement occurred across the groups on both the "outsider" and the "square" item. The same consistency and high response was true for this item and "drinking because I've seen my dad drunk."

The two items most related to problem drinking in the literature were those which most affect youth, drinking as a substitute for drugs and drinking because of problems with peers or family. Far fewer respondents disagreed with these reasons for "getting drunk." No difference was found between pre- and post-test groups.

The items on amount of drinking were consistent across the groups. The experimental group showed more ambivalence or neutrality in the post-test than in the pre-test about both moderate drinking and heavy drinking. The "getting drunk" items from the previous section were included here to show that a scale might indicate a progression from moderate to heavy drinking acceptance.

An interesting fact was that controlled heavy drinking was less acceptable than getting drunk instead of drug use or getting drunk because of friend or family problems.

Responses to the item on how drinking decisions should be made indicated little change from pre-test to post-test. The two items about making decisions before a situation occurred showed slightly less rationality in the post-test. The item relating drinking decisions to dating decisions showed slightly more rationality. This change was statistically significant for the non-experimental pre- and post-test groups. This item, as did all of the items about decision making, had a large percentage of neutral responses.

The item on alcoholics' ability to stop drinking by rational decision remained constant in both groups despite the fact that the presentations stressed the contrary view.

The general non-specific items on communications and decision making also showed no significant difference from pre- to post-test in either the experimental or other groups except for one case in the non-experimental pre- and post-test. Several of the items in the section had a large proportion of neutral responses indicating uncertainty. Some of the uncertainty might have been replaced by a change of attitude with additional reinforcement.

In summary little long-term change occurred in either alcohol related knowledge, alcohol specific attitudes, or alcohol non-specific attitudes as a result of the classroom presentations. However, the evaluation did indicate those items of knowledge and attitude with most disagreement among high school aged persons. The following analysis will indicate other factors that might be considered in planning alcohol education.

Factors That Affected Responses to Knowledge and Attitude Items in This Study.

Factors Affecting Knowledge. Neither sex nor age affected the number of correct responses to knowledge items significantly. Table IX shows the percentage of correct responses as they were affected by sex, year in school, and presenter.

The difference in response by sex was interesting on only two responses and then not statistically significant. These were the two items with the lowest proportion of correct responses. They were also the two responses which required quantitative understanding by students.

Little difference occurred in knowledge responses by year in school. Only one item, the "black coffee" myth item was statistically significant. Figure 7 graphs the percentage of correct responses by year in school.

The difference in the knowledge response by presenters was also not statistically significant.

The number of times a participant had been at a presentation did affect the percentage of correct responses. By the time the post-test had been given, 84 students had only been present at one presentation, 31 had been at two presentations, and six had been at three presentations. Figure 7 graphs the percentage of correct responses. The graph includes the third group even though too few responses were available to do a statistical

