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A Descriptive Study Of
Alcohol Education Programs
At Selected Four-Year
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Paul Michael Oliaro

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of the requirements for

Ph.D. degree in Education

A handwritten signature in black ink, appearing to read "Louis C. Stamatakos", written over a horizontal line.

Major professor

Louis C. Stamatakos

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A DESCRIPTIVE STUDY OF
ALCOHOL EDUCATION PROGRAMS
AT SELECTED FOUR-YEAR
COLLEGES AND UNIVERSITIES

By

Paul Michael Oliaro

A DISSERTATION

Submitted to
Michigan State University
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for the degree of

DOCTOR OF PHILOSOPHY

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ABSTRACT

A DESCRIPTIVE STUDY OF ALCOHOL EDUCATION PROGRAMS AT SELECTED FOUR-YEAR COLLEGES AND UNIVERSITIES

By

Paul Michael Oliaro

The purpose of this study was to explore and describe components and features of campus alcohol education programs that were perceived to be effective by a panel of alcohol education experts. Twenty-seven institutions participated in the study. All subjects were asked to complete a lengthy questionnaire about their alcohol education program in phase I of the study; in phase II a nested sample of the subjects were asked to participate in a structured telephone interview to gather more in-depth information about their particular programs. Criterion levels were established in each phase to determine which components and features of the subjects' alcohol education programs were common and essential to all the programs studied.

A comparison of the results of the questionnaires in phase I with the criterion level (66.7%) revealed that seven components and 29 features were found to be common among all the programs studied; in phase II, the program coordinators of the six programs which had the highest percentage of those components and features present in their program were interviewed to determine whether or not those components and features

were essential to their program's effectiveness. The seven components and 27 of the features were found to be essential to their effectiveness. The components included program management, training, education, referral for treatment, affiliation/coordination with on-campus offices, evaluation and funding.

Within the limitations of the study, which include a relatively small number of subjects, and the assumption that the programs studied are, in fact, effective, two conclusions were drawn. The first is that there are several key program elements which were consistently present in alcohol education programs that are perceived to be effective. The second conclusion is that these elements form a framework upon which a model alcohol education program could be developed. This study has also identified other areas for research in this relatively new field of study. Future research should be directed toward attempting to provide more definitive criteria for program effectiveness and should explore an examination of some of the more intangible aspects of campus alcohol education programs such as program philosophy and approach.

To

Kathy, Scott and Amy, whose encouragement, support
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CHAPTER I

INTRODUCTION

Origin of the Study

In 1971 the U.S. Congress voted to lower the legal age of majority to 18 years of age. As a result of that action, males and females eighteen years and older were legally able to enter contracts, sign documents and assume the responsibilities and privileges afforded majority citizens in our society. Subsequent to this change, eighteen states also lowered their legal drinking age to eighteen (Hammond, 1979). By 1974, the use of alcohol by individuals between the ages of 18-21 was higher than it had ever been and the number of alcohol related problems for individuals in that age range were higher than for any other age group (Chafetz, 1974). It is interesting to note that a study made prior to the change in the age of majority by the same source (Keller and Rosenberg, 1971), showed the highest incidence of alcohol related problems were in the 21-24 age group.

It was in 1974 that the investigator returned, from a two year absence, to higher education and to a position in residence hall administration. Ample evidence to support the data offered by the 1974 HEW

report was readily found in the number of alcohol related incidents/problems occurring on the investigator's campus at that time. In response to this problem, several students and staff formed a task force to attempt to combat the growing amount of alcohol abuse on that campus. Over the next six years, 1974-1980, an alcohol education program evolved that was designed to address the issues of use and misuse of alcohol on that campus (Oliaro, 1977).

During this six year period of the investigator's affiliation with the program, over 400 inquiries were received by the program office requesting information and ideas for starting similar programs on other campuses across the nation. In addition, the staff provided forty workshops, programs and consultations to professional organizations, conferences and individual colleges/universities on the subject of alcohol education during the period of 1975-1980. The demand for information and program ideas related to alcohol education had increased at a rapid rate as reported by Donovan (1977) and Johnson (1977).

Need for the Study

It became evident from these experiences, that interest in alcohol education was not a passing phenomenon. It appeared that campus administrators were realizing that each year the new freshmen class that entered the campus, while not new to using alcohol, were experiencing for the first time the opportunity to make independent decisions about the quantity, frequency and location of their alcohol use without parental monitoring. As a new behavior, in that sense, it could be expected that

a wide range of related behaviors and consequent problems would be evidenced as their drinking habits developed.

The majority of college students, while classified legally as adults, are entering the developmental stages of early adulthood and are further establishing independence, autonomy, values, and self-discipline as a part of the process. Experimenting with alcohol is one of the behaviors commonly associated with this age group. Some abuses often observed are excessive consumption, use of alcohol as a means of socialization, strong peer pressure on others to drink, loud boisterous behavior, occasional disruptions and damage, and, on some occasions, harassment, intimidation, and physical conflict with other people. (North, 1977, p.5)

This information and assumption, along with the previously noted experiences, led the investigator to conclude that a study of alcohol education programs was needed because:

1. The use/misuse of alcohol causes health, academic and disciplinary problems on many, if not most, campuses. (Filstead, et al. 1976)
2. Campuses are in need of information and ideas with which to address the issues of alcohol use and misuse within their student population. (Engs, 1978)
3. The number of schools requesting information remained constant from year to year, thus indicating that alcohol misuse was not likely to be a passing issue.

4. The paucity of literature on this topic underscores the fact that it is a relatively new field of study for higher education and more relevant research could make a meaningful contribution to this field.

Purpose

The primary purpose of the study was to investigate and describe campus alcohol education programs that were perceived to be effective in order to identify components and features that were common to those programs and were perceived to be essential to their effectiveness. A secondary purpose was to utilize these findings to outline a model that could be used in developing alcohol education programs for college campuses. The investigation and description focused on several key research questions related to these components and features. These questions are included in the description of methodology noted later in this chapter.

Significance of the Study

The phenomenon of alcohol problems on the college campus is not a recent one. A major study on college drinking was conducted in the early 1950's (Straus and Bacon, 1953). The realization that college students were relatively uninformed about alcohol (Mueller and Ferneau, 1971) and research evidence that problem drinking in college was related to problem drinking in middle age (Fillmore, 1974) heightened the interest of educators in the topic of alcohol education. The mid 1970's witnessed a marked increase in the development of campus alcohol education programs, partly through the impetus of federal support (Hewitt, 1976). Yet,

despite program efforts such as those described by Kraft (1977b) and Engs (1977b) few prototypical program models have emerged. Noble states:

While much progress has been made, it is clear that the campaign to reduce alcohol abuse among college students still has a long way to go. As an integral part of this effort, new prevention strategies are continuously being tested and, hopefully, these tests will eventually produce more effective approaches to minimizing alcohol-related problems among young adults. (Goodale, 1978, p.vii)

Through the study proposed by the investigator, that it was hoped patterns would emerge which would serve to identify those key components or activities in alcohol education programs that can offer the greatest positive impact on a college campus. With alcohol education efforts in many institutions of higher education competing for fewer budget dollars, the need to efficiently and effectively manage limited available resources is vital. This concept has direct application to the development of a model alcohol education effort. Identification of a workable model for an alcohol education program can do much to improve planning and reduce costs in developing or expanding alcohol education efforts on campuses of varying types and sizes.

Definition of Terms

alcohol education: process of disseminating information about use/misuse of alcohol for the purpose of assisting others in making informed choices about their alcohol-related behavior

alcohol abuse: misuse of the substance alcohol which manifests itself through negative consequences for the individual user and/or those in contact with him/her

alcoholic: individual whose drinking behavior causes him/her a problem in one or more major aspects of their life (job, marriage, health, family, social life, classes, finances) (Chafetz, 1976)

common: term used to indicate that a component or feature was included in a specified percentage of the alcohol education programs studied (note criterion level in chapter three).

component: a major function within an alcohol education program, i.e. a treatment component, a training component, etc.

essential: term used to indicate that a component or feature was cited as necessary to the effectiveness of a specified percentage of alcohol education programs included in phase two of this study (note criterion level in chapter three).

feature: an activity or strategy within a component; implemented to achieve the alcohol education purposes of that component.

prevention: there are three types:

primary - method of information giving as an initial process prior to engaging in any alcohol use behavior; designed to acquaint recipient with alternatives to prevent even acute problems with alcohol

secondary - information giving after alcohol use has been initiated; designed to help identify imminent alcohol-related problems for the purpose of avoiding chronic physical/psychological dependence

tertiary - reactive information/service giving which serves as treatment for physical and/or psychological dependence on alcohol (Schaps, et al. 1975)

Methodology

The institutions to be studied were identified through two methods. The 1978 publication, A Monograph on Alcohol Education and Alcohol Abuse Prevention Programs at Selected American Colleges was used to identify part of the sample of institutions studied. This publication was co-sponsored by several professional organizations in higher education, as well as two federal agencies with alcohol education responsibilities. The second method utilized a panel of experts technique through which five nationally known experts on the topic of campus alcohol education were asked to identify campus alcohol education programs which they

perceived to be effective. Only four-year colleges and universities were studied.

In the first phase of the study, a survey questionnaire was sent to the alcohol education program coordinators of each selected institution of higher education. The questionnaire was developed by the investigator in conjunction with the panel of alcohol education experts. It was used to accumulate demographic data and information related to the following research questions:

1. Are there any program components that are common and essential to effective alcohol education programs?
2. Is a Program Management Component a common and essential element of an effective alcohol education program? If so, what are its common and essential features?
3. Is a Training Component a common and essential element of an effective alcohol education program? If so, what are its common and essential features?
4. Is an Education Component a common and essential element of an effective alcohol education program? If so, what are its common and essential features?

5. Is a Peer Education/Counselor Component a common and essential element of an effective alcohol education program? If so, what are its common and essential features?
6. Is a Treatment Component a common and essential element of an effective alcohol education program? If so, what are its common and essential features?
7. Is an Academic Component a common and essential element of an effective alcohol education program? If so, what are its common and essential features?
8. Is a Component involving Affiliation/Coordination agreements with other on or off campus agencies/offices a common and essential element of an effective alcohol education program? If so, what are its common and essential features?
9. Is an Evaluation Component a common and essential element of an effective alcohol education program? If so, what are its common and essential features?
10. Is a Funding Component a common and essential element of an effective alcohol education program? If so, what are its common and essential features?

A criterion level of 66.7% was established to define a component as "common" among all subjects. A similar criterion level was established

to define a feature within a component as common. Frequency of response among subjects to the appropriate items within the questionnaire was compared against the criterion level to answer the first part of these research questions.

After common components and features were identified, cross tabulations were run on the information gathered from the survey to identify those individual programs which most closely manifested these common components and features. The coordinators of these programs were then interviewed during the second phase of the study using a series of questions designed to determine whether these common components and features were considered to be "essential" to the effectiveness of their respective programs. That is, the purpose of the interviews was to clarify the relationship between those common components and features which are the focus of this study and their perceived impact on the effectiveness of individual alcohol education programs.

Through these two methods, the investigator was able to gain insight into the substantive nature of alcohol education programs considered to be effective and define those components and features which might be considered essential to developing an effective alcohol education program model.

Limitations of the Study

Within the concept and design of the study, there are some limits to the inferences and implications which can be made. First, the "state of the art" of evaluation and assessment of alcohol education programs required that expert opinion be used to identify subjects for the sample upon which the study's conclusions are based. Secondly, the design requires that the information gathered be based on self-report and, thus, the responses are subject to individual interpretation of the survey questions by the respondents. Finally, the assumption that the subject institutions in the study have "effective" programs is crucial to acceptance of the findings. The absence of definitive studies or literature offering precise detail about effectiveness in alcohol education programs led the investigator to use the panel of experts and, later, the subjects of the study to develop an operational definition.

It was not the purpose of this study to define effectiveness in an alcohol education program nor to infer that the programs under investigation were the only programs that are perceived to be effective. In addition, this study was not designed to identify all the elements which may comprise an effective alcohol education program. Rather, the exploration and description of a framework of major components and features of such a program was the goal. Once established, the opportunity to expand that framework would await future researchers.

Summary of the Chapters

This chapter has identified the background, purpose and direction of this study. It has delineated the approach, methodology and limitations of this investigation. Chapter two will contain an overview of key issues related to the use and misuse of alcohol on campus. It will provide an opportunity to focus on the problematic impact of alcohol abuse in the college setting and on current responses for dealing with those problems. Chapter three will offer a description of the methodology for conducting this study. It will include the method for selecting the subjects and gathering and analyzing the information provided by the subjects. Chapter four will present the results of the study and chapter five will include a summary of the major findings, conclusions, implications of the findings and recommendations for further research.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

This chapter provides a brief overview of some of the key issues related to youthful drug and alcohol abuse from an historical and current perspective. Specific focus is placed on the alcohol problems that have emerged on college campuses during this past decade. The nature of those problems and the activities conducted to respond to them are explored. Specific programs and activities that have been cited as successful are described and reviewed.

The use of alcohol has been integral to our American society since the early days of colonialism. Since that period, the country has gone through many chapters in the saga of alcohol's role in our culture's evolution. Under most circumstances in which alcohol and its use have assumed a visible role, the focus has been on its problematic consequences. Whether it has been the Whiskey Rebellion of 1791, the reckless frontier drinking in the 19th Century (Winkler, 1968) or the legislative folly of the 21st amendment to the Constitution during the 1920's, the

negative impact of alcohol has typically been given the most prominent focus. In more recent years, the focus has sharpened and the negative impact of alcohol abuse on the nation as a whole has become more clearly evident (Keller and Rosenberg, 1971). In no area has this impact been more acutely felt than on the nation's college campuses. While often considered a haven for prolonged adolescence, effective majority citizenship at 18 years of age has brought the myriad of problems associated with alcohol abuse (at one time only associated with middle age adults) to the campuses of most colleges in the nation (Engs, 1977a; Ingalls, 1978; Hill and Bregen, 1979).

Trends in Substance Abuse

The misuse of a particular substance is not something new to the American culture. Abuse of illicit drugs has been documented throughout our history (Cohen, 1969). Evidence of morphine addiction was demonstrated during and after the Civil War due to its use as a painkiller administered to wounded soldiers. A popular drug of choice during the late 1800's was nitrous oxide. Better known as laughing gas, this drug was extensively used for recreational purposes by the middle class in much the same way alcohol, cocaine and marijuana are used today. In the early 1900's, tincture of opium and other mild narcotics were used extensively as a means for smoothing over the stresses and strains that accompanied life at the turn of the century. The 1920's brought the issue of alcohol misuse back into prominence because of illegal bootlegging and "rum running" operations that plagued many of the nation's major cities. The 1930's through the 1950's marked a period of

increasing use of sedative drugs such as librium, valium and meproamate. These were the prescribed responses of a society coping with the transformation from a rural, farming society to an urban, industrial one (Glenn and Warner, 1977). It was also during this period that incidents involving marijuana use were more frequent and resulted in some of the early legislation against its use (Marijuana Tax Act of 1937).

With the onset of the post-Korean and Vietnam War eras, the misuse of a wide range of illegal substances assumed national attention. While several theories exist regarding the etiology of the "drug abuse crisis" of the 1960's, the most credible of these point to a combination of sociological factors, psychological stresses and technological conditions which promoted an atmosphere of national urgency about the nation's drug problems that was felt at the highest echelons of government.

The Drug Abuse Problem in the 1960's

The problems accompanying the misuse of drugs in the 1960's were as much a conflict of values as they were an issue of substance abuse. The nation had already begun to demonstrate that it was a drug oriented society, as evidenced by the ever increasing consumption of beer, wine and distilled spirits that marked the ten year span from 1955 - 1965 (Noble, 1978). The effects of Madison Avenue and the newly emerging medium of television advertising had already begun to teach the nation about the availability of a myriad of substances which could improve their lifestyle and/or their self image. Nurtured by the increasingly capable power of the mass media to transmit information at the speed of light,

and of commercial entrepreneurs to develop pamphlets, brochures and other "educational materials", it is little wonder that it was not too long before the nation was acutely aware that a drug problem existed, or at least had been created, in most communities across the land.

