

**Alcohol Education Workshop Outcomes**  
**Health Promotion**  
**Offices of the Dean of Student Life**  
**Fall 2015 - Spring 2016**

**Background**

According to its website (<http://studentlife.tamu.edu/hp/>), Health Promotions (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, then come back 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:

- Articulating 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 into their life
- Will share information with their peers

Health Promotions staff wanted to focus on learning about how participants identify how they have made a behavior change, so this year’s assessment asks students participating in the workshop would change the outcome of their incident based on what they learned, and identify obstacles and barriers they may encounter in changing those outcomes. The assessment given at the end of the workshop was to provide the participants the opportunity to reflect on their 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 workshop. 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>. Qualitative responses were unitized by response then printed on index cards and those cards were forwarded to Health Promotions for formal qualitative content analysis. One hundred sixteen (116) students completed the survey for a 100% response rate.

**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, qualitative themes are contained within this report, while the full qualitative responses can be found in a separate document. The qualitative themes found in this report do not include those themes that may have been the result of the formal qualitative analysis completed by Health Promotions staff, but are solely the result of the analysis of the preparer of this report.

Participants were asked where or who referred them to the workshop in a select-all- that- apply formatted question. Seventy eight percent (78%) indicated they were referred by the Student Conduct Office, 21% said the Corps of Cadets, 6% selected the “other” option, and 2% selected Residence Life and self- referral (n=116). Those who selected “other” were provided a text box to write in their referral, and most listed Greek Life or sorority, and one indicated the Justice of the Peace, Precinct 1 and another listed Annabeth Reeb.

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 115 who responded, 51% selected yes and 49% selected no. 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 74 respondents as 57% selected that action. Public Intoxication (PI) was selected by 22% of participants, “other” was selected by 15%, Driving While Intoxicated (DWI) was selected by 12% and Driving Under the Influence (DUI) was selected by 3%. Those who chose “other” were provided space to write in their pending legal action, which included disorderly conduct, criminal trespassing, 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 did they engage 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 115 respondents was drinking underage at various venues (dorms, apartments, bars), being intoxicated on campus or at a campus event, as well as intoxicated in public, off- campus. Some indicated driving while intoxicated or under the influence of alcohol, and having an open container in vehicles. Others indicated they had provided alcohol to minors, presented fake id’s, and others said they were required to attend by campus police or their sororities due to drinking.

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 116 answered that they would have drank less or not at all. Others talked about their behaviors after drinking or where they were drinking, like not getting into their car and driving, not walking home alone after drinking, not going to campus events after drinking and not drinking in the dorm or at a tailgate. A few talked about the need to have planned ahead, like arranging a sober driver, pacing their drinking and choosing water instead of alcohol.

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 have they encountered that impacted their ability to practice those different behaviors. Thirty percent (30%) of the 116 who responded listed peer pressure as their obstacle or barrier. Next most frequent answers were none or nothing and drinking, itself, as the obstacle or barrier to being able to have done something differently or prevent the incident(s) from occurring. A few also spoke of a lack of self-control, lack of planning, using bad judgement and their environment.

### **Conclusions and Recommendations**

After attending the Alcohol Education Workshop, participants were able to identify the behaviors that led to their attendance, as well as identified changed behaviors which could have prevented them from being required to attend. They also were able to list barriers and obstacles to those corrective, behavioral changes. However, Health Promotions 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. 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.

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