TABLE IX

ALCOHOL RELATED KNOWLEDGE ITEMS ASSOCIATED WITH AGE, PRESENTER, AND YEAR IN SCHOOL

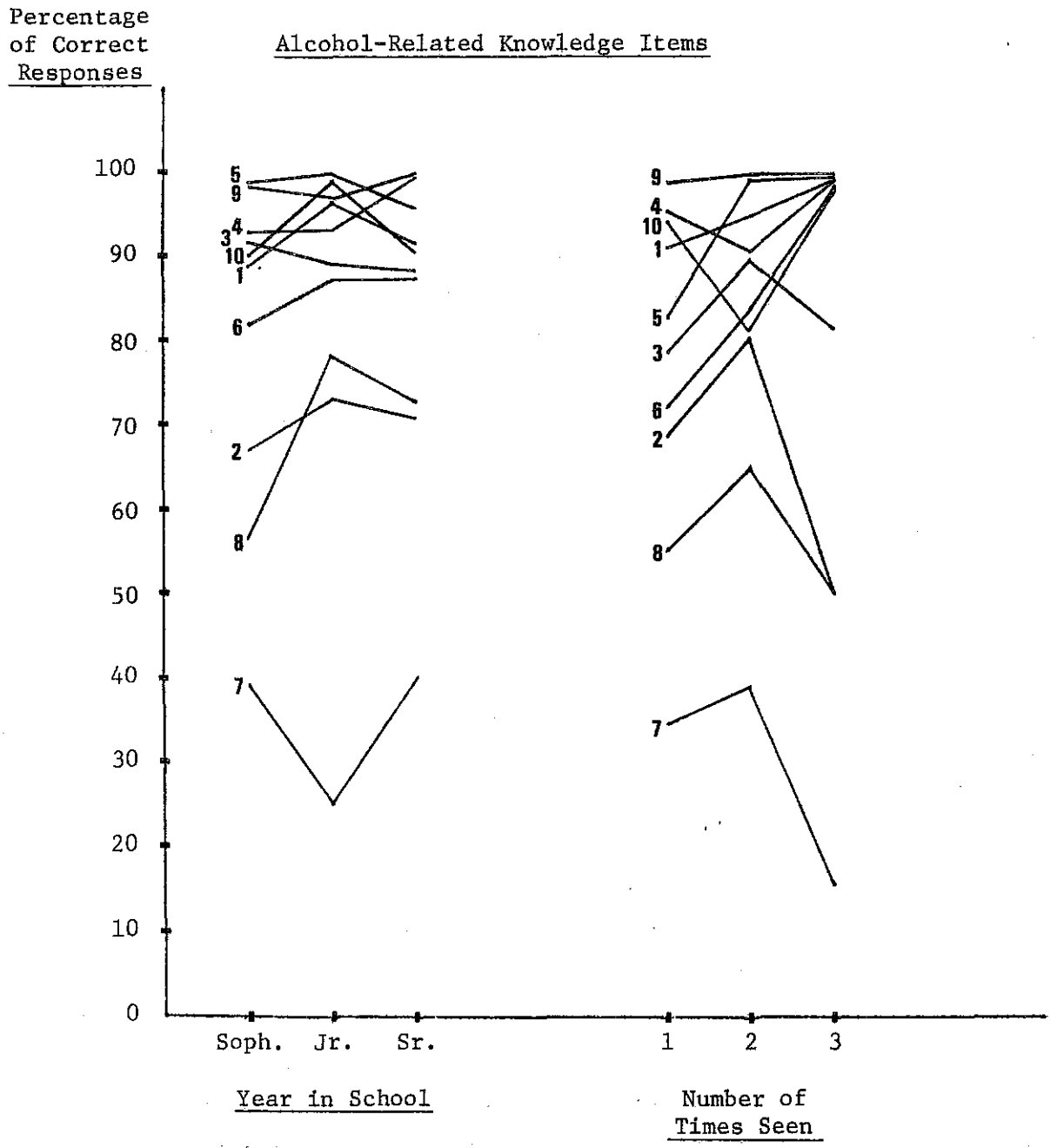
		Sex		Presenter[a/]		Year in School		
		Female N=101	Male N=35	A N=68	B N=41	Sophmore N=82	Junior N=27	Senior N=25
Alcohol is a drug.	True	92	88	93	89	89	96	92
A person's body burns up about an ounce of alcohol every two hours.	True	73	60	72	70	67	74	71
A drink taken with food has less effect on how you feel than one taken on an empty stomach.	True	91	89	90	92	92	89	88
Loss of control has nothing to do with alcoholism.	False	95	89	94	94	93	93	100
Use of other drugs in combination with alcohol is dangerous.	True	98	97	97	98	98	100	96
Primary prevention of alcohol abuse helps people before serious problems occur.	True	84	89	79	89	83	88	88
Ten ounces of beer and six ounces of wine have about the same effect on a person's body.	False	32	46	27	38	39	24	40
Drinking plenty of black coffee helps to sober up an individual who has had too much to drink.	False	65	68	65	68	57[b/]	78	76
A person cannot be an alcoholic if he only drinks beer.	False	99	96	99	96	98	96	100
Alcohol has a depressant effect on the central nervous system.	True	93	94	93	94	90	100	92

[a/] See footnote on Table X.

[b/] = significant at the .05 level.

FIGURE 7

Percentage of Correct Responses to Alcohol Knowledge Items by Number of Times Seen and Year in School of Respondents



analysis. The percentage of persons responding correctly was greater for those who had seen two presentations in seven of the ten items. While only two of these differences were statistically significant, the trend was evident and supports previous research on the efficacy of reinforcement in learning.

Factors Affecting Attitudes. Attitudes about drinking were much more affected by other factors than was knowledge. Sex, year in school, and number of times the presentation was seen all acted on attitudes related to reasons for drinking and amount of drinking. Their effect on alcohol decision and general decision was not so predictable. Little difference in attitudes related to difference in presenters was found. Table X shows the data for sex, presenter, and year in school.

Females had significantly more correct responses in five of the reasons for drinking items. On the first item, which states a basic value position, both groups had a large percentage of neutral responses. Females were less likely than males to agree to controlled heavy drinking or getting drunk for any reason. However, only a slight difference existed on moderate drinking.

