

# **Alcohol Education Workshop Outcomes**

## **Health Promotion**

### **Offices of the Dean of Student Life**

#### **Fall 2016- Spring 2017**

#### **Background**

According to its website (<http://studentlife.tamu.edu/hp/>), Health Promotion (HP), a unit within the Offices of the Dean of Student Life, “offers a variety of opportunities for students to focus on leading a healthy life while at Texas A&M University. We provide three areas of programming: individual consultations, small group presentations, and campus wide health initiatives.” Health Promotion regularly offers an Alcohol Education Workshop for students who violate campus alcohol policies. According to the website (<http://studentlife.tamu.edu/adep.aew>), Alcohol Education Workshop (AEW) “is an educational workshop focused on the effects of alcohol on the body and responsible decision making regarding the use of alcohol. AEW's are scheduled weekly throughout the fall and spring semesters.” Students who receive a sanction to attend the workshop must meet with an HP staff member prior to their workshop, attend the workshop, and then return for a follow-up meeting with the HP staff member approximately two weeks after participating in the workshop.

There are several outcomes emphasized by Health Promotion for the students attending these workshops, such as:

- Articulate important information about alcohol use such as:
  - The differences in standard drinks
  - How tolerance can affect one's BAC (Blood Alcohol Concentration)
  - The role alcohol plays in sexual assault and/or misconduct
  - Three signs of alcohol poisoning
  - How to respond if someone is displaying one or more signs of alcohol poisoning
  - Healthy strategies to consume responsibly
- Identify how they have made a behavior change
- Identify how they have applied information from the workshop to their life
- Share information with their peers

Health Promotions staff wanted to learn about how participants identify how they have made a behavior change, so this year's assessment asked workshop participants 1) what they could have changed about their behaviors that would have changed the outcome of their incident based on what they learned, and 2) identify obstacles and barriers they may encounter in changing those outcomes. The assessment given at the end of the workshop provided the participants the opportunity to reflect on the purpose of the behaviors which led them to the workshop, behavioral changes that could have prevented the incident(s), and analysis of those obstacles and barriers that may have affected those planned changes. Student Life Studies has assisted in assessing these workshops since 2009.

#### **Method and Sample**

The survey was given to participants at the end of the workshops held in the fall 2016 and spring 2017 semesters. It was produced using Teleform<sup>®</sup>, a software program that creates scannable paper surveys and databases. The survey contained six questions; three questions were qualitative, and three were quantitative. Data was analyzed using SPSS<sup>®</sup>, a statistical software package, and Microsoft Excel<sup>®</sup>. It is unknown how many students attending the workshops received a survey, so a response rate cannot be determined. However, 238 completed surveys were returned to Student Life Studies for analysis.

## **Results**

Results include frequency percentages, means, and standard deviations (sd) for the number of people (n) who responded to the question. For ease of reading, frequency percentages have been rounded to the nearest whole percent, so totals may not add up to exactly 100%. In addition, summary themes are contained within this report, while the full qualitative responses can be found in a separate document.

Participants were asked who referred them to the workshop in a select-all- that- apply formatted question. Eighty-two percent (82%) indicated they were referred by the Student Conduct Office, 10% selected Residence Life, 10% said the Corps of Cadets, and 2% selected the “other” option (n=238). No one selected the self- referral option. Those who selected “other” were provided a text box to write in their referral: sorority, Student Life/dean, and organizations were listed as referrals.

Participants were then asked if they had legal action pending as a result of the behaviors that resulted in their attending this workshop. Of the 235 who responded, 50% selected no and 50% selected yes. Those who indicated having legal action pending were then asked to share the charges they faced in a select-all-that-apply formatted question. Minor in Possession (MIP) was the legal action most often selected by the 139 respondents, as 55% selected that action. Public Intoxication (PI) was selected by 22% of participants, Driving While Intoxicated (DWI) was selected by 15%, “other” was selected by 9%, and Driving Under the Influence (DUI) was selected by 5%. Those who chose “other” were provided space to write in their pending legal action, which included none, PI with University, interference with public duties, Student Conduct Office/probation, Minor in Consumption (MIC) and possession of a fake ID.

Those who had legal actions pending or sanctions and those who came of their own accord to the presentation were then asked what behaviors they engaged in that resulted in those pending legal actions, sanctions or in their self-directed attendance at the presentation. The most frequently given behaviors from the 231 respondents was drinking underage at various venues (dorms, apartments) and being intoxicated on campus or at a campus event, most while or after tailgating. Some indicated behaviors such as driving while intoxicated or under the influence of alcohol, being found as intoxicated in public, off- campus and having an open container in vehicles. Others indicated they had alcohol in dorms, presented fake identification, and others said they were required to attend by campus police, Student Conduct Office or by their sororities due to drinking. Worthy to note were the number of comments from students who claimed attending a party or tailgate and either were not drinking or not drunk, but due to being caught by authorities, they were required to attend the workshop.

The next question asked the participants if they could go back in time, what could have they done differently to prevent the incidence(s) from occurring. Many of the 239 answered that they would have drunk less or not at all. Others talked about their behaviors before or after drinking, like calling CARPOOL, Uber, or friend for a ride instead of driving and planning that ahead of time. Others talked about staying where they were and not walking or driving alone after drinking, and not drinking in the dorm or at a tailgate. Quite a few of the students said they would not have been where they were when caught drinking or would not have attended a party or drank underage. A few talked about using better judgment on the day, and again, the need to have planned ahead, like arranging a sober driver or Uber, eating before drinking alcohol and leaving sooner as planned.

Then, as a follow-up to the previous question about what could they have done differently, participants were asked to identify what obstacles or barriers they encountered that impacted their ability to practice those different behaviors. Twenty-six percent (26%) of the 238 who responded listed peer pressure as their obstacle or barrier. Next most frequent answers were none or nothing, access to alcohol at an event (tailgate). A few also spoke of a lack of planning, using bad judgment, lack of healthier alternatives, and stress and anxiety.

## **Conclusions and Recommendations**

After attending the Alcohol Education Workshop, participants were able to identify the behaviors that led to their attendance, identified behaviors which could have prevented them from being required to attend although quite a

few seemed to believe their behaviors were okay and their sanctions not fully justified. They also were able to list barriers and obstacles to those corrective, behavioral changes, however, Health Promotion staff may not have received the depth of reflection by the participants on the behaviors, barriers or obstacles as originally intended for the assessment. Staff and workshop facilitators may want to review the time students were provided to record their responses, as a short time given to complete the survey may have resulted in shorter, less in-depth responses. If not already doing so, perhaps asking for the reflections on behaviors and barriers throughout the workshop as the topics arise, and recording those reflections through one-minute papers would also help participants express and write more in-depth reflections.

Workshop planners may want to read all the comments to get the fullest picture of responses. Health Promotions is also encouraged to share results with relevant partners to improve the success of this program.

Report prepared for: Lauren Dorsett and Brett Turner, Health Promotion  
Report prepared by: Anne Lowak, Student Life Studies  
Report prepared on: May 25, 2017  
Analysis prepared by: Dan Yin, Student Life Studies  
Survey created by: Barbara Schumacher, Student Life Studies

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