With the discovery of such a pervasive problem came the predictable response that a solution had to be found. Unfortunately, in retrospect, the solution in many ways turned out to be worse than the problem. Whether in the form of increasingly severe penalties for violations of the law, hastily constructed and inaccurate drug information materials, or outlandish scare tactics to discourage use of illegal drugs, the net effect was nothing less than the creation of a major credibility gap between drug information seekers and information givers. It also created a generation gap between the youth of the 1960's whose drug of choice was different than their adult counterparts (Blum, 1969).

The neutral and even counterproductive effects of drug education during that period have been addressed in the literature (Philip, 1971, Swisher, et al, 1971). Films, pamphlets and discussions designed to frighten or threaten individuals into non-use proved to be ineffective not only because the information was often inaccurate, but also because such approaches were insensitive to the increased level of autonomy, independence and intelligence that characterized the youthful target groups of such tactics. The accurate information very often did nothing more than create more informed and knowledgeable users of drugs. Too often these well-intentioned approaches would deal only on a cognitive level with a problem for which affective approaches were also needed to

impact attitudes and behavior change. The decade of the 1960's ended in frustration, anger and disagreement not only about the drug problem but even more about whether the real problem was drugs or the attitudes of individuals toward their use. It was appropriate that the conclusion of this decade of "drug" abuse was marked by a not uncommon response to dealing with a problem we do not understand and for which there are no ready solutions. That is, the declaration by the federal government of a "war on drugs".

Emergence of Alcohol Abuse Problems on the Campus.

The onset of the 1970's marked a political transition from the turmoil, unrest and dissatisfaction of an unpopular war to promises of peace and a "new era". At the time, a not so subtle shift in substance use behavior was becoming evident on college campuses. In the wake of a national mobilization toward eliminating drug abuse, drug dealers and drug users, legislation was passed which soon proved to have a tempering effect on illegal drug problems, but with the concomitant, undesirable effect of creating a whole new series of legal drug problems; that is, with the substance of alcohol. In 1971, the Congress of the United States passed the "age of majority" legislation. This act gave the rights of full citizenship to all individuals eighteen years of age or older within the United States. While conferring the right to vote, to enter into legal contracts and to assume responsibility for oneself, the act also resulted in lowering the legal drinking age in many states. One of the predictable, but apparently not well-anticipated, effects was the

introduction of a new wave of legal drinkers on college and university campuses.

The issue of consuming alcohol on campus was certainly not a new one. Straus and Bacon (1953) conducted a major study on college drinking in the early 1950's. A review of that study indicates the existence of alcohol problems on the college campus is not a phenomenon unique to recent decades. Rather, student drinking behavior had been problematic since the early 1950's and most likely pre-dates that study. Nevertheless, it is important to examine some of the factors which have brought greater attention to alcohol problems on the campus in the 1970's and 1980's.

Factors Affecting Campus Alcohol Abuse

The incidence of problem behavior on campus is very often tied to activities that take place in residential living areas. The environmental conditions which bring together scores of men and women between the ages of 18 and 22 years old on an around-the-clock basis, create an ideal setting for social as well as other program activities. Such conditions also foster opportunities for experimentation, exploring new values, increased interpersonal conflict and greater individual stress. The dramatically increased demand for on-campus housing that accompanied the early 1960's (Riker, 1965) to accommodate the new college age/post war baby boom generation, created sociological and environmental

conditions suitable for the "campus drug abuse problem" of the 1960's. These conditions existed into the 1970's and offer a similarly conducive setting for the alcohol abuse problems of the 1970's and 1980's. There is evidence that these environmental conditions were complemented by attitudinal and value changes which had characterized the pre-adolescent and adolescent years of our nation's youth in the 1960's and 1970's. Glenn (1977) contends that the 1950's marked a transition decade between the rural, family oriented value system which characterized youth in the first half of the twentieth century and the more heterogenous, liberal value systems of the mobile, urban youth of the 1950's, 1960's and 1970's.

Specifically, Glenn points to the impact of the extended family, lack of mass media, low level of technology, high familial interaction, existence of many non-negotiable tasks and the inability to avoid consequences as the primary values that were a part of the lifestyle of youths during their formative years in the 1920's, 1930's and 1940's. On the other hand, he contrasts this with heterogenous and relatively situational value systems that were characteristic of youth raised in the 1950's and 1960's. The emergence of the nuclear family, high technology, mass media, rapid information flow to make sense of a complex and changing world, and a more laissez-faire approach toward consequences and "non-negotiable" tasks offered a marked contrast to the lifestyle of the 1950's. It also marked a change in the opportunities available to acquire skills previously considered necessary to successfully cope with the normal developmental tasks of adolescence.

The result, according to Glenn, was a 1960/1970 young adult who often lacked viable role models within their environment, had a poor understanding of their responsibility and accountability to others, and who had a high faith in magical solutions to problems; in short, a lack of confidence in their own ability to solve their problems. Also endemic to this and subsequent generations were poor intrapersonal skills, lack of self awareness and self discipline, poor interpersonal skills, an inability to relate with, negotiate with, understand and empathize with others, and poor decision making and judgmental skills which would allow young adults to cope successfully under varying, stressful conditions. Thus, this often created a need to turn to artificial means for coping.

A more recent observer of the youth culture, Levine (1981) characterizes the youth of the 1960's and 1970's as vacillating between periods of individual and community "ascendancy". He characterizes the values of youth as being highly dependent upon sociological conditions that existed during the pre-adolescent and adolescent periods of their life. In profiling today's student, Levine focuses on traits such as being me-oriented, non ideological, weak in basic skills, hedonistic, acceptant of the propriety of taking and heroless. Many of these descriptions parallel those offered by Glenn of the students of the 1960's and 1970's and combine to create a profile that Glenn contends is that of an individual who is much higher at risk within the population to develop dependencies on artificial substances as a primary means of coping.

Little wonder that the change in the age of majority in 1971 and the resulting increase in availability of alcohol to individuals 18, 19 and

20 years of age in subsequent years led to an increase in the level of alcohol consumption on college campuses (Hanson, 1977). This increase was accompanied by a shift in the age groups that were identified to have the highest incidence of alcohol related problems between the 1971 and the 1974 in the Reports on Alcohol and Health distributed by the Department of HEW. In 1971 the highest incidence of alcohol related problems was found in individuals between the ages of 21 - 24; the highest incidence of alcohol related problems in the 1974 report was found to be among individuals between the ages of 18 - 21.

Growth in Campus Alcohol Abuse Problems

One of the more subtle indicators that alcohol abuse became a larger problem during the 1970's, is found in a review of the higher education literature of that period. Prior to 1970, the professional literature was virtually devoid of references to alcohol abuse or alcohol education on the college campus, except in those studies in which it was cited as a factor in behavioral problems (Lemay, 1968). While the existence of such problems is not argued, it would appear that their frequency and nature were such that their impact was dwarfed by other more pressing concerns. However, in the 1970's the literature was marked by many more research reports and articles that addressed the topics of use and misuse of alcohol on the campus (Penn, 1974; Looney, 1976; Kuder and Madson, 1976; Engs, et al, 1978; Nelson, 1979). Typical indicators of alcohol problems were emergency medical conditions created by excessive intake of alcohol (alcohol toxicity, respiratory failure, etc.), isolated incidents of student deaths as a result of car accidents or fraternity hazing incidents,

increased incidents of damage and vandalism and increased concern expressed by faculty and staff about the concomitant effects of alcohol misuse on academic achievement (Ingalls, 1982).

On the other hand, there were other factors which mitigated against easy admission that an alcohol abuse problem existed on campus. They included naivete and inherent defensiveness about the idea that college age youth could, in fact, develop serious alcohol problems; the not uncommon view that college offered this opportunity for a final harmless "fling" prior to adulthood (Fillmore, 1974); the generalized acceptance of drunkenness and intoxication as a way of life for many college students; and the difficulty in applying the traditional identifying factors related to individual responsibility which offer early evidence of drinking problems in older adults (i.e. 1) poor job performance, 2) deterioration of family relationships, 3) financial and/or medical problems, and 4) deteriorating social relationships with acquaintances/colleagues) (Roman, 1980).

Although some of the above indicators are identifiable in a college student's lifestyle, the general lack of close supervision and the volatility of student living conditions typically allow for masking of these indicators under the guise of a "students will be students" philosophy. However, on those campuses where problems were identified as a result of alcohol related medical emergencies, damage/vandalism related to intoxicated behavior or data from health services offices/counseling centers pointing to an increase in alcohol related problems among students, there was an acknowledged need to explore means for effectively

dealing with this increasingly disruptive phenomenon. North (1977) summed it up this way,

We now recognize that the number of regular drinkers among the college-age population is increasing and that many students do develop serious, long-range alcohol abuse problems. Thus our task is to develop new strategies to more effectively treat the problem...the intelligent use of alcohol can be taught and college students are an appropriate target group to whom such program efforts should be directed. (pg. 5)

Initial Responses to the Alcohol Abuse Problem on College/University Campuses

The professional literature in the mid and late seventies reflects the proliferation of concern and increased level of program activities related to the use and misuse of alcohol by students on college campuses (Kuder and Madson, 1976; Engs, 1977a; Gonzalez, 1978a; Gonzalez and Kouba, 1979). The use of courses, films, discussion groups and campus AA and AL-NON meetings were all utilized to heighten the awareness of students and university faculty and staff to the alcohol abuse problem (Engs, 1977b; Rozelle and Gonzalez, 1979; Kraft, 1979). In addition to locally generated materials, there were posters, brochures and commercial publications on topics ranging from alcoholism to fetal alcohol syndrome that flooded the campus market in much the same way drug literature did in the 1960's.

In 1975, focus was given to efforts to combat the problem of alcohol misuse on campus by the federal government through the National Institute on Alcoholism and Alcohol Abuse (NIAAA) and The National Clearinghouse

for Alcohol Information (NCALI). This agency also formulated the "50 + 12" alcohol education program for colleges and universities across the nation in 1976. This program identified 50 state institutions and 12 private two year or four year colleges as recipients of intense experimental alcohol education programming and support under the guidance of NIAAA. It was believed that a national impetus to this effort would not only result in greater attention to alcohol abuse as a major health concern, but that federal support and careful monitoring of various alcohol education programs would encourage the emergence of effective or innovative ideas and activities for dissemination and use by other colleges. It was also hoped that model programs might be identified for the purpose of replication (Hewitt, 1976).

As a result of the "50 + 12" project, a conference on alcohol abuse for colleges and universities was held in 1975, and a publication entitled The Whole College Catalog About Drinking was created and widely distributed. At the local level, resource people from drug and alcohol agencies within state governments were used as consultants to assist colleges in the development of their campus programs over a three year period. Little conclusive evidence emerged about alcohol education strategies that were singularly effective. It was concluded that such activities were important for their educational value, and potentially could play a positive role in addressing alcohol related problems among college students; especially in those instances in which program coordination is undertaken through student affairs staff (Hewitt, 1977).

The Whole College Catalog About Drinking presented a compendium of information and ideas for addressing problems associated with alcohol use and misuse on college campuses. It stressed the need for assessment and planning, identification of available resources, creation of a campus task force, use of media for information dissemination, use of peers, individual intervention and referral, fund raising techniques and the importance of evaluation. This publication went on to cite specific strategies utilized on campuses across the nation to promote these aspects of alcohol education.

In 1978, Goodale (1978) coordinated the development of another useful publication on alcohol education program strategies. Citing specific campus programs that had seemed to achieve some success in their efforts, this monograph noted among its programs four which had received national acclaim through other citations in the literature. These programs were located on the campuses of the University of Florida (Gonzalez, 1978b), University of Massachusetts (Kraft, 1977a), Indiana University (Engs, 1977b) and Michigan State University (North, 1977).

In the description of the University of Florida program, strategies cited as most useful included extensive use of media for information dissemination, utilization of peers as educators, providing alcohol training in the form of workshops, early intervention with problem drinkers, coordination between on-campus and community resources, adequate funding and evaluation.

In outlining the strategy of the demonstration project at the University of Massachusetts, Kraft emphasized educational techniques to include media, special displays, discussion groups, community development and other "extensive" approaches. "Intensive" approaches were also utilized which included academic courses, single session workshops and staff training. These were designed to lead to secondary and tertiary prevention efforts which included intervention, referral and treatment for specific alcohol related problems. While less emphasis was placed on the need for an ongoing task force, great emphasis was placed on the importance of peer education and the need for a comprehensive and specific evaluation method that focused on effort, process and effect (Duston, 1977).

From her experiences at Indiana University, Engs suggested that importance be placed on the development of a task force representative of a wide spectrum of on-campus resources, and that education through information dissemination be primary. Use of film, questionnaires, values clarification and staff training assumed major importance. Evaluation and research were also emphasized. In particular, evaluation of education strategies before wide presentation to student populations was advocated (Engs, 1977b).

At Michigan State University, North proposed that a program should evolve through a five step process which includes (1) assessment and goal setting, (2) exploration and identification of on/off campus resources, (3) training in identification, confrontation and education strategies, (4) program implementation through educational activities and policy

development and (5) evaluation on the basis of quality and quantity of activities and behavior change. Specific program activities and strategies would be derived from this comprehensive planning approach. The use of a task force and integration of on-campus and off-campus resources were also cited as integral to their approach (North,1977).

In summary, the commonalities noted among these programs and in the previously mentioned publications include some kind of organized program administration, education strategies for information dissemination, peer involvement, intervention and referral strategies, utilization of on/off campus resources, emphasis on alcohol studies within the academic curriculum, specific training programs for students and staff, comprehensive evaluation and the need for some kind of funding.

Suggested Components of An Alcohol Education Program

References to these commonalities among alcohol education programs were found not only in the literature of the late 1970's but also in more recent literature published in the 1980's. Two of the more useful publications which have emerged are Alcohol Programs for Higher Education (Dean and Bryan, 1982) and Handbook for Alcohol Education the Community Approach (Mills et al., 1983). Their research, in conjunction with that previously cited, led the investigator to propose the following taxonomy of components as being reflective of the more comprehensive and effective alcohol education efforts taking place on college campuses.

Program Management Component: Alcohol education programs need some pattern of organization and central focus. This appears to be found through a central alcohol education program office or some kind of task force or committee. The need for such organization in order to reach on and off campus target groups, and to communicate with key campus offices is emphasized by Bryan (1982). He notes that:

effective administration may well be the most essential element in the success of the program (pg. 49)... establishment of a program office reflects the reality of the program's existence (pg. 50)

Education Component: The literature is mixed in its assessment of the capacity of education and information to be effective in the prevention of misuse of alcohol and drugs (Ebel, Katz and Rose, 1975; Brown and Kline, 1975) and of its effectiveness in decreasing consumption (Serdahely and Behunin, 1977). However, there appears to be some acknowledgment that alcohol education programs can make a contribution toward improving the knowledge and information that students have about the drug alcohol (Gonzalez, 1980; Engs et al., 1978). This may be, in part, attributable to the woefully inadequate level of knowledge about alcohol that seems to exist on many campuses (Engs, 1978). It is also noted that such education must go beyond mere information giving and must include skills for using the information (Gonzalez, 1978b; Education Commission of the States 1977).