Females had more correct responses on the communication item and on making advanced decisions. Males had more correct responses on the two items that dealt with the possibility of being able to control what happens to oneself. A noticeable pattern was the large proportion of males who had neutral responses in many of the communication and decision categories and the large proportion of females with neutral responses in items relating to their own current drinking.

Not much difference in attitudes as a result of one presenter or the other could be discerned. Presenter B's audience had a significantly high percentage of correct answers on the heavy drinking question. Other differences were not significant.

The general trend in the effect of age or school class on percentage of correct answers was an increase in percentage of correct responses from sophomore to senior years. Thirteen of the 17 responses showed this pattern. The pattern was most noticeable for the items on reasons for drinking, amount of drinking, and the way alcohol decisions should be made. Figures 8 and 9 show this general trend. The effect of age or class in school on communications and general decision-making also appears in Figure 7.

TABLE X

DRINKING RELATED ATTITUDES ASSOCIATED WITH SEX, PRESENTER, AND YEAR IN SCHOOL

				Presenters[a]		Year in School		
		Female N=101	Male N=35	A N=68	B N=41	Sophmore N=81	Junior N=26	Senior N=25
Reasons for Drinking								
1. Having a drink is a good way to feel less up tight socially.	Agree	36	43	40	32	42	37	28
	Neutral	34	40	34	34	33	44	32
	Disagree	30	17	25	34	24	18	40
2. If a person is at a party where everyone else is drinking, he should also so he won't be an outsider.	Disagree	95	55[c]	85	87	78	93	100
3. A person who does not drink is a square.	Disagree	98	82[c]	85	90	91	97	100
4. It's okay for someone to get drunk once in awhile if it helps him stay off drugs.	Disagree	56	36[c]	51	55	40	77	64
5. Getting drunk helps when you feel let down by your friends or family.	Disagree	65	54[c]	66	63	56	69	76
6. I've seen my dad get drunk so why shouldn't I be able to get drunk too?	Disagree	86	67[c]	82	90	75	88	92
Amount of Drinking								
1. Alcoholic beverages if used in moderation are okay.	Agree	79	82	78	83	80	73	84
	Neutral	16	12	21	11	15	19	12
	Disagree	5	6	1	6	5	7	4
2. Heavy drinking is okay as long as as you know how to hold your booze.	Disagree	75	70	69	87[c]	68	77	82
3. It's okay for someone to get drunk once in awhile if it helps him stay off drugs.	Disagree	56	36[c]	51	55	40	77	64
4. Getting drunk helps when you feel let down by your friends or family	Disagree	65	54[b]	66	63	56	69	76
5. I've seen my dad get drunk so why shouldn't I be able to get drunk too?	Disagree	86	67[c]	80	92	75	88	92
Alcohol Decision								
1. I don't want to think about alcohol and drinking until I turn 19, the legal drinking age.	Neutral	19	24					
	Disagree	74	69	73	76	74	83	76
2. The best way to decide about whether to drink, or how much, is just to wait and see what happens.	Neutral	30	27					
	Disagree	53	39[b]	45	59[b]	43	46	76
3. Knowing how to make decisions about dating can help me make decisions about drinking.	Agree	57	39[b]	13	24[b]	16	15	28
	Neutral	24	46					

TABLE X
Continued

		Female N=101	Male N=35	Presenters[a] A N=68	Presenters[a] B N=41	Year in School Sophmore N=81	Year in School Junior N=26	Year in School Senior N=25
4. An alcoholic could stop drinking by himself if he really wanted to.	Neutral	24	18					
	Disagree	43	55[b]	46	39	42	42	56
General Communication-Decision								
1. The closer you get to friends, the more they can hurt you.	Neutral	16	39					
	Disagree	60	48[b]	61	56	56	52	64
2. People communicate primarily with the words they use.	Neutral	33	33					
	Disagree	41	39	42	41	38	31	52
3. An intelligent person should be able to make the right choices in life.	Agree	54	79[c]	52	65[b]	66	51	56
	Neutral	30	9					
4. Most decisions can be made in several different ways.	Agree	83	79	81	80	81	96[b]	76
	Neutral	13	20					
5. I shouldn't have to tell someone how I feel if they really care about me.	Neutral	18	20					
	Disagree	70	54[c]	63	75[b]	65	55	84

[a] This analysis does not include the workshop programs or presentation where both A.I.D. staff persons were present.

[b] These relationships indicate a definite trend.

[c] These relationships are significant at or beyond the .05 level of significance.

FIGURE 8

Percentage of Correct Responses to Attitude Items on Reasons for Drinking and Amount of Drinking by Number of Times Seen and Year in School of Respondents

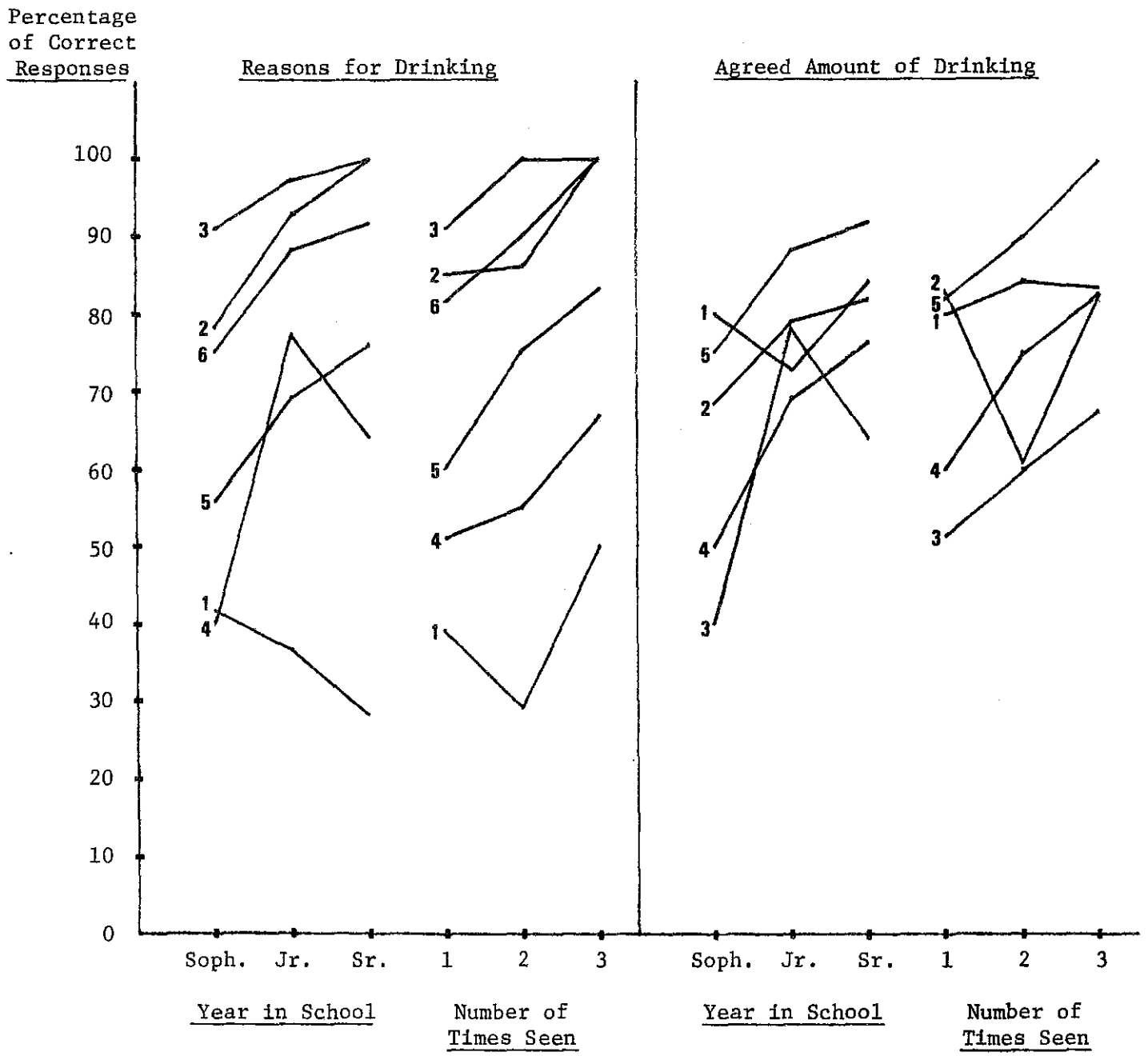
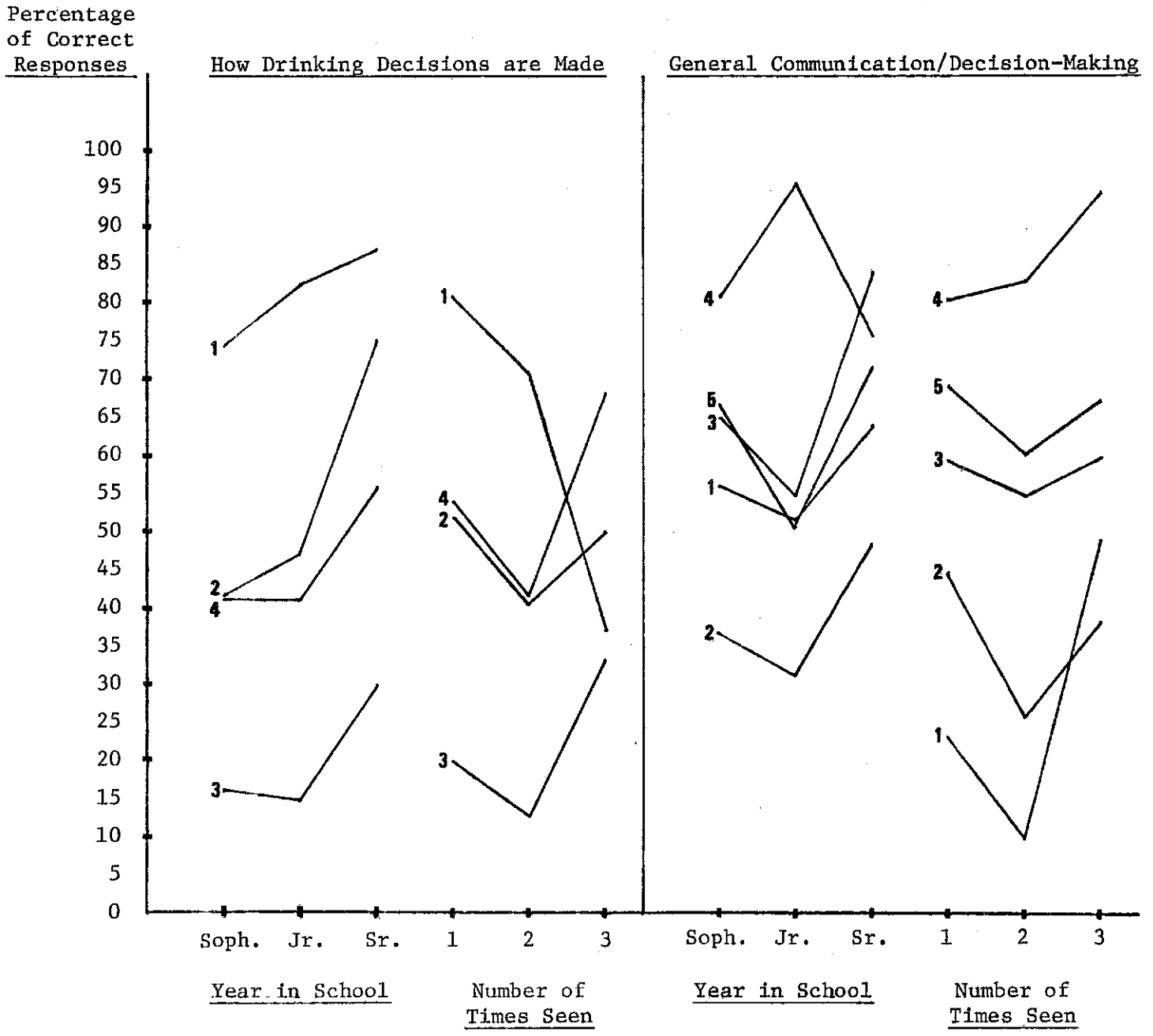