Training Component: The need to provide a core group of individuals with the necessary information, skills and confidence to assume a

leadership role in promoting alcohol education activities is also cited as an important component of effective programs. O'Hara (1977) contends that effective training is the key to success in alcohol education and states:

training the staff is fundamentally important in the development of a successful alcohol education program...the importance of training stems from the expectation that staff members be aware of and informed about use and abuse on campus and be able to identify, confront and assist individuals involved in alcohol abuse. (pg. 13)

Peer Education Component: The influence of their peer group on college youth is well documented (Feldman and Newcomb, 1969; Chickering, 1969; Astin, 1977). There is some evidence that this influence extends to affecting the consumption of alcohol (Liccione, 1980). For these reasons, it is not surprising that peers are often utilized in the implementation of alcohol education efforts on the college campus (Kraft, 1977b; Rozelle and Gonzalez, 1979; Mills, 1982).

Treatment/Intervention/Referral Component: Secondary and tertiary prevention are cited as goals of many alcohol education programs (Dean, 1982; Mills, 1982). Although most college campuses have some form of Counseling Center or Health Services Office to treat acute or chronic alcohol related problems, a mechanism must also exist for making effective referrals of individuals with problems to those agencies and treatment centers which can provide the appropriate assistance. This referral activity is instrumental in achieving this primary mission of most campus alcohol education programs.

Academic/Curriculum Component: The introduction of courses and/or lectures on the topic of alcohol use and abuse into the academic curriculum has increased in recent years (Kraft, 1979; Gonzalez, 1980). Dahl (1982) contends that course offerings can be very supportive in the development of a campus alcohol education program and advocates that the academic study of alcohol use and alcohol problems related to its misuse have a legitimate place in the general studies curriculum. It can be argued that to gain credibility for any specialized program on the campus, it is important to demonstrate an affiliation with the academic mission of the institution.

Coordination with On and Off Campus Resources: The need to identify and to utilize all available resources both on and off campus has been cited frequently as an important element in the development of a campus alcohol education program. Appropriate agencies in any community can help to develop strategies and referral systems that further the impact of an alcohol education program (Hecker, 1977; Bryan, 1982). Hewitt (1976) devotes an entire chapter to the importance of making effective use of on and off campus resources in furthering the goals of alcohol education programs.

Evaluation Component: The effectiveness of any alcohol education effort may be contingent upon the ability to measure progress toward the attainment of program goals and objectives. Dean and Dean (1982) summarize the feelings of many individuals involved in alcohol education programs when they state:

program evaluation is a key element in assessing the impact of alcohol programming and is, therefore, a necessary component in the design of an effective alcohol education program (pg. 127)

The demand for accountability, evidence of cost effectiveness, the need to understand program impact and the desire for pragmatic knowledge of what works underly this need for effective evaluation.

Funding Component: It was with some surprise that the investigator noted that emphasis on funding, or on the amount of funding, is not pervasive in the literature. Rather, the ability to develop alcohol education program efforts without an emphasis on funding is more common (Mills, 1982). Although some programs have been noted which have significant levels of funding through the receipt of federal and local grants (such as the University of Massachusetts and the University of Florida projects) many programs appear to be operating on limited funding received from the general budget of their college or university or from grant sources. However, Goodale (1982) in addressing the topic of necessary components for alcohol education programs suggests that:

it is absolutely necessary we give leadership at the very top...In addition, there must be commitment through the dollar. Without it, nothing can succeed.

In summary, there appears to be a body of knowledge emerging that identifies aspects or components of alcohol education programs that seem to be frequently cited as important. However, there is still an issue raised that questions whether they are related to the effectiveness of such programs.

Limitations on Defining Effectiveness

The issue of what is or is not effective as an education strategy has plagued substance abuse educators throughout the decade of the 1960s when dealing with the "drug" problem, and again in the 1970s during the emergence of the "alcohol" problem (Russell, 1976). This dilemma is fraught with limitations that are related to the human, environmental and political variables unique to each campus. Despite the plethora of acknowledgements and citations that attest to strategies and approaches that are necessary for effective alcohol education on the campus, there have been virtually no attempts to define effectiveness. One reason for this gap in the literature is offered by Duston (1978) in reference to evaluating an alcohol education project:

The history of human behavior change evaluation is still young enough that a reminder of the difficulties encountered in doing such work is necessary. And the history of evaluating primary prevention efforts is even younger, with the problems involved greater: (pg. 51).

Dean and Dean (1982) contend that the problem of evaluating alcohol education efforts is compounded by the difficulty in separating the need for evaluation in this young field of study, from the need to conduct evaluation research. While the former can provide useful information for practitioners who make decisions regarding alcohol education efforts, the latter may provide more comprehensive knowledge about the theoretical and philosophical underpinnings of alcohol education strategies from a more global perspective.

In practice, "effectiveness" is often measured by quantity of activities, their quality or perhaps their effect, but seldom in terms of all three. Even in those few instances in which all three were part of an evaluation component, (Duston, et al, 1981), conclusions about the effectiveness of the program under study were nebulous and vague.

The nature of this dilemma surrounding the effectiveness of alcohol education programs on college campuses was acknowledged by the Director of The National Institute on Alcohol Abuse and Alcoholism, Ernest Noble, in his Foreward in the Goodale (1978) publication when he stated,

new prevention strategies are continuously being tested and, hopefully, these tests will eventually produce more effective approaches to minimizing alcohol related problems among young adults. This is a long term process, and the effectiveness of some of the approaches being tested may not become apparent for years to come." (pg. vii)

More recent literature on alcohol education programming in colleges and universities offers nothing to refute that contention.

For these reasons, it was not the investigator's purpose to resolve the problem of defining effectiveness. Rather, it was the investigator's purpose to make a pragmatic contribution to the literature in this field by assuming a certain level of effectiveness within the alcohol education programs of certain selected institutions. It was the investigator's intention to identify in a cogent manner those common components and features within those programs and to determine whether they were considered necessary to the effectiveness of such programs.

Summary

This chapter has contained an overview of alcohol and drug related issues from both an historical and current perspective. It has focused specifically on the alcohol abuse problem on college campuses during the 1970's to the present. It has been shown that this problem is pervasive and has demanded a variety of responses from college administrators, both individually and collectively. The literature describing alcohol education programming on the college campus has identified several alcohol education programs and strategies that appear to be operating with some

effectiveness. These programs and strategies have been reviewed and the a commonality among approaches to alcohol education programming on the college campus has been proposed. Limitations in the literature in defining the absolute quality or effectiveness of current alcohol education efforts on college campuses have been addressed and documented.

The following chapter will describe the methodology used to verify whether the program components identified within this chapter are common among alcohol education programs that are perceived to be effective. It will also describe the investigator's methods for determining whether these components are essential to the effectiveness of those alcohol education programs.

CHAPTER III

METHODOLOGY

Introduction

In this chapter the investigator discusses the basic methodological considerations for this study. Specifically, the investigator presents in detail the methods used to collect and analyze the data gathered for the study. The chapter is divided into sections which describe the selection of subjects, development of the survey instrument, collection of data and statistical treatment of the data.

Selection of Subjects

The subjects involved in this study were the Alcohol Education Program Coordinators at selected four-year colleges and universities around the nation. Subjects were selected on the basis of the perceived effectiveness of their alcohol education program as determined through two methods.

The first method entailed a review of the publication Monograph on Alcohol Education and Alcohol Abuse Prevention Programs at Selected

American Colleges (Goodale, 1978). This monograph identified several four-year institutions of higher education which offered alcohol education programs which were perceived to be functioning with some success. All four-year colleges and universities included in this publication were included as subjects in this study.

The second selection technique involved use of a panel of experts method, utilizing recognized alcohol education experts from around the country. This method was used because the current literature lacked support for definitive criteria for identifying "effective" alcohol education programs. In addition, no conclusive study had been conducted at the time of this investigator's research which listed institutions of higher education having alcohol education programs considered to be effective (Goodstadt, 1981). The members of the panel of experts were all individuals who had been working in the field of alcohol education for 3 years or more and had achieved leadership roles in this field outside of their respective institutions. A brief description of the backgrounds of each of these individuals is included as Appendix A.

This panel of experts was asked to identify up to ten four-year colleges or universities which they felt had effective alcohol education programs. The cover letter and instrument used to solicit this information is included as Appendix B. To be included in the study, a program either had to be nominated by one member of the panel of experts or included in the aforementioned publication. Appendix C displays the programs that were nominated by this panel and the publication. It should be noted that not all members of the panel nominated 10 programs. This

led the investigator to believe that only those programs which were considered to be effective by panel members were included in the study and that members of the panel did not feel compelled to list ten for the purpose of meeting a quota. Further, panel members were allowed to nominate more than ten schools if they felt it appropriate; however, none chose to do so.

Development of the Survey Instrument

From the investigator's review of the literature, previous studies on alcohol education programs had not sought to examine the major components of alcohol education programs nor to identify specific features that were consistently found in programs. For the most part, studies had been conducted to identify the need for, and/or existence of, alcohol education programs (Dean, 1982). In two national studies conducted in 1979 and 1982, Gadaleta and Anderson (1982) surveyed a representative sample of colleges and universities from each of the fifty states. This study focused broadly on campus alcohol policies, data on alcohol problems and whether any alcohol education efforts were taking place on the campus. While some attempt was made to identify alcohol education activities, no effort was made to focus on specific program components, organizational framework, nor on program impact or effectiveness. For that reason, the instrument used for the gathering of information for this study was primarily self-developed.

The literature on alcohol education makes frequent references to the need for education, training and peer involvement (Engs, 1978; Kraft,

1979; Goodale, 1978; Dean, 1982). Less frequently, but still with some regularity, reference is made to the importance of coordination with on and off-campus agencies, referral/treatment and curriculum development as important elements of a successful program (Gonzalez, 1978a; Dahl, 1982; Bryan, 1982). Using the information from this review of the literature and the experience gained from the investigator's seven years of working with alcohol education programs, ten components of alcohol education programs were proposed to be used as the focus of the survey. However, to validate the selection of these components, each member of the panel of experts was asked to identify from this list of components, those which they felt were necessary for an effective alcohol education program. The responses of the panel are included in Appendix D.

Despite instructions to limit their choices to only 5 necessary components, three of the five panel members chose to select more than 5. Informal comments by one member and the formal response of another member of the panel indicated that all of the components were necessary. The response of the panel to this request for information led the investigator to conclude that the survey instrument should be broadly based and encompass all of the components included in the questionnaire given to the panel of experts. It was felt that only through this method could the investigator most fully explore the range of components that could contribute to the effectiveness of campus alcohol education programs.

In the development of the survey instrument, the investigator sought not only to identify whether or not certain components were part of the alcohol education programs included in this study, but also to include

questions which would help to describe their substantive features and, thus, more clearly define the nature of those components. The questionnaire was pilot tested in two different ways. In the first case, the questionnaire was reviewed by research consultants to assess its format, content validity and question structure. Subsequently, the questionnaire was submitted to two individuals who were not part of the sample to be studied but were familiar with the development and coordination of alcohol education programs. They reviewed the questionnaire for content validity and readability.

Collection of Information

The questionnaire was mailed with a cover letter to the selected subjects along with a self-addressed, stamped envelope in late summer, 1982. To minimize delays, and as an additional technique to encourage a higher response, respondents were asked to return the survey in a self-addressed, stamped envelope even if they chose not to complete the questionnaire. Because the initial response to the survey was very good, only a limited number of follow up letters were sent to solicit non respondents (see Appendix E for a copy of the survey questionnaire and cover letter).

A second phase of information gathering began the following Spring after a preliminary analysis of the data was completed. Telephone interviews were conducted with Program Coordinators from those institutions whose alcohol education program's components and features most closely

approximated those components and features which emerged as common among all the alcohol education programs studied.

To be considered common, a component or feature had to be present in at least 66.7% of all programs studied. While this criterion may not be directly related to a level of statistical significance, the investigator suggests that in an exploratory study such as this, the presence of a variable in two-thirds of the subjects would offer sufficient basis for further investigation of that variable to determine whether or not it was also perceived to be essential to program effectiveness.

In order to be included as a subject in the second phase of the study, a program was supposed to have 90% of those components and features which were found to be common among all programs studied. With this high criterion level, the investigator believed that these programs would be viewed as manifesting the largest preponderance of elements which were characteristic of effective programs and could be viewed as the best examples of effective programs. It was hoped that at least five programs would achieve this criterion level. In fact, five programs achieved at least a 91% level. In addition, a sixth program contained 88% of the components and features that were found to be common and was also included in the second phase of the study in order to increase the number of subjects in that phase and, perhaps, enhance the validity of the results.

In the second phase of the study, the purpose of the telephone interview was to determine whether these common components and features

were also perceived to be "essential" to the success or effectiveness of the subject's campus alcohol education program. In order to be considered essential, a component or feature had to be described as essential to the effectiveness of the programs of at least five of the six respondents in this phase (83.3%). This criterion was established at this high level in order to improve the validity and, possibly, the generalizability of the results.

The telephone interview also created the opportunity to identify additional components that were not found to be "common" among the programs studied, but that the program coordinators considered "essential" to their program's effectiveness. In addition, the interview was used to determine why the program coordinators considered their program to be effective and to delineate the specific strengths and weaknesses of their program. (see Appendix H for a copy of the interview questions and cover letter)

The five program coordinators were contacted by the investigator and informed of the nature of the follow-up interview. The interviews were scheduled one week after this initial contact to allow time for the subjects to receive a copy of the phone interview questions and a copy of their completed questionnaire from the first phase of the study. For five of the six programs included in this second phase, the interviewees were the same individuals who completed the survey. In the sixth case the interviewee was a designee of the respondent. In all cases, the interviewee had in-depth knowledge and familiarity with the alcohol education program on their campus.

The phone interviews were conducted using a structured interview format which was utilized uniformly with all subjects. All interviews were conducted a the co-interviewer and the responses were recorded and reviewed by the investigator and the co-interviewer to ensure that interviewer bias and investigator bias were minimized in both the conduct of the interviews and in the interpretation of the responses to the interview questions.

Oppenheim (1966) notes several advantages, disadvantages and biases that accompany the use of survey instruments and the interviewing process when they are used to gather information in a descriptive study. Other researchers (VanDalen, 1962; Kerlinger, 1964) also recount limitations in survey questionnaires that require the investigator to rely upon the ability of the respondents to correctly interpret the questionnaires. The problem of questionnaire interpretation was addressed with the individuals who pilot-tested the survey questionnaire. They were each practitioners in the field of alcohol education. Their ease of understanding about the purpose and intent of the questions included in the survey instrument provided the investigator with a reasonable level of assurance that this limitation would be minimal. The anticipated high level of education of the survey respondents offered another positive condition which minimized problems of readability and understanding.

Kerlinger (1964) suggests that the interview method for information gathering can be used as the main instrument of the research or it can supplement other methods. In this study it was used to supplement the results of the survey questionnaire and to provide complementary

information that would offer more depth and substantive knowledge about the components and features of alcohol education programs included in the study.

Oppenheim notes that even with structured and standardized interviews there will remain differences in the way questions are put to each respondent and what is recorded or noted from the respondent's answer. The influence of bias under these conditions must also be accepted as inherent and difficult to measure. The investigator sought to overcome a certain amount of this bias through the use of a co-interviewer who was also a practitioner in alcohol education. By monitoring the conduct of the interview and recording the respondent's answers along with the investigator, a valuable cross check for validation of the information gathered was provided. In combination with the survey questionnaire, these two methods introduced an element of reliability which afforded greater depth of information and greater understanding of the nature of the alcohol education programs studied.

Statistical Treatment of the Information

Once the questionnaires were received from the subjects, the responses were coded and entered into a computer file. Responses that were missing or illegible were not coded. The data was analyzed using a standard Statistical Package for the Social Sciences (SPSS) program. The first analysis performed was a frequency analysis of all items. One hundred fifty-five variables were identified within the survey instrument. Of the one hundred fifty-five, four were demographic variables.

Frequencies were derived for responses to each of the variables and a comparison was made across all variables to identify those which met the criterion established for a variable to be considered "common" among all subjects.

Thirty four variables emerged as common at the established criterion level. Cross tabulations were done between these variables and each of the twenty seven subjects' responses. The presence or absence of the variables labeled as common was examined across all subjects. From this review, five subjects emerged whose programs included at least 31 of those variables (91%), and a sixth program included 30 (88%) of the variables. These subjects were then included in the telephone interview phase of the study. Each subject's responses to the telephone interviews were then recorded and compared against the criterion level established for a component or feature to be considered essential. The results of that comparison are included in Chapter Four of this study.

Summary

This chapter has contained a description of the process that was used to select the subjects for this study and to develop the survey questionnaire used with those subjects. A description and rationale for the use of two different information gathering methods has been presented and the statistical treatment of the information gathered has been described. The results and analysis of that treatment will be included in Chapter Four.

CHAPTER IV

RESULTS OF THE STUDY

Introduction

The purpose of this study was to investigate whether there were any specific components and features that were common and essential to campus alcohol education programs that were considered to be effective. In this chapter, the investigator presents the results of survey questionnaires and follow up telephone interviews that were conducted within the selected sample of programs.

This chapter is divided into three sections. In the first section the results of the survey questionnaires that were sent to the coordinators of selected alcohol education programs will be presented and those components and features which were found to be common among these programs at the stated criterion level will be identified. In the second section, those programs which most closely manifested all of the common components and features will be identified. The results of the follow-up interview, which was conducted to assess whether these components and features were essential to the effectiveness of their respective program, will also be presented in this section. In section three, the

investigator will present a summary of the information gathered from the questionnaires and telephone interviews and apply it to the research questions which were stated in Chapter 1 of this study.

Results of Phase I Survey Questionnaire

Questionnaires were sent to the alcohol education program coordinators of thirty-one, four-year colleges and universities in the summer of 1982. Twenty-eight of the coordinators responded, of which twenty-seven (87%) responses were useable. The twenty eighth respondent indicated their program was in transition and any responses might be misleading.

Demographic Information. Table 4.1 displays the results of four demographic questions related to institutional population and two questions related directly to the campus' alcohol education program. It reveals that there was an unusually large representation of schools enrolling over 20,000 students included in the selected sample (51.9%). Over half the institutions studied have a campus residential population between 5,000 and 20,000. However, those students who are most accessible for alcohol education programming (those who live on campus or in Greek/supervised housing) make up no more than half the total student population in over 85% of the schools studied.

Eighteen or 66.7% of the programs studied have been in existence for at least three or more years. This feature of longevity was considered by the investigator to be more appropriately a part of the program management component and will be referred to as part of that component in

this and subsequent sections. In response to a question about the continuation of their program next year, 85% of the program coordinators indicated their programs will be continuing next year at the same or at an increased level of operation. Although this may be a subjective judgment on the part of the respondent, it may lend some support to the assumption that the programs included in the study are experiencing some success.

Program Management

This component refers to the administrative framework, target groups and operational jurisdiction which underly the management of the alcohol education program. Table 4.2 provides the percentages of program coordinators who indicated the program management features listed were a part of their respective programs. The presence of a centralized office location was found in over 77.8% of the schools studied. No other features referring to administrative structure met the established criterion level to be considered common to all programs studied. However, existence of a task force or committee of students and/or faculty and staff was cited as a feature in 59.3% of the programs participating in the study.

TABLE 4.1
DEMOGRAPHIC INFORMATION

Percentage of Respondents Describing Institutional
and Program Characteristics

Total Student Population:		Resident Students:	
1,000 - 5,000	14.8%	1,000 - 5,000	48.1%
5,001 - 10,000	14.8	5,001 - 10,000	29.6
10,001 - 20,000	18.5	10,000 - 20,000	22.3
Over 20,000	51.9		
Students living in Fraternity/Sorority or other supervised housing:		% of total student population residing in on campus/Greek/ supervised housing:	
Under 500	44.4%	Under 10%	37%
500 - 1,000	14.9	10 - 25%	11.1
1,000 - 2,000	11.1	26 - 50%	37.0
Over 2,000	25.9	over 50%	14.9
No response	3.7		
Alcohol Education Program has been in existence:		Will Program Continue next year:	
less than 1 yr.	7.4%	not likely	0.0%
1 - 2 yrs.	25.9	at reduced level	14.8
3 - 5 yrs.	37.0	at same level	33.3
over 5 yrs.	33.3	at increased level	51.9

The target groups for the alcohol education programs were primarily on campus residents (60%) and students living in a fraternity/sorority or other supervised housing (81.5%). Both of these student populations were common target groups for the programs under investigation. The remainder of students who live off campus in unsupervised housing were a target group in well over half of all programs (63%) but did not meet the criterion level to be considered a common feature.

In reviewing the offices having administrative jurisdiction for the alcohol education program no pattern of reporting relationships was clear. Although it would appear that most programs are placed within the responsibility of the Student Affairs Division of the college/university, no single office emerged as common among all respondents. In fact, almost one-third of the respondents reported maintaining a dual reporting relationship, the most common of which had the program coordinator reporting to Dean of Students and either Residential Life or Health Services.

TABLE 4.2
PROGRAM MANAGEMENT COMPONENT

Percentage of respondents indicating whether specified features of a program management component are a part of their alcohol education program.

<u>Administrative Structure includes:</u>	<u>%</u>
Centralized office location	77.8
Task Force of students/staff/faculty	59.3
Part-time Program Coordinator	44.0
Full-time Program Coordinator	37.0
At least one FTE staff member in addition to Coordinator	18.5

<u>Target Groups includes:</u>	
Resident Students	100
Fraternity/Sorority/supervised housing	81.5
Off-campus - unsupervised housing	63
Faculty	18
Administrative and clerical staff	11.1

<u>Administrative Jurisdiction:</u>	
Residential Life	33.3
Vice President for Student Affairs	25.9
Dean of Students	25.9
Health Services	22.2
Vice President for Academic Affairs	7.4
Counseling Center	7.4
Academic Unit	3.7
Other	7.4
Dual Reporting	29.6

Training Component

Training of individuals who would assist in accomplishing the goals of the alcohol education program was a component in 89.9% of the programs studied. However, there was no specific group for training that met the 66.7% criterion level to be considered common among all programs. The training of alcohol education program staff and volunteers/peer educators was just under the criterion at the 59.3% frequency level.

Among the training topics cited in the survey, four emerged as common among all programs included in the study. They were (1) factual information on alcohol use/abuse, (2) planning alcohol education activities, (3) values clarification and (4) identification/referral of individuals with alcohol problems. Two other topics, confrontation skills and counseling individuals with alcohol problems, were cited frequently but not often enough to meet the established criterion to be considered a common feature.

The frequency with which training was conducted was insufficient to meet the criterion for being common. In addition, it was noted that few training opportunities were offered for class credit. More information regarding the timeliness of training will be presented later in this chapter in conjunction with the results from the telephone interview phase of this study.

TABLE 4.3
TRAINING COMPONENT

Percentage of Respondents Indicating Whether Specified Features of a Training Component Are a Part of Their Alcohol Education Program.

Features within Training Component	%
<u>Target Groups include:</u>	
Alcohol education program staff	59.3
Volunteers/Peer educators	59.3
Part-time program staff only	7.4
Full-time program staff only	3.7
Training is <u>not</u> a component of the program	11.1
<u>Training Topics include:</u>	
Factual information on alcohol use/abuse	88.9
Planning alcohol education programming activities	85.2
Identification/referral of individuals with alcohol problems	70.4
Values Clarification	70.4
Confrontation Skills	59.3
Counseling/Assisting individuals w/alcohol problems	48.1
Other	7.4
<u>Training Frequency:</u>	
Once or twice per year	40.7
On a regular basis	37.0
For class/course credit	7.4

Education Component

Table 4.4 contains the results of all responses related to the Education Component. Efforts to provide a program of information and education about alcohol use/misuse to the specified target groups was a component of all the programs studied (100%). Informal discussions/seminars, showing of films/tapes and distribution of pamphlets/posters were used as education strategies by all but two programs (100%, 92.6% and 92.6% respectively). These strategies along with distributing questionnaires (74.1%) and offering skill development programs (such as assertiveness training, confrontation skills and values clarification) (70.4%) met the criterion to be considered common among all the programs studied. Among the activities frequently cited under the category of "other" were media campaigns, lectures in academic classes and special events such as an alcohol education week or breathalyzer demonstration.

Further review of these results reveals that in addition to alcohol education program staff, campus faculty and staff (74.1%) and peer educators (70.4%) were used by a sufficient percentage of programs to be considered common among all programs. Internally developed (92.6%) and commercially developed pamphlets/ brochures and posters (81.5%) also emerged as resources that were utilized in conducting alcohol education activities in more than two-thirds of all programs and met the criterion for being common. Although cited by 85.2% of respondents, use of alcohol

education program staff, will not be included as a common feature because the investigator felt this was an a priori and obvious condition of their employment and its inclusion would be superfluous to the study. Miscellaneous responses in the "other" category under resources utilized included use of local beer distributors, campus police and a statewide prevention resource office.

TABLE 4.4
EDUCATION COMPONENT

Percentage of Respondents Indicating Whether Specified Features of An Education Component Are a Part of Their Alcohol Education Program.

Features within Education Component	%
Alcohol education is a component of program	100
<u>Education Activities/Strategies:</u>	
Informal discussion	100
Showing films/tapes	92.6
Dissemination of pamphlets/brochures/posters	92.6
Distribution of questionnaires	74.1
Offering skill development programs (assertiveness, confrontation, values clarification)	70.4
Other	29.6
<u>Personnel/Material Resources Utilized in Implementing Activities/Strategies</u>	
Internally developed pamphlets, brochures, posters	92.6
Alcohol Education Program staff	85.2
Commercial pamphlets, brochures, posters	81.5
On-campus faculty/staff	70.4
Peer educators	70.4
Off-campus resource people	63.0
AA-AL-ANON members	40.7
Other	14.8

Peer Education Component

Respondents were asked to indicate whether they had a program of training and supervision of undergraduate students (other than residential staff) to promote alcohol education efforts with their fellow students (Kraft, 1979).

A review of Table 4.5 reveals that slightly more than half of the programs studied had a peer education component as part of their alcohol education effort. Among those programs, more than three quarters were utilizing volunteers as peer educators. The remaining programs provide some form of compensation for their peer educators.

Although none of the following responsibilities met the criterion for being common among all programs, arranging for and conducting alcohol education information sessions and activities were an integral part of the responsibilities of peer educators in all of the alcohol education programs that had peer educators. Counseling of students about alcohol problems/issues or leading small group skill training sessions for students were not as prevalent and were included among the responsibilities of peer educators in less than half of those programs with a peer educator component. Among "other" peer educator responsibilities cited were conducting media campaigns, and staffing (i.e. sitting in) an alcohol information office and answering questions, talking, etc.

It was surprising to note that despite the emphasis in the literature that is placed on the usefulness of a peer education approach to

alcohol education, only half of the respondents studied indicated that their programs had such a component. The difficulty in developing a formal peer education program and the ready availability on most campuses of peer assistance through the Resident Assistant program of the Residential Life office may offer a partial explanation for this apparent contradiction.

TABLE 4.5
PEER EDUCATION/COUNSELOR COMPONENT

Percentage of Respondents Indicating Specified Features Of a Peer Education Component Are a Part of Their Alcohol Education Program.

Features within Peer Education Component	*	% of total respondents
<u>Peer Educators</u>		
--Peer Education is a component of your alcohol education program		51.9
--Peer educators use volunteers	(78.6)	40.7
--Peer educators are compensated	(21.4)	11.1
<u>Responsibilities of Peer Educators</u>		
--Arranging alcohol education activities	(100)	51.9
--Conducting alcohol education information sessions	(100)	51.9
--Leading small group skill training sessions on values clarification, confrontation, assertiveness	(42.8)	22.2
--Counseling students on alcohol related issues	(35.7)	18.5
--Other	(28.6)	14.8
*percentage based only on respondents who indicated they <u>had</u> a peer education component		

Treatment Component

Respondents were asked whether physical and psychological services were provided as a component of their alcohol education program and whether referral to other agencies for those services was provided by the program. Table 4.6 reveals that direct treatment services were provided by less than half of the programs studied. In those instances in which treatment was provided as a component of the program, out-patient psychological therapy was the most prevalent modality offered. On campus AA/AL-ANON meetings were available in slightly more than half of those programs offering a treatment component (and 25.9% of all programs studied). In-patient detoxification was seldom cited as a treatment service. As expected, when such services are made available directly through the alcohol education program, they are usually at no cost to members of the university community.

On the other hand, a Referral for Treatment Component that was designed to direct individuals to appropriate treatment services was a program component in 81.5% of all the alcohol education programs studied. Referral to out-patient psychological counseling and referral to AA/ANON meetings were the most frequent referral activities and were cited as features of this referral component by 77.8% and 70.4% respectively, of all the alcohol education programs studied. Referral to in-patient detoxification and in-patient psychological therapy were cited as services provided by more than three-fourths of those programs that offered

TABLE 4.6
TREATMENT COMPONENT

Percentage of Respondents Indicating Specified Features of a Treatment Component Are a Part of Their Alcohol Education Program

Features within Treatment Component	*	% of total respondents
<hr/>		
Physical and psychological treatment services are provided as a component of the alcohol education program		44.4
<u>Types of Services:</u>		
In-patient detoxification	-	-
In-patient psychological therapy	(16.6)	7.4
Out-patient psychological therapy	(91.6)	40.7
AA-AL-ANON meetings	(58.3)	25.9
<u>Cost of Services:</u>		
No cost to members of University community	(83.3)	37.0
Only through health insurance or private pay	-	-
Varies with type and extent of services	(33.3)	14.8
<hr/>		
Referral for physical and psych. treatment services to other agencies is a component of the al. ed. program		81.5
<u>Types of Services</u>		
In-patient detoxification	(77.2)	63.0
In patient psychological therapy	(77.2)	63.0
Out-patient psychological therapy	(95.4)	77.8
AA/AL-ANON meetings	(86.3)	70.4
<u>Cost of Services:</u>		
No cost to members of University community	(18.2)	14.8
Only through health insurance or private pay	(18.2)	14.8
Varies with type and extent of services	(72.7)	59.3
*Percentage based only on respondents who indicated they had a Treatment Component		
<hr/>		

a referral component but were under the 66.7% criterion to be considered a common feature among all programs studied.

In the responses to the cost of the services to which individuals were referred, as expected the majority of respondents indicated that it was dependent on the type and extent of services needed. While use of on campus services would probably be free, referral to off-campus services could result in widely varying costs.

Academic Component

Respondents were asked whether there was any formal relationship or involvement between the alcohol education program and the academic units on campus. Formal involvement was defined as cooperation in the teaching of a course/class, sponsoring a practicum/internship or cooperation in a research activity.

It would appear from the results in Table 4.7 that among the alcohol education programs studied, coordination with an academic department on courses, practica/internships and/or research activities is not common. Affirmative responses to any of the three questions asked did not exceed 55.6%. Although it is encouraging to note that there is some kind of cooperation with academic units on issues and activities related to alcohol use/misuse in approximately half of all the programs responding, it is not as prevalent a component as others that have been included in the study and does not meet the criterion to be considered common.

Despite the references by Dahl (1982) and Gonzalez (1978b) to the value of coordination with the academic community in promoting alcohol awareness, it appears that many programs have not found a way to introduce such a component into their alcohol education programs.

TABLE 4.7
ACADEMIC COMPONENT

Percentage of Respondents Indicating Specified Features of An Academic Component Are a Part of Their Alcohol Education Program.

Features within Academic Component	%
Alcohol Education Program staff teach a class in an academic department	40.7
The Alcohol Education Program offers an internship or practicum for academic credit	51.9
The Alcohol Education Program coordinates with an academic department or alcohol related research activities	55.6

Program Affiliation/Coordination Component

Respondents were asked to indicate whether there were any agreements with on or off-campus agencies/offices for services or other kinds of coordination to support the purposes of the alcohol education program. An examination of table 4.8a reveals that some kind of formal affiliation/coordination agreement with on campus offices was an aspect of the alcohol education program in 92.6% of the programs studied. At

the 66.7% criterion level, affiliation with three specific campus offices emerged as being common among those programs under investigation. Those offices were the Residential Life Office, Counseling Center and Student Activities Office.