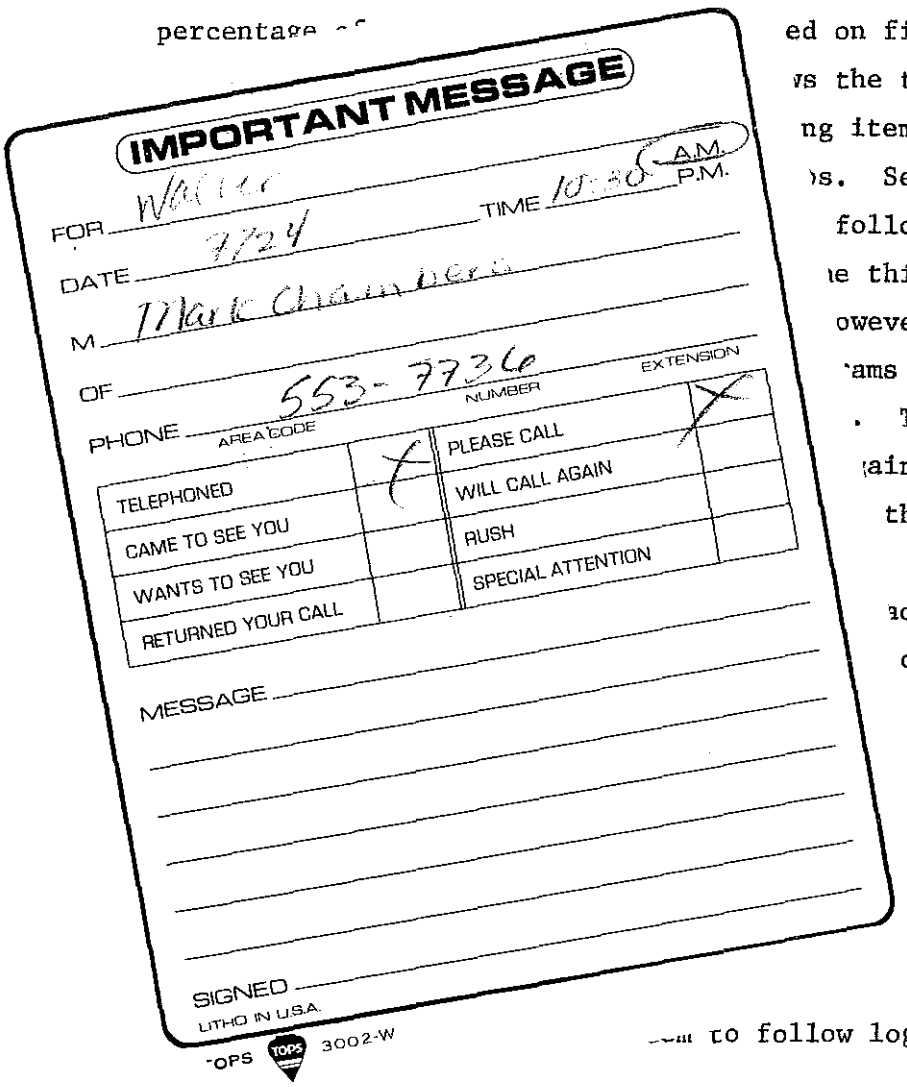
FIGURE 9

Percentage of Correct Responses to Attitude Items on Drinking Decisions and General Communication/Decision-Making by Number of Times Seen and Year in School of Respondents



The same pattern was [illegible] times seen. A general increase in percentage [illegible] ed on five of the reason items and [illegible]vs the trend.

[illegible]ng items presented an interesting [illegible]s. Seven of the nine items showed [illegible] following the second time the [illegible]e third time could not be trusted [illegible]owever, this pattern was similar [illegible]ams with goals of change in [illegible]. These show an initial short-[illegible]ain by improvement. These data [illegible] the goal of changing these



[illegible]ade a difference in their [illegible] of drinking, and some decision-[illegible]ttitudinal responses were [illegible] seen and the older the [illegible]ern was not so clear on [illegible]ied to basic psycho-social

[illegible] to follow logically from the study:

[illegible]egard the purpose or goal of any one-session alcohol related presentation only as a) an introduction to the program to students so that they will know where to go in the future or b) to serve as the first of a series of either socialization/education or interpersonal skill development sessions.

2. Concentrate more on less generally known material and on guides for responsible drinking; e.g., how to figure ounces of alcohol for different drinks, answers to social incidents, what would you do if..., how much beer is it reasonable to drink if...
3. Continue to work on a skills-development approach with smaller, on-going groups.
4. Develop ways to test more thoroughly the effect of the on-going groups.
5. Base skills development objectives on what has been found in the past to be effective.

6. Gear programs to the year in school or age of participants.
7. Urge the acceptance of knowledge/training in a lower age group.
8. Use regular teachers who have good rapport with students to present alcohol related curriculum, or
9. Place the alcohol related curriculum within the regular curriculum with reinforcing techniques included.
10. Present alcohol related materials without an overtone of morality. While the values against substance abuse should be included, they should carry no moral overtone which reflects on the individual.

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APPENDIX

ALCOHOL EDUCATION QUESTIONNAIRE

1) Sex: F_____ M_____

2) Year in school: _____

3) Name of class: _____

4) Instructor: _____

5) Type of presentation:

____ Lecture
____ Discussion
____ Film (Title)_____
____ Question and answer
____ Other (Specify)_____

6) Who made presentation:

____ Steve
____ George
____ Both
____ Other (Specify)_____

7) How many times have you seen this presentation? _____

Please circle the following statements as either (T) true or (F) false.