Formal coordination with off campus agencies or offices was not common, with slightly under half of the respondents indicating that no formal relationship existed with off campus agencies. For those programs which had some kind of coordinating relationship with off campus agencies, local and state alcohol and drug treatment and/or information centers were most frequently cited.

In all, 77% of the program coordinators indicated some kind of task force or committee existed within their program which included representation from one or more campus offices. This result seems to contradict the response to question 1 under the Program Management Component in which respondents were asked whether a task force/committee of students existed to assist in programming and policy development. A possible explanation may be found in the specific and definitive nature of the task force/committee described in that question and the more broadly worded question within this component.

For those program coordinators that responded affirmatively to the task force question, no particular office was cited as being represented on such a committee with sufficient frequency to be considered common among all programs. However, the most frequently cited offices were the

same ones with whom formal coordination agreements were found to exist--Residential Life, Counseling Center and Student Activities.

TABLE 4.8a

PROGRAM AFFILIATION/COORDINATION COMPONENT

Percentage of Respondents Indicating There Is Formally (Verbal/Written) Defined Relationship/Agreement For Services Coordination With the Following Offices:

Office/Agency	%
<u>On Campus:</u>	
Residential Life	81.5
Counseling Center	70.4
Student Activities	66.7
Health Services	55.6
Judicial Program	44.4
Campus Security/Police	25.9
Employee Assistance Program	11.1
No relationship/agreement with any on campus agency	7.4
<u>Off Campus:</u>	
Local alcohol/drug treatment centers	44.4
Municipal/state alcohol/drug program offices	29.6
Local alcohol/drug information centers	25.9
Municipal/state mental health offices	22.2
Local hospitals	3.7
No relationship/agreement with any off campus agency	44.4

TABLE 4.8b

PROGRAM AFFILIATION/COORDINATION COMPONENT

Percentage of Respondents Indicating Specified Offices Are
Represented On an Alcohol Education Program Task Force.

Office	%
Residential Life	55.6
Counseling Center	44.4
Student Activities	44.4
Health Services	40.7
Judicial Program	25.9
Campus Security/Police	14.8
Employee Assistance Program	3.7
Other	29.6
No Task Force/Committee exists	22.2

Evaluation Component

This component refers to that aspect of an alcohol education program that assesses the impact of those activities that occur within the other components of the program.

The results from those questions that asked respondents to indicate the features within the evaluation component of their programs are depicted in Table 4.9a. This table reveals that although general program goals and purposes (96.3%) are common in almost all programs investigated, the specificity and consistency of the evaluation components seem to decline after that with less than half of the respondents

indicating that behavioral objectives, milestones or deadlines were part of their evaluation effort.

Of those strategies listed for gathering evaluation information about the alcohol education program, only survey data from the target groups of the alcohol education program was found to be a common feature among all the programs studied. Other features such as survey data from the alcohol education program staff and assessment of incident data from key campus offices were strategies used to evaluate the program in over half of all programs being investigated, but these features did not achieve the criterion level to be considered common. The employment of a program evaluator was a feature in only five of the twenty-seven schools participating in the survey.

Table 4.9a also depicts the purposes and uses made of the program evaluation activities that took place within the alcohol education programs studied. It shows that an assessment of the quantity and the quality of alcohol education program activities was included among the purposes for evaluation in more than 77.8% and 81.5% of all programs studied, respectively. However, evaluation of specific and measureable behavior changes was a feature of the evaluation components of only 29.6% of the programs under investigation. This finding is not surprising in light of the previously cited studies that describe the difficulty in measuring behavior change in programs focusing on prevention (Duston, 1978).

TABLE 4.9a

EVALUATION COMPONENT

Percentage of respondents indicating whether specified features of an Evaluation Component were a part of their alcohol program.

Features within Evaluation Component	%
<u>Program Evaluation Component Features:</u>	
General Goals/Purposes	96.3
Specific Behavioral Objectives	48.1
Milestones/Subjectives	40.7
Deadlines/time frames for accomplishment	37.0
<u>Evaluation Strategies Utilized:</u>	
Survey/self report data from target groups	70.4
Survey/self report data from program staff	59.3
Assessment of each program activity related to objectives	59.3
Comparison of data from campus agencies	51.9
Employment of program evaluator	18.5
<u>Purposes of Evaluation:</u>	
To assess extent/quality of activities	81.5
To assess quality of activities	77.8
To assess specific/measurable behavior changes	29.6
<u>Uses Made of Evaluation Results</u>	
To assess needs for program modification	92.6
To decide funding level	59.3
To determine continuation/dissolution of program	48.1

Table 4.9a also reveals that for over 92.6% of the respondents, evaluation results were used to modify (presumably for improvement) the alcohol education program. In addition to this developmental purpose, evaluation results were also influential on funding for programs in 59.3% of the programs studied and affected the continuation or dissolution of the program in 48.1% of the programs studied.

In tables 4.9b and 4.9c, the results of a self-assessment by program coordinators of the effectiveness and of the future of their respective alcohol education programs are displayed. Slightly over 70% indicated the future was stable while the remainder reported it was unstable. Despite the instructions in the questionnaire, less than half of all respondents chose to list in priority order their reasons for believing their program's future was stable or unstable. As a result, those reasons are only reported in the form of a frequency tabulation for each response.

The percentages displayed in parentheses reflect the percentage of those respondents citing a particular reason from all who viewed their program's future as stable or unstable, respectively. Among those respondents indicating a stable future, the quantity and quality of activities were considered most important to that stability with funding a close third. For those respondents predicting an unstable future, funding was the primary factor and virtually no effect was attributed to the quantity, quality or effect of program activities.

In summary, some form of evaluation component was common to 92.6% of the programs studied. Features of that component which were also common among all programs at the established criterion level were (1) general goals/purposes, (2) survey/self report data from target groups used as an evaluation strategy, (3) assessment of the extent of program activities is a purpose, (4) assessment of quality of program activities is a purpose, and (5) use is made of evaluation results for purposes of program modification. The assessment of one's program as "stable" was not considered to be a legitimate feature of the evaluation component because of the subjectivity of such a judgment. However, that result along with the self-assessment that 88.9% of respondents felt that their program was either "moderately" or "very effective" may offer additional support to the assumption that the alcohol education programs included in this study are "effective".

TABLE 4.9b
SELF-ASSESSMENT OF PROGRAM STABILITY

	% Responding Yes	
Future of alcohol education program is stable	*	70.4
Reasons: Quality of activities meeting standards	(89.5)	63.0
Effort/Quantity of activities meeting standards	(84.2)	59.3
Funding is secure	(73.7)	51.9
Effect/behavior outcome meeting standards	(63.2)	44.4
Other	(15.8)	11.1
Future of alcohol education program is unstable	**	29.6
Reasons: Funding based on temporary money	(75.0)	22.2
Funding based on program performance	(37.5)	11.1
Effort/quality of activities not meeting standards	(12.5)	3.7
Effect/behavior outcomes not meeting standards	-	-
Other	(25.0)	7.4
*indicates % of only those indicating future is stable		
**indicates % of only those indicating future is unstable		

TABLE 4.9c
SELF-ASSESSMENT OF PROGRAM EFFECTIVENESS

I would rate our alcohol education program	%
Very effective	29.6
Moderately effective	59.3
Slightly effective	3.7
Ineffective	0.0
No response	7.4

Funding Component

Respondents were asked to indicate the dollar amount of their alcohol education program budget and to note the sources of that funding. Table 4.10a reveals that the responses to the "total budget" question for the programs under investigation are clustered in the "under \$5,000" and "over \$25,000" categories. While neither response received a frequency that would make it a common feature among the programs studied, the fact that over 55% reported a budget under \$5,000 would suggest some support for the earlier contention that a small budget does not seem to be an obstacle to the success of an alcohol education program.

Further examination of table 4.10a shows that some funding from the college/university is common at the stated criterion level among all the programs studied. The frequency with which other sources are cited is much less, with the next frequency level being 33% of programs receiving funding from the Student Government. Although not included in this table, further analysis of the breakdown of college/university funding by proportion of the program's budget revealed that in only 18.5% of all programs studied did the university provide 100% of the funding. This finding would further suggest that most programs need to seek supplementary forms of revenue in addition to that received from the college/university budget.

TABLE 4.10a
FUNDING COMPONENT

<u>Amounts and Sources of Funding for Alcohol Education Programs</u>	
<u>Total Budget</u>	% responding
Under 5,000	55.6
\$5,001 - \$15,000	7.4
\$15,001 - \$25,000	3.7
Over \$25,000	33.3
<u>Sources of Funding</u>	% receiving some funding from this source
College/University	74.1
Student Government	33.3
Private Foundations/Donations	25.9
State/Local Grants	18.5
Self Supporting	18.5
Federal Grants	14.8
Other	14.8

Table 4.10b shows that the only source of non-monetary support that was common among all of the alcohol education programs studied was the donated services of resource people who participate in the activities, information sessions and training that takes place within the program. Free access to films and other audio-visual resources and free access to publications and posters about alcohol use were cited by more than half of the respondents but were short of the 66.7% criterion level.

TABLE 4.10b
NON-MONETARY SUPPORT FOR THE ALCOHOL EDUCATION PROGRAM

<u>Non-Monetary Support Sources</u>	<u>% responding</u>
Donated services from resource people	77.8
Free use of films/tapes/audio visual equipment	63.0
Free access to publications	59.3
Free access to office supplies	40.7
Other	11.1

Table 4.10c reveals that the most frequently cited basis for renewal of funding is availability of money within the college/university budget. There is no specific basis for renewal that could be considered common among the subject alcohol education programs under investigation. It should be noted that in several cases, the bases for renewal of funding were multiple.

TABLE 4.10c
BASIS FOR ANNUAL RENEWAL OF FUNDING

<u>Basis for Renewal</u>	<u>% responding</u>
Availability of University Funding	59.3
Incremental requests to funding source	33.3
Cost/Benefit review	14.8
Availability of State/Federal funding	14.8
Continuation of Grant	11.1
Competitive renewal of Grant	11.1

Summary of Survey Questionnaire Findings

As a result of the survey questionnaire, the following list of components and features emerged as common among all the alcohol education programs studied. That is, they were found to be present in at least two-thirds (66.7%) of all the programs participating in the study.

Program Management Component

- centralized office location
- on campus residents are a target group
- fraternity/sorority residents are a target group
- alcohol education program is at least three years old

Training Component

- factual information about alcohol use is a training topic
- identification/referral of individuals with alcohol problems is a training topic
- planning alcohol education program activities is a training topic
- values clarification is a training topic

Education Component

- use of informal discussion sessions on alcohol use is a strategy
- use of films/tapes is a strategy
- dissemination of pamphlets/brochures is a strategy
- offering skill development programs (i.e. values clarification, assertiveness, confrontation, sex role clarification) is a strategy
- distribution of questionnaires is a strategy
- on campus faculty and staff are resources used for programming
- peer educators are resources used for programming
- commercial pamphlets brochures and posters are resources used for programming
- internally developed pamphlets, brochures and posters are resources used for programming

Treatment/Referral Component

- includes referral capacity for out-patient psychological services
- includes referral capacity for AA/AL-ANON services

Program Affiliation/Coordination Component

- task force/coordinating committee of representatives from campus offices is used
- formal coordination is arranged with the Residential Life Office
- formal coordination is arranged with the Counseling Center
- formal coordination is arranged with the Student Activities Office

Evaluation Component

- general goals/purposes are defined
- acquiring survey data from target groups is an evaluation strategy
- a purpose of evaluation is to assess quantity of program activities
- a purpose of evaluation is to assess quality of program activities
- evaluation results are used to modify the program

Funding Component

- some funding is provided by the college/university
- non-monetary support is provided through donated services from resource people

This section has contained the results of the survey information collected from the questionnaires that were mailed to the subjects of this study. The components and features that were found to be common among the alcohol education programs at the established criterion level have been identified. The next section contains the results of the second phase of this study which involved the conduct of a telephone interview with the program coordinators of those alcohol education programs that most extensively manifested all of the identified common components and features. Telephone interviews were conducted to gain more in-depth information about their respective programs and to determine which of these common components and features were considered to be essential to their program's effectiveness.

Results of Phase II - Telephone Interview

Cross tabulations were conducted between the program components and features found to be common and each of the institutions under investigation. This measure revealed that five programs contained 91% or more of the thirty-four components and features. A sixth program was found to contain 88.2% of the components and features while another seven programs were clustered at 85.3% (See Table 4.11). In the interest of increasing the validity of any inferences that could be drawn about how essential these components and features might be to the effectiveness of the programs in the study, the investigator chose to expand the number of programs included in this phase of the study to include the sixth school with 88% of the components and features included in its program. Expanding the telephone interviews to include the next cluster of schools was rejected as too costly and probably not worthwhile.

Each program coordinator included in the telephone interview was contacted by phone prior to the interview for the purpose of notifying him/her that their program was included in the second phase of the study and to establish a time for the interview. Each coordinator was sent a copy of the questions that they would be asked and a copy of the questionnaire which was completed on their alcohol education program during the first phase of the study. In five of the six cases, the program coordinator involved in the telephone interview was the same person who completed the original questionnaire. In the sixth case, the individual

TABLE 4.11
SUMMARY OF COMMON COMPONENTS AND FEATURES BY INSTITUTION

Component/feature	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	% Frequency among Inst.
Centralized Office location	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	77.8%
Resident Stud. a Target	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	100
Frat/Soro a Target	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	81.5%
Pgr-exist 3 or more yrs.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	70.4
Training Component	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	88.9
Factual Information a Topic	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	88.9
Ident/Referral a Topic	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	70.4
Values Clarif. a Topic	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	70.4
Plan Ad Ed Activ. a Topic	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	85.2
Education Component	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	100
Informal Discus/Seminar	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	100
Show Films/Tapes	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	92.6
Disc. Questionnaires	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	74.1
Dissem. Pamphlets/Brochures	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	92.6
Offer Skill Dev. Program	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	70.4
Use Campus Faculty/Staff	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	70.4
Use Peer Educators	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	70.4
Use Commercial Pamphlets	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	81.5
Use Intern. Dev. Pam/Broch	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	92.6
Ref/Treatment Component	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	81.5
Ref/Output Psy. Therapy	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	77.8
Ref/ANAL-ANH	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	70.4
Pgr. AT11 Comp w/on campus	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	92.6
Pgr. AT11 w/Counsel. Center	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	70.4
Pgr. AT11 w/Bes. Life Office	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	81.5
Pgr. AT11 w/Student Act. Office	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	66.7
Use Task Force	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	77.8
Use Campus Groups & Purposes	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	96.3
Use Campus Groups & Purposes	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	70.4
Use Campus Groups & Purposes	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	81.5
Eval Quality of Activities	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	77.8
Eval Quality of Activities	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	92.6
Eval for Prog. Refl.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	74.1
Use Eval for Prog. Refl.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	77.8
Some fund from College/Univ.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	77.8
Use Donated Services	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	77.8
Financial Resources	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	77.8
Total Components/Features within Institution	33	30	28	17	29	18	29	29	29	29	20	32	34	32	28	29	29	21	28	25	27	28	33	27	27	28		
% of all Components/Features within Institution	97.1	88.2	82.4	50	85.3	52.9	85.3	85.3	85.3	85.3	50.8	94.2	100	94.2	82.4	85.3	85.3	61.8	82.4	73.5	82.4	82.4	82.4	97.1	79.4	82.4		

was a designee of the individual and was very familiar with that institution's alcohol education program. Because the phone interview was conducted several months after the questionnaire, each of the program coordinators was reminded to respond to the questions in terms of the status and operation of their program at the time the survey was completed.

Each program coordinator was asked to respond to a series of questions designed to obtain the following information:

1. Whether any of the common components and features of their alcohol education program that emerged from phase I of this study and were part of their alcohol education program were essential to their program's effectiveness.
2. Whether there were any other components or features of their alcohol education program that they also considered essential to their program's effectiveness.

In addition, the interviewees were also asked:

1. To list the reasons they believed their program was effective
2. Whether timeliness in training was a factor in the effectiveness of their training component
3. Whether there was a need for a minimal amount of funding to conduct an effective alcohol education program
4. What did they consider to be the major strengths of their program
5. What did they consider to be the major weaknesses of their program

In accord with the design of this study, the criterion level at which a component or feature would be considered essential was set at 83.3% requiring that five out of the six schools involved in the

interviews report that it is essential to their program's effectiveness. This criterion level is slightly higher than the 80% level that was set when it was anticipated that only five schools would be involved in this second phase of the study.

Table 4.12 reveals the responses of the program coordinators to those questions asking whether or not each common component was considered by them to be essential to the effectiveness of their respective alcohol education program. An x indicates that the program coordinator believed that component was essential.

TABLE 4.12
SUMMARY OF COMMON PROGRAM COMPONENTS CONSIDERED ESSENTIAL
FOR EFFECTIVENESS BY INTERVIEW RESPONDENTS

Program Component	Institution						% Consider Essential
	1	2	12	13	14	24	
Program Management	x	x		x	x	x	83.3
Training	x	x	x	x	x	x	100
Education	x	x	x	x	x	x	100
Referral for Treatment	x	x	x	x	x	x	100
Prog. Affil/Coord. with on campus offices	x	x	x	x	x	x	100
Evaluation	x	x	x	x	x	x	100
Funding	x	x	x	x	x	x	100

Six of the seven program components were considered essential by all six of the program coordinators interviewed. Only the "program management component" failed to receive unanimous acknowledgement as essential. However, that component did receive the necessary 83.3% necessary to meet the criterion to be considered an essential component of an effective alcohol education program.

Table 4.13 identifies those components that were cited by the respondents as essential to the effectiveness of their program even though they were not identified as components common to all programs studied. It is important to note that these components were each identified by the respondents independent of any solicitation from the investigator. These responses were a result of an open ended question and not a result of a forced choice question. The table reveals that four components were identified and that two of these components, a peer education component and an academic component, were cited by four of the six respondents as essential to the effectiveness of their program. However, because this frequency failed to reach the 83.3% criterion level, these two components cannot be accepted as essential. However, the fact that they were identified independently by four of the six program coordinators would suggest that their inclusion as components in an alcohol education program could possibly make an important contribution to that program's effectiveness.

This supports the beliefs of several authors who contend that peer education (Mills, et al, 1983; Rozelle and Gonzalez, 1980; Kraft, 1979) is a necessary feature of any youth-oriented alcohol education effort.

This would also support Dahl's (1982) and Gonzalez's (1978b) beliefs that cooperation and integrated involvement with the formal academic and teaching elements of the campus are essential aspects of sound alcohol education programs.

TABLE 4.13

SUMMARY OF PROGRAM COMPONENTS NOT COMMON BUT CONSIDERED BY INTERVIEW RESPONDENTS TO BE ESSENTIAL TO THE EFFECTIVENESS OF THEIR PROGRAM

Program Component <u>not</u> common but essential to effectiveness	Institution						% Consider Essential
	1	2	12	13	14	24	
Peer Education Component	x	x		x	x		66.7
Academic Component	x	x		x	x		66.7
Media						x	16.6
Public Relations/Marketing						x	16.6

TABLE 4.14

SUMMARY OF COMMON FEATURES CONSIDERED ESSENTIAL FOR PROGRAM
EFFECTIVENESS BY INTERVIEW RESPONDENTS

Feature	Institution						% Consider Essential
	1	2	12	13	14	24	
Program Mgt. Component							
Centr. Office location	x	x		x	x	x	83.3
Resident Stud. a target	x	x	x	x	x	x	100
Frat/Soro a target	x	x	x	x	x	x	100
Prog. exists for 3/more yrs.	x	x	x	x	x	x	100
Training Component							
Factual Info. a topic	x	x	x	x	x	x	100
Ident/Referral a topic	x	x	x	x	x	x	100
Values Clarif. a topic	x	x	x	x		x	83.3
Plan Al. Ed. Act. a topic	x	x	x	x		x	83.3
Education Component							
Informal Disc/Seminars	x	x	x	x	x	x	100
Show Films/Tapes	x	x	x	x	x	x	100
Distr. Questionnaires	x	x	x	x	x		83.3
Dissem. Pamph/Brochures	x	x	x	x	x	x	100
Skill Develop. Program	x	x	x	x		x	83.3
Use on campus fac/staff	x	x	x			x	66.7
Use Peer Educators	x	x	x	x	x	x	100
Use Comm. Pamph/Brochures	x	x	x	x		x	83.3
Use Internal Developed Pamphlets/Brochures	x	x	x	x	x	x	100
Referral/Treat. Component							
Ref. to outpatient psych. therapy	x	x	x	x	x	x	100
Ref. to AA/AL-ANON	x	x	x	x	x		83.3
Affil/Coord. Component							
Task Force/Committee			x	x			33.3
Coord w/Res. Life	x	x	x	x	x	x	100
Coord w/Counseling Ctr.	x		x	x	x	x	83.3
Coord w/Stud. Activities	x		x	x	x	x	83.3
Evaluation Component							
Eval. Ind. Goals/Purpose	x	x	x	x	x	x	100
Use survey data from target groups	x	x	x	x	x	x	100
Eval. incl. quantity of act.	x	x	x	x	x	x	100
Eval. incl. quality of act.	x	x	x	x	x	x	100
Eval used for prog modif.	x	x	x	x	x	x	100
Funding Component							
Some Fund. provided by College/Univ.	x	x	x	x		x	83.3
Donated services from resource people	x	x	x	x	x	x	100

Table 4.14 contains a summary of the responses of the six program coordinators to questions regarding whether those features of their program which were common among all programs studied were also essential to the effectiveness of their individual program. An x indicates that they considered that feature to be essential to the effectiveness of their program. An examination of the table will show that virtually all of the features noted are found to be essential at the 83.3% criterion level. The only features which did not achieve the designation as essential were:

- use of a task force/committee for affiliation/coordination with on campus offices
- use of on campus faculty/staff as resources within the education component of the program

For 18 of the remaining features there was unanimous agreement among the six schools that these features were essential to the effectiveness of their programs.

Three of the four coordinators who indicated that a task force or committee was not essential added that the task force was at one time essential but as the program evolved, it was no longer needed. The communication link that it provided between campus offices had been replaced by routinized communication patterns developed in support of ongoing cooperation on alcohol education activities. Two program coordinators indicated that use of on campus faculty/staff as resources was not essential to their program. Both indicated that, although they were used on occasion, faculty and staff more often would use the services and resources of the program than be used as a resource for it.

Table 4.15 displays features that were not common among programs but were considered essential by the program coordinators who were part of phase II of the study. Three features emerged as essential at the 83.3% criterion level. Those features included having (1) full time coordinator as part of the Program Management component; (2) conducting training at the start of the academic year as a feature of the Training component; and (3) having minimal funding for at least a full time coordinator as a feature of the Funding component. Although no other features met the criterion level to be considered essential, six other features were cited by at least three of the six interviewees. Because these citations did not come in response to forced choice questions, the frequency with which they were cited by the program coordinators would suggest that they could be important aspects of an alcohol education program. These features included:

1. program is under jurisdiction of the Dean of Students or VP for Student Affairs
2. in-service training is provided throughout the year
3. in-house diagnosis for treatment purposes is provided
4. coordination/affiliation agreement exists with fraternity/sorority staff
5. evaluation of effect/outcomes is a purpose of evaluation
6. a need for minimal funding that includes operating expenses (i.e. paper, supplies, publications)

TABLE 4.15

SUMMARY OF PROGRAM FEATURES NOT COMMON BUT CONSIDERED BY INTERVIEW
RESPONDENTS TO BE ESSENTIAL TO THE EFFECTIVENESS OF THEIR PROGRAM

Program Features not common but essential to effectiveness*	Institution						% Consider Essential
	1	2	12	13	14	24	
Prog. Management Component							
Full Time Coordinator	x	x		x	x	x	83.3
Under Jurisdiction of DOS/ CSAO			x		x	x	50.0
Training Component							
Skills to conduct alcohol education programs	x			x			33.3
Group Process/Facilitation skills	x				x		33.3
Confrontation Skills		x			x		33.3
Offer training at start of year	x	x	x	x	x		83.3
Maintain in-service all year	x		x	x			50.0
Education Component							
Formal class lectures	x				x		33.3
Use of media	x	x					33.3
Ref. for Treatment Component							
Services avail. at no cost	x	x					33.3
Provide in-house diagnosis	x			x	x		50.0
Have referral capability for in-patient cases			x	x			33.3
Affil/Coord. Component							
Coord. w/Campus Police/Sec.		x				x	33.3
Coord. w/Judicial Program		x				x	33.3
Coord. w/State Prevention Agencies				x		x	33.3
Affiliation Component							
Coord. with Frat/Soro		x			x	x	50.0
Coord. with Campus Ministry	x					x	33.3
Coord. with local treatment resources	x	x					33.3
Evaluation Component							
Eval. of effect/outcomes	x			x		x	50.0
Use of informal feedback			x			x	33.3
Funding Component							
Min. funding for FT Coord.	x	x		x	x	x	83.3
Min. funding for operating expenses	x		x		x	x	66.7

*only features cited by more than one coordinator are included

Responses to Other Interview Questions

The responses received from program coordinators to the other questions identified earlier in this section are included in Tables 4.16, 4.17 and 4.18. Although it was not a purpose of this study to investigate what defines "effectiveness" in alcohol education programs, Table 4.16 identifies the various criteria used by program coordinators for considering their program to be effective. While there is very little commonality in their specific responses, some responses were cited by at least half of the coordinators and include (1) positive student response to the program, (2) increases in more responsible alcohol-related behavior, (3) increased demand for services and (4) a high degree of internal and external visibility for the program. This finding would appear to support the investigator's contention that consistent criteria for defining effectiveness in the assessment of alcohol education programs has yet to emerge. On the other hand, this list provides an extensive array of criteria upon which evaluation models to assess the effectiveness of alcohol education programs could be developed.

TABLE 4.16
CRITERIA FOR EFFECTIVENESS

Summary of telephone interview responses from Program Coordinators regarding criteria for considering their program "effective".

- | | |
|---|--|
| - positive student response (4) | - positive response from faculty |
| - increase in responsible alcohol-related behaviors (3) | - positive response from local community offices |
| - increased demand for services (3) | - policy changes that support alcohol education concepts |
| - internal visibility of program (3) | - student participation in alcohol related course |
| - external visibility of program (3) | - positive response from central administration |
| - need to expand services (2) | - increased student involvement in program activ. |
| - positive response from local media (2) | |
| - program meeting goals/objectives | |
| - decrease in damage | |
| - decrease in alcohol-related public offenses | |
| - decrease in irresponsible behavior | |

() indicates frequency if cited more than once

Tables 4.17 and 4.18 identify the responses of program coordinators to the major strengths and weaknesses of their respective programs. While no pattern or consensus on common strengths is identified, many of the strengths cited parallel or are related to a number of the components and features that have been identified as common and essential to effective alcohol education programs. Specifically, support from the Residential Life Office, coordination with on campus offices, a high level of student involvement, program organization and planning and program evaluation. Once again, the importance of student involvement is noted in the references to student support, leadership and peer education activities. The program coordinators list of major weaknesses is highlighted by the already identified need for improved evaluation methods,

TABLE 4.17
MAJOR STRENGTHS OF ALCOHOL EDUCATION PROGRAM

Summary of strengths cited by program coordinators in telephone interview

- | | |
|--|---------------------------------|
| - support of Res Life Director (3) | - commitment to prevention/ |
| - support from students (3) | responsible decision- |
| - skills/leadership of students (2) | making model) |
| - coord. with academic departments (2) | - program planning |
| - peer education activities | - availability of services |
| - coord. between on campus offices | - program organization |
| - communication within alcohol educ. | - comprehensiveness of services |
| program | - evaluation efforts |
| | - visibility of efforts |

() indicates frequency if cited more than once

TABLE 4.18
MAJOR WEAKNESSES OF ALCOHOL EDUCATION PROGRAM

Summary of program weaknesses cited by program coordinators in telephone interviews:

- need for improved evaluation (3)
- need better planning for priorities and assessing needs (3)
- need more personnel (2)
- lack of guaranteed funding
- need more visibility for the Alcohol Education Office
- need better peer program
- need more support from central administration
- need to have more impact on policy
- difficulty reaching real problem drinkers
- difficulty handling large turnover in student population each year

() indicates frequency if cited more than once

need for better planning and the need for more personnel to staff the program.

Responses to Research Questions

As a result of a review of the responses to the survey questionnaires and to the follow up telephone interviews, the following answers have emerged for the research questions stated in Chapter One:

1. Are there any program components that are common and essential to effective alcohol education programs?

Seven alcohol education program components have been identified as common and essential to the effective alcohol education programs under investigation. Those components include a (1) Program Management Component, (2) Training Component, (3) Education Component, (4) Referral for Treatment Component, (5) Program Affiliation/Coordination with On Campus Offices Component, (6) Evaluation Component and (7) Funding Component.

2. Is a Program Management Component a common and essential element of an effective alcohol education program? If so what are its common and essential features?

There are four features within the Program Management Component which were found to be both common and essential to an effective alcohol education program. They include (1) a centralized office location, (2) including on-campus residents as a target group, (3) including Fraternity/Sorority and other students in supervised housing as a target group and (4) program has been in existence for at least three years. A fifth feature was found to be essential at the stated criterion level even though it was not common among all programs studied. This feature is a full time Program Coordinator.

3. Is a Training Component a common and essential element of an effective alcohol education program? If so, what are its common and essential features? fp. There are four features of the Training Component which were found to be both common and essential to an effective alcohol education program. These features include (1) factual information on alcohol use/misuse is a training topic, (2) identification/referral of individuals with alcohol problems is a training topic, (3) planning alcohol education program activities is a training topic and (4) values clarification is a training topic. A fifth feature, though not common among programs studied but considered essential by selected program coordinators was: conducting training at the beginning of the academic year.

4. Is an Education Component a common and essential element of an effective alcohol education program? If so, what are its common and essential features?

There are eight features of the Education Component which were found to be both common and essential to an effective alcohol education program. They include: (1) using informal discussions/seminars as an education strategy, (2) using films/tapes as an education strategy, (3) distributing questionnaires as an education strategy, (4) disseminating pamphlets, brochures and posters as an education strategy, (5) offering skill development programs (i.e. such as assertiveness, values clarification, confrontation, etc.) as an education strategy, (6) using peer educators as resources in conducting alcohol education programming, (7) using commercial pamphlets, brochures and posters in programming and (8) using internally developed pamphlets, brochures and posters in programming.

5. Is a Peer Education/Counselor Component a common and essential element of an effective alcohol education program? If so, what are its common and essential features?

A Peer Education/Counselor Component was not found to be common nor essential to effective alcohol education programs at the established criterion levels.

6. Is a Treatment Component a common element in an effective alcohol education program? If so, what are its essential features?

There are two features within the Referral for Treatment component which were found to be both common and essential to an effective alcohol education program. Those features include: (1) capacity to refer for out-patient psychological therapy and (2) capacity to refer to AA/AL-ANON.

7. Is an Academic Component a common and essential element of an effective alcohol education program? If so, what are its common and essential features?

An Academic Component was not found to be common or essential to effective alcohol education programs at the established criterion level.

8. Is a Component involving Affiliation/Coordination agreements with other on or off campus agencies/offices a common and essential element of an effective alcohol education program? If so, what are its common and essential features?