1) T F Alcohol is a drug.

2) T F A person's body burns up about an ounce of alcohol every two hours.

3) T F A drink taken with food has less effect on how you feel than one taken on an empty stomach.

4) T F Loss of control has nothing to do with alcoholism.

5) T F Use of other drugs in combination with alcohol is dangerous.

6) T F Primary prevention of alcohol abuse helps people before serious problems occur.

7) T F Ten ounces of beer and six ounces of wine have about the same effect on a person's body.

8) T F Drinking plenty of black coffee helps to sober up an individual who has had too much to drink.

9) T F A person cannot be an alcoholic if he only drinks beer.

10) T F Alcohol has a depressant effect on the central nervous system.

If you think the answer to the following questions should be yes, or mostly yes, circle yes. If you think it is no, or mostly no, circle no.

1) Yes No Do you really believe a kid can be whatever he wants to be?

2) Yes No Do you usually make up your mind about something without asking someone first?

3) Yes No Can you ever make other people do things you want them to do?

4) Yes No Do you ever think that kids your age can change things that are happening in the world?

On the following questions, please indicate whether you strongly agree, agree, are neutral, disagree, or strongly disagree, by circling the appropriate number.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1) An alcoholic could stop drinking by himself if he really wanted to.	1	2	3	4	5
2) Alcoholic beverages if used in moderation are okay.	1	2	3	4	5
3) If a person is at a party where everyone else is drinking, he should also so he won't be an outsider.	1	2	3	4	5
4) Heavy drinking is okay as long as you know how to hold your booze.	1	2	3	4	5
5) The best way to decide about whether to drink, or how much, is just to wait and see what happens.	1	2	3	4	5
6) I've seen my dad get drunk so why shouldn't I be able to get drunk too?	1	2	3	4	5
7) A person who does not drink is a square.	1	2	3	4	5
8) It's okay for someone to get drunk once in awhile if it helps him stay off drugs.	1	2	3	4	5
9) I don't want to think about alcohol and drinking until I turn 19, the legal drinking age.	1	2	3	4	5
10) The closer you get to friends, the more they can hurt you.	1	2	3	4	5
11) People communicate primarily with the words they use.	1	2	3	4	5
12) Getting drunk helps when you feel let down by your friends or family.	1	2	3	4	5
13) Knowing how to make decisions about dating can help me make decisions about drinking.	1	2	3	4	5
14) An intelligent person should be able to make the right choices in life.	1	2	3	4	5

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
15) I shouldn't have to tell someone how I feel if they really care about me.	1	2	3	4	5
16) Having a drink is a good way to feel less up-tight socially.	1	2	3	4	5
17) Most decisions can be made in several different ways.	1	2	3	4	5

Please answer the following questions by filling in the blank.

1) If you thought you had an alcohol related problem, where would you go for help?

_____

2) If you thought a member of your family had an alcohol related problem, where would you go for help?

_____

3) If a friend of yours had an alcohol related problem, where would you go for help?

_____

PROJECT A.I.D.