There are four features within the Affiliation/Coordination with On Campus Offices Component which were found to be both common and essential to an effective alcohol education program. They include:

(1) coordination agreement exists with the Residential Life Office,
(2) coordination agreement exists with the Counseling Center and (3)
coordination agreement exists with the Student Activities Office.

9. Is an Evaluation Component a common and essential element of an effective alcohol education program? If so, what are its common and essential features?

There are five features within the Evaluation Component which were found to be both common and essential to an effective alcohol education program. They include: (1) establishment of general purposes/goals, (2) use of survey/self-report data from target groups as an evaluation technique, (3) evaluation of quantity/extent of activities as a strategy, (4) evaluation of the quality of program activities as a strategy and (5) use evaluation results for the purposes of program modification.

10. Is a Funding Component a common and effective element of an effective alcohol education program? If so what are its common and essential features?

There are two features within the Funding Component which were found to be both common and essential to an effective alcohol education program. They include: (1) some funding from the college/university and (2) donated services from resource people who are used for programming. A third feature, while not common, was considered essential by selected program coordinators. This feature was to insure there was a minimum level of funding which could support at least a full time Program Coordinator.

Summary

In this chapter, the investigator described the information gathered from the survey questionnaires that were distributed and the follow up telephone interviews that were conducted. The components and features that are common and essential to effective alcohol education programs were identified and described in conjunction with the criterion levels and research questions that had been developed for this study. In all, there were seven components and twenty-eight features which emerged as both common and essential to alcohol education programs that were considered to be effective.

In Chapter Five the investigator will present a summary of this study and will present its major findings. Conclusions related to these findings will be offered and the implications of these findings for practitioners in the field of alcohol education will be provided. Finally, recommendations for further research related to the purposes of this study will be presented.

CHAPTER V

SUMMARY AND CONCLUSIONS

Introduction

This chapter contains a summary of the purposes, methodology and results of this study. Its major findings and conclusions are reviewed and the potential implications of those findings for the field of alcohol education are explored. Finally, the investigator proposes recommendations for further research related to this study.

Review of the Study

It was the purpose of the study to identify and describe those common and essential components and features of college campus alcohol education programs that were perceived to be effective. In the first phase of the study, the program coordinators of thirty-one selected alcohol education programs were asked to respond to survey questionnaires. Twenty-seven of those responses were useable. As a result of the information derived from these questionnaires, thirty-seven components and features were identified as common to at least two-thirds of the alcohol education

programs included in the study. In phase two of the study, the coordinators of the six alcohol education programs which most closely manifested these common components and features in their own programs participated in an in-depth telephone interview to determine whether these components and features were perceived to be essential to the effectiveness of their respective alcohol education programs.

Major Findings

In order to be considered common, a component or feature had to be present in at least two-thirds (66.7%) of all programs studied. An essential component or feature was one which was considered essential to the effectiveness of 83.3% (or five out of six) of the alcohol education programs involved in the second phase of this study.

At these stated criterion levels:

1. Seven components were found to be both common and essential to effective alcohol education programs. They include the following components: Program Management, Training, Education, Referral for Treatment, Affiliation/Coordination with On-Campus Offices, Evaluation and Funding.
2. Twenty-eight features within these common and essential components were all found to be common and essential to the effectiveness of the alcohol education programs of the same sample of subjects. Those features included the following:

Features within Program Management Component

- centralized office location
- on campus residents are a target group
- fraternity/sorority residents are a target group
- alcohol education program is at least three years old

Features within Training Component

- factual information about alcohol use is a training topic
- identification/referral of individuals with alcohol problems is a training topic
- planning alcohol education program activities is a training topic
- values clarification is a training topic

Features within Education Component

- use of informal discussion sessions on alcohol use is a strategy
- use of films/tapes is a strategy
- dissemination of pamphlets/brochures is a strategy
- offering skill development programs (i.e. values clarification, assertiveness, confrontation, sex role clarification) is a strategy
- distribution of questionnaires is a strategy
- peer educators are resources used for programming
- commercial pamphlets, brochures and posters are resources used for programming
- internally developed pamphlets, brochures and posters are resources used for programming

Features within Treatment/Referral Component

- includes referral capacity for out-patient psychological services
- includes referral capacity for AA/AL-ANON services

Features within Program Affiliation/Coordination Component

- formal coordination is arranged with the Residential Life Office
- formal coordination is arranged with the Counseling Center
- formal coordination is arranged with the Student Activities Office

Features within Evaluation Component

- general goals/purposes are defined
- acquiring survey data from target groups is an evaluation strategy
- a purpose of evaluation is to assess quantity of program activities
- a purpose of evaluation is to assess quality of program activities
- evaluation results are used to modify the program

Features within Funding Component

- some funding is provided by the college/university
- non-monetary support is provided through donated services from resource people

They will be discussed in greater depth later in this chapter when the implications of this study are reviewed.

3. Three features emerged in the second phase of this study as essential to the effectiveness of an alcohol education program even though they were not found to be common features among all the programs under

investigation. These features were:

- a. A full-time program coordinator
- b. The need to provide training in a timely fashion at the start of the academic year
- c. The need for at least minimal funding to maintain a full-time coordinator

Two reasons are offered for these features emerging as essential but not common:

- for many programs without a full-time coordinator, this feature could still be perceived as either highly desirable or necessary to maintaining or improving the effectiveness of their program.
- the features related to training and funding for a full-time coordinator were elicited from respondents in phase II with sufficient frequency to meet the criterion for essential but, were not the subject of specific questions asked in the original questionnaire.

4. Two components under investigation, a peer education component and an academic component, did not emerge as common among the programs studied. Neither were they considered essential by the program coordinators who participated in the second phase of the study. However, the frequency with which each of these components were cited in both phases of the study, and the attention in the literature given to the potential value of these two functions within an alcohol education program should not preclude their consideration as important aspects of any organized alcohol education effort.

5. Two features which were common among the programs studied did not emerge as essential during the second phase of the study, they were:

- a. use of a task force/committee to coordinate with on campus offices
- b. use of campus faculty and staff as resources for programming

While the need to have a task force or committee when alcohol education programming efforts are in their initial stages was emphasized, it was not perceived as essential as a communication link once a program matured and developed a level of effectiveness. In fact, it could be argued that the routinized communication links that exist between offices on a day-to-day basis within an effective program preclude the need for such a task force or committee.

Although faculty and staff may be used with some regularity as resources in alcohol education programming, the availability of other resources and the increasing reliance on peer involvement in programming could explain the fact that faculty/staff participation is not considered essential. Also, the fact that faculty and staff were typically not among the recipients of alcohol education programming on campus would also preclude faculty/staff participation as alcohol education resources with their own peers.

Conclusions

Any conclusions that may be reached as a result of the major findings of this study are contingent upon acceptance of the assumptions which underly the design of the study. Therefore, before offering conclusions, it would be prudent to review each of these major assumptions.

Assumption 1: That the alcohol education programs under investigation are, in fact, effective.

This assumption is important because it implies that the results of the study could be generalizable and would be instrumental in developing effective alcohol education programs on other campuses. For that reason, the process for selection of the subjects for the study was crucial. Selection of subjects relied on a publication which was approximately four years old at the time of the study and upon the expert opinion of five individuals who had extensive experience in the relatively young field of alcohol education programming.

In all, fourteen alcohol education programs were cited in the publication and included in the study. Seven of those were also cited by at least one expert. Of these seven, four were cited by two or more experts. Among the six programs included in the phase II of the study, two of these programs were included in the previously noted publication and these two programs were also cited by two and three experts, respectively.

In all, five of the six programs included in phase II (which were cited as most extensively manifesting the components and features which were considered common) were cited by at least two of the five members of the panel of experts. Finally, three of these six schools are nationally recognized for the quality of their alcohol education programs. They are Pennsylvania State University (IFS 1983) and the previously noted University of Florida and University of Massachusetts at Amherst.

The point was made that a consistent and definitive explanation of what constitutes effectiveness in an alcohol education program is not found in the literature of this field. However, the investigator would suggest that the cross referencing among experts, and between the experts and the publication in the selection of subjects, should lend credibility to the operational definition of "effective" as used within the context of this study.

Assumption 2: That the criterion levels established for determining whether a component/feature was common and/or essential were set high enough to avoid including components and features which were not important elements for the effectiveness of an alcohol education program.

In an exploratory study such as this, it is difficult to rely upon statistically based criteria to establish a level of confidence for suggesting that a certain variable within an alcohol education program is common and essential to the program's effectiveness. It should be kept in mind that it was not the purpose of this study to discover whether a causal relationship existed between the presence of certain variables and the effectiveness of an alcohol education program. Rather, an attempt was made to determine whether there were any variables whose presence in selected programs was frequent (common) enough to suggest that they may be essential to the perceived effectiveness of that program. In a study such as this, statistically based confidence levels similar to those used in experimental studies would not provide an appropriate criterion for discovery of new knowledge in the field of alcohol education which is in its early stages of development.

It was on that basis that a 66.7% criterion level was established to determine whether a program component or feature was to be considered common among all programs studied. The investigator would contend that practitioners looking for new knowledge in this field would accept the presence of certain program components and features in two-thirds of all subjects' programs as a reasonable basis for considering those variables as potentially important to the effectiveness of an alcohol education program.

It is further argued that establishment of an even higher criterion level (83.3%) for a variable to be considered essential was also reasonable and sound. Six of the common components and eighteen of the common features included in the second phase of the study were unanimously cited as essential to the effectiveness of the alcohol education programs included in that phase of the study. This finding led the investigator to speculate that there may be other variables within alcohol education programs which may also be essential but did not emerge as common or essential due to the high criterion levels that were set.

The emergence of three variables as essential but not common reinforced that speculation. Further, the independent citations, by four program coordinators in phase II, of a Peer Education Component and Academic Component as essential also suggest that the criterion levels did serve their purpose of minimizing any Type I errors (Kerlinger, 1964). That is, including a component or feature as common or essential even though it may not be.

Within these parameters that describe the two basic assumptions which underly this study, the following conclusions are offered:

1. There are a number of key organizational elements, specific program implementation strategies and resources that are present with great regularity in alcohol education programs that were considered to be effective.
2. The presence of these specific elements and their perceived importance to the effectiveness of alcohol education programming suggests a framework for a model upon which alcohol education program efforts on a college campus may be developed.

The parameters imposed by the limited number of programs studied and by the fact the sample was not representative of all four year colleges and universities (and excluded all two year colleges) limits the opportunity to generalize about the applicability of such a model. However, such a suggested model does offer a broad organizational framework for developing an alcohol education program by delineating certain key functions and selected strategies for carrying out these functions. Other key elements of a program, such as its philosophical approach, specific organization structure, programming content, budget detail and operating procedures are not addressed here. Rather, the results of this exploratory study suggest that the basis for a comprehensive program model may exist but cannot be inferred from the results of this study.

Implications for the Practitioner

The diversity and uniqueness of each college campus, its student population and its philosophical foundations make the broad applicability of any suggested model for all alcohol education programming, presumptuous. On the other hand, the paucity of literature on comprehensive

approaches to program planning for alcohol education makes the suggestion of such a model a potentially useable concept for both the neophyte practitioner as well as the experienced program coordinator. It is within that context that the implications of these findings are offered.

The major findings in this study suggest that if it is going to be effective, there are certain planning and program implementation components and features that should be a part of an alcohol education program. In the broadest context, effective is defined as including any or all of the following: (1) receiving support from students, staff and top level administrators, (2) maintaining a high level of visibility and credibility with all groups who will be recipients of the program's efforts, (3) increasing responsible behavior as it relates to alcohol and decreasing irresponsible behavior, (4) maintaining a high standard in the quantity and quality of services offered, (5) achieving a high level of student involvement in the program and (6) meeting the established goals and objectives of the program.

A suggested model for attaining these ends is offered as follows:

Program Management Component

An administrative structure should exist which includes a full-time program coordinator and a centralized office location which can serve as focal point for the program's activities. On campus resident students and fraternity and sorority students, as well as other students

in off campus supervised housing should be among the primary target groups to whom the programs efforts should be directed.

Although it was not confirmed by the findings, the demographic results would suggest that the program should be given at least three years to develop before final judgments are made regarding its viability and effectiveness. Additionally, information gathered in the course of this study suggests that consideration may be given to including a graduate assistant or practicum student as additional support for the program's central office. It also appears to be typical, and probably advantageous, for the program coordinator to have a reporting relationship within the Student Affairs Division. Further, a task force or committee to assist in providing direction and communication within the program does not appear to be essential, but may serve a useful purpose in the early development of the program. However, it is likely to become less important as the program develops direction and establishes its communication network with both on and off-campus offices.

Training Component

The capacity to train alcohol education program staff and other staff who will conduct alcohol education programming for the student groups must be developed and the training should be conducted at least at the beginning of each academic year. Training topics should include factual information about the use and misuse of alcohol, identification and referral of individuals experiencing alcohol related

problems, values clarification skills, and training on how to arrange alcohol education program activities. In addition, although not confirmed in the findings, it would appear to be helpful if training topics could also include teaching group facilitation/group process skills to help individuals learn how to conduct an effective alcohol education information session.

Education Component

Among the strategies used to provide alcohol education information to the target groups of the program, the following should be included:

- a. Conduct of informal discussions/seminars on the topic of alcohol use/misuse
- b. use of films and tapes (video and audio)
- c. distributing questionnaires on alcohol related matters
- d. disseminating both commercially and internally developed pamphlets, brochures and posters to target groups
- e. offering skill development programs in areas such as assertiveness training, values clarification and confrontation skills
- f. utilizing student peers in programming efforts whenever possible

In addition to these findings, other information gathered from respondents suggests that the impact of education efforts may be most effective when directed at specific, identifiable problems that affect the campus. This suggestion was offered by two of the program coordinators interviewed in the second phase of the study and is supported by Mills (1983) when he states:

Since the members of a community will be open to alcohol education only to the extent that they believe alcohol-related problems exist, the first step in creating an alcohol education program must be documentation of problems. (p.6)

The strategies listed under this Education Component include using questionnaires which can be utilized as an assessment tool to identify problems as well as an information dissemination strategy. In either instance, the concept of directing education strategies at specific alcohol problems that affect the campus appears to be a viable one.

Referral for Treatment Component

The capacity to refer individuals seeking help with alcohol related problems must be provided. In particular, the capacity to be able to refer individuals for out-patient counseling about alcohol related problems is crucial; and the capacity to be able to make referrals to local chapters of AA and AL-ANON is also essential. In addition, although not confirmed by the findings, the availability of out-patient counseling services within the structure of the program and, in particular, the capacity to perform some initial diagnosis in conjunction with such a referral could be advantageous to the effectiveness of this component of the program.

Affiliation/Coordination with On Campus Offices

Some kind of written or verbal agreement or relationship must be established with key offices on campus in order to further the

purposes of the alcohol education program. In particular, the Office of Residential Life, Counseling Center Office and Student Activities Office are essential to the establishment of this communication link. Although not confirmed by the findings, it may also be advantageous to establish additional relationships with other on campus offices, particularly within the Student Affairs Division, and with key off campus offices such as local alcohol treatment centers and State prevention agencies.

The establishment of a task force or committee made up of representatives of many of these key offices to facilitate this coordination can be a useful strategy for programs in the early stages of development. However, as the program develops it appears to be less essential. In fact, the eventual obsolescence of such a committee may be a prime indicator that an effective coordination and communication process has been achieved among these key offices. In that context, some programs have changed the focus of such committees away from communication and toward developing new and innovative directions for the program.