PROGRAM ACTIVITIES RECORD

1. MAJOR PURPOSE

_____GATHER INFORMATION _____COUNSELING _____PLANNING

_____PROVIDE INFORMATION _____ADMINISTRATION _____FUNDING

_____PROVIDE TRAINING _____PUBLIC RELATIONS _____RESEARCH

_____RECEIVE TRAINING _____OTHER

2. CONTACT WITH

(SCHOOL) _____STUDENTS _____COUNSELORS (AGENCIES) FEDERAL_____

_____TEACHERS _____PARENTS STATE_____

_____ADMINISTRATORS LOCAL_____

TYPE OF CONTACT: _____IN-SCHOOL _____OUTSIDE SCHOOL _____INDIVIDUAL

_____GROUP _____WRITTEN _____PHONE

3. *COUNSELING

SCHOOL:_____GROSS _____MARIAN _____RYAN _____PREP

TYPE OF CONTACT:_____IN-SCHOOL _____OUTSIDE SCHOOL _____INDIVIDUAL

_____GROUP _____WRITTEN _____PHONE

INDIVIDUALS_____ TIME_____

GROUPS_____ TIME_____

TOTAL NUMBER OF PARTICIPANTS:_____

TOTAL LENGTH OF TIME:_____

4. *EDUCATION/PREVENTION

SCHOOL:_____GROSS _____MARIAN _____RYAN _____PREP

OTHERS:_____

TYPE OF SERVICES

CLASSROOM PRESENTATION: NO._____ TIME____. PUBLIC INFORMATION NO._____ TIME____

STUDENT TRAINING NO._____ TIME____. TEACHER TRAINING NO._____ TIME____

SPECIAL PROGRAMS NO._____ TIME____. PARENT PROGRAMS NO._____ TIME____

SUPPORT GROUPS NO._____ TIME____. PARENT TRAINING NO._____ TIME____

TOTAL NUMBER OF PARTICIPANTS:_____

TOTAL LENGTH OF TIME:_____

5. *PROJECT ADMINISTRATION

_____PROGRAM DEVELOPMENT AND PLANNING _____PROFESSIONAL GROWTH AND DEVELOPMENT _____STAFF MEETINGS

_____REPORT PREPARATION _____EVALUATION _____SUPERVISION

_____GRANT PREPARATION _____FISCAL ADMINISTRATION _____RECORD KEEPING

_____REGIONAL MEETINGS _____COMMITTEE MEETINGS

TOTAL NUMBER OF PARTICIPANTS_____

TOTAL LENGTH OF TIME_____

6. DISPOSITION OF CONTACTS

_____REFUSED _____HANDLED _____OTHER

REFERRED _____YES _____NO REFERRED TO_____

7. INDIVIDUAL COMPLETING FORM_____ DATE_____

*COUNSELING: PARTICIPANTS_____ TIME_____

*EDUCATION/PREVENTION: _____ TIME_____

*PROJECT ADMINISTRATION: _____ TIME_____

TOTALS _____ _____

OPEN-ENDED QUESTIONNAIRE FOR

FACULTY AND ADMINISTRATORS

Suppose that a teacher from your school approaches you and informs you that he or she has a drinking problem. That teacher then asks you for help. What would you do? (fill in answer below)

What would you do if that person was a student in your school? (fill in answer below)

(Please indicate which department you are associated with.)

DEPARTMENT_____ Department Head

No_____ Yes_____

SEX: M_____ F_____

INTERVIEW WITH PRINCIPALS AND VICE-PRINCIPALS

1. If you had a parent group in the community who needed a speaker for drug or alcohol problems, whom could you recommend?

2. If you had an instructor or student whom you thought might have a drug or drinking problem, what would you do?

3. Do you have drug or alcohol counselors in the school? What are their names?

4. How is the program funded?

5. If the funds for the program expire, would you try to support the program with your budget?

6. Is there currently an advisory committee at this school to help improve the program?

7. What kinds of communications are most useful between yourself and your drug and alcohol counselors?

8. How much communication is necessary?

9. What communication channels are most appropriate?

INTERVIEW WITH DEPARTMENT HEADS/TEACHERS

1. Are there any alcohol counseling services available in your school?

   No_____ Yes_____

2. If your answer was yes, how did you find out about them?
   (please answer below)

3. Are there any alcohol education programs in your school?

   No_____ Yes_____

4. If your answer was yes, how did you find out about them?
   (please answer below)

(Please indicate which department you are associated with.)

Department _____ Department Head

No_____ Yes_____

Student

Workshop Evaluation

Name of Class_____ Instructor_____

1) Type of Presentation:

____Lecture
____Discussion
____Film (Title)_____
____Question & Answer
____Other

2) Who Made Presentation:

____Steve
____George
____Both
____Other

1. Overall, did you find this program: (circle the number which fits your opinion)

Interesting_____Boring
1 2 3 4 5

Impractical_____Practical
1 2 3 4 5

Useful_____Useless
1 2 3 4 5

Dull_____Exciting
1 2 3 4 5

Worth my time_____Not worth my time
1 2 3 4 5

Uninformative_____Informative
1 2 3 4 5

Too long_____Too short
1 2 3 4 5

2. How much do you think such programs are needed?

____Not at all ____Not very much ____Somewhat ____Quite a lot
____Very much

3. How useful do you think this program will be in your personal life?

____Very useful ____Quite useful ____Not very useful ____Not useful at all

(If "very" or "quite" useful -- in what ways?)_____

_____

4. What things if any should be dropped from this program in the future?

_____Nothing _____Something What?

_____

_____

5. What things should be discussed more?_____

_____

6. Would you as a student be interested in helping with future programs?

____Yes ____No

Name Address Phone

_____

7. Do you think this program would be appropriate for your parents or faculty?

____Yes ____No

Comments:_____

_____

8. Is there any "group" or anybody else you think could benefit from this type of program?

_____

9. Other comments:_____

_____

_____

_____