Evaluation Component

An Evaluation Component for the program is essential and must be developed in accordance with the general goals and purposes established for the program. In addition, evaluation strategies for gathering information must include some kind of data received from the target groups toward whom program efforts are directed. The purposes

of the evaluation effort must include the assessment of the quantity of activities being conducted and the quality of those activities. Although not confirmed by the findings, it will also be helpful if measuring the effect or the outcomes of the program's efforts are also included in the purposes of the evaluation effort. Evaluation results should primarily be used for the purposes of modifying the program to improve its effectiveness. While results may also be utilized to determine funding and, perhaps, the continuation or dissolution of the program, there is insufficient evidence to suggest that this is an essential factor influencing the effectiveness of the program.

Funding Component

Some funding should be provided by the college or university on the campus where the program is located. The program must also expect to rely on donated services from resource people in the conduct of its programming activities. While the quantity of funding does not appear to be a major factor in the effectiveness of alcohol education programs, as a minimum, funding for a full-time program coordinator should be available. It would also be helpful if some funding were available for basic operating expenses during the year. Funding from a variety of resources both within and outside of the campus also appears to be advantageous for effective alcohol education programming efforts. As financial constraints continue to plague institutions of higher education, private funding sources in addition

to college/university funding are likely to become more important to the support of a campus' alcohol education efforts.

The tenets of this program model are supported in much of the literature that has evolved in recent years on campus alcohol education programming. It supports Bryan's (1982) contention that administrative structure and management is essential to programming. It also supports O'Hara (1977) and Kraft (1979) and their emphasis on the role of training. Gonzalez (1978b) and others emphasize the importance of variety and diversity in the alcohol education and information activities that can be offered to students. The need for referral and coordination components is supported in the work of Duston (1981). Kraft's (1977a) emphasis on evaluation of extent, effort and effect is also reinforced in this model. Although the question of funding and 'how much is enough?' is still largely unanswered, there is no conclusive evidence in this study that refutes contentions that large amounts of money are not necessary for a program to be effective and/or successful. However, it should not be overlooked that among the six programs that most closely manifested all the components and features that emerged as common, four of them had total budgets in excess of \$15,000.

The sharpest divergence from the literature is found in omitting a peer education component as an integral part of this program model (Gonzalez, 1978b; Kraft, 1979). While this omission is not intended to discount the importance of such a component, its inclusion lacked support at the stated criterion levels established in the study to consider it common or essential for program effectiveness. For the practitioner,

this should not necessarily suggest that this component is always peripheral to alcohol education programs that strive to be effective. Its unsolicited citation as essential by four of the six coordinators of the programs included in the second phase of this study, supports its potential to contribute to an alcohol education program. Rather, the investigator would suggest that lack of support in the survey findings for it as an essential component may be a reflection of the state of the art of alcohol education programming on campus. That is, peer education is typically not evident as a formal program component such as that described by Kraft (1977) but, rather, alcohol education program activities are often carried out by student peers who serve as resident assistants and other student staff as a part of the residence hall program. In any case, the ability of students to influence the behavior and attitudes of other peers toward many things, including the use of alcohol, cannot be discounted. Evidence to the contrary in the literature is much too extensive.

Recommendations for Further Research

Although the major findings of the study suggest that the framework exists for a planning model upon which to build campus alcohol education programs, there are limitations to the study which prompt further exploration of this topic. Specifically, recommendations for additional research include:

1. Development of an operational definition for determining what constitutes "effectiveness" in an alcohol education program.
2. Conduct of a follow up study that would include a larger N and utilize a more rigorous methodology for identifying programs that are considered to be effective.
3. Identification of intangible variables that may effect the success/effectiveness of alcohol education programs.

Defining Effectiveness

It has been noted previously that a consistent or agreed upon measure for determining the effectiveness of a campus alcohol education program is currently not offered in the literature. Although programs have defined success in many ways, such as an increase in knowledge about alcohol (Engs, 1978), decreases in alcohol related problems (Mills, et al, 1983), and a high level of visibility and support for the program and attainment of the program's objectives (IFS, 1983), there is a need for a more common and consistent point of reference and set of criteria through which a program's impact can be measured.

A framework for such a study may be found in table 4.16 on page 87. This table lists the criteria for effectiveness used by those program coordinators who are directing the six alcohol education programs that most extensively reflected the components and features which were found to be common in the first phase of the study. That is, they most closely approximated the suggested model program.

These criteria offer a broad array of content areas upon which to build an assessment tool for determining the effectiveness of an alcohol education program. While achieving consensus about what constitutes "effectiveness" may be a difficult goal to reach, the potential exists within such research to at least begin to fill the current void that exists in dealing with this important aspect of campus alcohol education programming.

Follow Up Study

Limitations on the generalizability of this study are a product of its relatively small N and the differing levels of credence which may be given to the assumptions that underly the selection of subjects. (It should be noted that no inference has been made that the programs studied were the only alcohol education programs that could be considered effective.)

In a recent 1982 study by Gadaleta and Anderson (Ingalls, 1983) it was reported that 79% of all college campuses have some kind of alcohol education program. This study showed that this percentage represented an increase of 10% from a similar study conducted three years earlier in 1979. This recent proliferation of alcohol education programs on campuses across the country suggests that there would be value in initiating a follow-up study to the one described in this document. That follow up study could compare a random sample of institutions with alcohol education programs with another selected sample of programs which were identified as effective.

It is further suggested that the selected sample of effective programs could be identified through use of a Delphi technique (Travers, 1976). This process offers the opportunity for a multiple review of subjects before final selection of the sample is made. While this approach has not achieved a high level of credibility as a research technique, it could offer a more rigorous approach to reaching some consensus on the subjects and could strengthen the generalizability of the findings to other programs. However, this process would also be limited by the subjective nature of the judgments to be made by the members of the Delphi panel. Finally, the utility of any follow-up study would still be limited by the extent to which the issue of 'what constitutes an effective program?' is resolved.

Intangible Aspects of an Alcohol Education Program

Another potential area for research would include the exploration and identification of those less tangible elements of a campus alcohol education program which can have an impact on its success. The investigator suggests that the philosophical approach which underlies the operation of an alcohol education program is one of these important variables. This is particularly true in view of the changes in the legal drinking age that have occurred in many states. In those states in which the drinking age has been raised to 19, 20 or 21, many college students have been disenfranchised from the right to legally drink alcohol. On those campuses, considerable discussion is likely to take place regarding which philosophical approach should be taken when addressing the issue of alcohol use on that campus. It could be speculated that the higher the legal

drinking age, the fewer college students can legally drink and the more likely it is that an abstinence approach to alcohol use would be promoted.

On the other hand, much of the current alcohol education programming that is taking place is centered around the theme of "responsible drinking" or "responsible decision-making" regarding the use of alcohol. For many, such an approach would imply that violation of the state legal drinking age is implicitly condoned by the campus that promotes this philosophy toward alcohol education. For that reason, a study, which can examine the impact of philosophical approach on the success or effectiveness of alcohol education efforts could do much to assist campuses in coping with this dilemma. Such a study would seek to examine not only the philosophy but also the content of the education efforts which were promoted within the program and match that information against the measurable effects the program has had on the campus in general and on students' behavior, in particular. This information could be compared between programs located in states in which the legal drinking age was 18, 19, 20 and 21. The results of such a study could also offer information worth considering when issues surrounding the changing of the legal drinking age are raised.

Summary

The issue of alcohol use on the college campus has been a part of the student affairs professional literature for several decades (Mueller, 1961; Sanford, 1962; Maddox, 1970; Hanson, 1974 and Hanson, 1982).

However, only recently has major attention been focused on this issue and, even then, primarily as a result of its problematic impact on the nation's campuses. This attention has provided alcohol educators with a "window in time" during which viable and lasting approaches for addressing the issue of alcohol use and misuse among college students must be developed. It is likely that the visibility and centrality of this issue will pass as new student development priorities take its place. However, the problems associated with youthful alcohol misuse and the need to promote responsible use among young adult drinkers will continue to confront student affairs and other campus professionals every year.

For that reason, it is imperative that campuses create a sound system or model for dealing with this issue in a manner that is effective and which will allow it to be integrated into a comprehensive student development program. It is hoped that this study has provided the framework for developing such a model. The components and features which comprise this framework offer a direct and simple system for delivery of information and services in the area of alcohol education. However, it still requires that a competent and sensitive Student Affairs professional administer this program in a manner that demonstrates sensitivity not only to its controversial nature, but also to the fact that decisions surrounding the role of alcohol in a student's life are just one of several developmental challenges that students face during this important time in their lives.

APPENDICES

APPENDIX A

PANEL OF EXPERTS

APPENDIX A
PANEL OF EXPERTS

Panel Member A

A mid-level administrator in the housing office of a large state university in the southeast; was the Director of that campus' alcohol education program and served for 3 years as the Chairperson of the American College Personnel Association (ACPA) Alcohol Task Force. (Mr. Craig Ullom, Administrative Assistant, University of Georgia)

Panel Member B

A senior level administrator in a medium-size mid-western state university; initiated a regionally recognized alcohol education program; authored an alcohol education manual which received wide distribution; and initiated a nationally recognized Wellness Program on his campus. (Dr. Fred Leafgren, Assistant Vice Chancellor, Student Affairs, University of Wisconsin--Stevens Point)

Panel Member C

A chief Student Affairs Officer at a mid-size, private western university; has worked 8 years in alcohol education and was co-author of a major publication on campus alcohol education programs; was instrumental in initiating a nationally recognized alcohol education program on another campus where he was previously employed. (Dr. Tom Goodale, Vice-President for Student Affairs, University of Denver) Panel Member D

A member of the faculty at a major mid-western university; was instrumental in initiating an alcohol education program on her campus and in developing several alcohol education instruments and exercises for use in programming; is a recognized authority on alcohol education with several articles on the topic published in highly regarded journals. (Dr. Ruth Engs, Professor, Indiana University)

Panel Member E

Director of a nationally recognized alcohol education program on a large state university campus in the southeast; recipient of federal and local grants for alcohol education; initiator of a national network of alcohol education programs and author of several journal articles and publications on alcohol education. (Dr. Gerardo Gonzalez, Director, BACCHUS of U.S., University of Florida)

A sixth panel member was initially included but could not participate due to obligations outside of the country at the time of the study. That individual had been the Director of a nationally recognized alcohol education program at a large state university in the northeast, was recipient of a large federal demonstration project grant and is the author of several articles and publications on alcohol education. (Dr. David Kraft, Director of Mental Health Services, University of Massachusetts)

APPENDIX B

COVER LETTER TO PANEL OF EXPERTS AND NOMINATION OF SUBJECTS INSTRUMENT

APPENDIX B
COVER LETTER

The University of Vermont

February 1, 1982

DEPARTMENT OF RESIDENTIAL LIFE
25 COLCHESTER AVENUE
BURLINGTON, VERMONT 05405-0090



Dr. Tom Goodale
Vice-President of Student Affairs
University Park
University of Denver
Denver, Colorado 80210

Dear Dr. Goodale:

I am in the process of conducting research on Alcohol Education Programs on college campuses around the country. Until just over a year ago, I was Director of the Michigan State University Alcohol Education Program and have been active in the field of alcohol education for the last seven years. The research project I have undertaken is in conjunction with my doctoral dissertation and will also serve as a vehicle for revising our current alcohol education efforts at the University of Vermont.

I am asking for your help in identifying up to ten colleges/universities that you feel have a viable alcohol education program. For the purposes of this study, "wellness" programs that also focus on alcohol education/prevention are to be included. While I recognize that firm criteria for viable or "effective" programs are not conclusive, the parameters of this study allow for your judgment to be a sufficient basis for identifying such programs. You will be one of five "experts" asked to make your recommendations. You were chosen because of your acknowledged expertise and many contributions to the field of alcohol education and prevention, particularly on the college campus; also, because I am familiar with your work and believe you to be among the pioneers in this particular field during the last decade.

In addition, I would ask that you identify up to five (5) features or components of an alcohol education program that, for you, should serve as criteria for effectiveness. For purposes of convenience, I have included a list of ten possible features. If these do not coincide with your judgment, please list additional features in the spaces provided.

The purpose of my study is to review, through a survey questionnaire, up to 25 Alcohol Education Programs on college campuses across the nation. In doing so, I will be attempting to determine through comparative analysis the similarities and differences between these programs for the purposes of identifying a prototype or "model" program. If you would like copies of the abstract and final results of the study, please let me know on the enclosed sheet. Please complete the enclosed sheet and return it to me in the self addressed, stamped envelope by February 10. By the way, please feel free to include your own institution on the list of programs that you identify.

Best wishes in your continuing work in the field of alcohol education. I thank you in advance for your participation and contribution to my research.

Sincerely,

A handwritten signature in cursive script, reading "Paul M. Oliaro".

Paul M. Oliaro
Director of Residential Life
(802) 656-3434

PMO/nj

Enclosures

APPENDIX B
NOMINATION OF SUBJECTS INSTRUMENT
ALCOHOL EDUCATION RESEARCH STUDY

Part I

Please indicate by a check (X) mark, up to five items that you would consider necessary features of an effective alcohol education program. Please list items you feel are not included in this list in the spaces provided.

___ Centralized office or committee for program leadership
and coordination

___ Training component for program staff

___ Education component for information dissemination

___ Treatment component (physical and psychological)

___ Academic component (development of related courses
in a department's curriculum)

___ Peer counselor/educators component

___ Coordination/affiliation with other related on/off
campus offices

___ Variety in program activities (films, discussion,
workshops, etc.)

___ Stable funding

___ Program evaluation component

Comments/Explanations:

Part II

Please list the institution, program title and contact person (if known) of up to ten alcohol education/prevention programs that you believe to be effective. If you feel compelled to list more than ten, please do so.

	<u>Institution</u>	<u>Program Title</u>	<u>Contact Person</u>	<u>Address</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

I would like to receive a copy of your results:

Name

Address

Phone

APPENDIX C

SUMMARY OF PANEL/PUBLICATION NOMINATIONS

APPENDIX C

SUMMARY OF PANEL/PUBLICATION NOMINATIONS

Insti- tution	Expert A	Expert B	Expert C	Expert D	Expert E	Publication
1		X				X
2	X		X			X
3					X	
4	X					
5			X			
6						X
7						X
8					X	X
9			X			
10	X				X	X
11					X	
12	X		X		X	
13			X	X		
14	X		X		X	X
15					X	
16						X
17						X
18						X
19	X					
20			X			
21	X	X	X			
22					X	
23						
24	X		X			
25					X	
26		X	X	X		X
27					X	X
28			X		X	X
29			X		X	X
30						X
31						X

1 U. of South Carolina
 2 U. of Massachusetts
 3 U. of San Diego
 4 U. of California-Davis
 5 U. of Illinois
 6 E. Stroudsburg St. Col.(Pa)
 7 U. of Rhode Island
 8 Washington University
 9 U. of South Florida
 10 Michigan State University
 11 Emory U.
 12 U. of Georgia

13 Penn State U.
 14 U. of Florida
 15 U. of Kentucky
 16 St. Olaf College
 17 Indiana U.
 18 St. Mary's U.(Tx)
 19 U. of Delaware
 20 Ohio U.
 21 Iowa State U.
 22 SE Missouri
 State U.

23 U. of North
 Carolina-Chapel
 Hill
 24 So. Illinois U.
 25 U. of Miami
 26 U. of Wisconsin-
 Stevens-Point
 27 Arizona State U.
 28 So. Methodist U.
 29 U. of Iowa
 30 Rutgers U.
 31 U. of Texas

APPENDIX D

SUMMARY OF PANEL OF EXPERT'S RESPONSES TO IMPORTANCE OF
SELECTED COMPONENTS TO PROGRAM EFFECTIVENESS

APPENDIX D

SUMMARY OF PANEL OF EXPERTS RESPONSES TO IMPORTANCE OF SELECTED COMPONENTS TO PROGRAM EFFECTIVENESS

Component	Expert A	Expert B	Expert C	Expert D	Expert E *
Centralized Office/ Committee (Prog. Mgt)	X	X	X	X	X
Training	X		X	X	
Education		X		X	X
Peer Education			X	X	X
Treatment	X	X		X	X
Academic		X	X	X	X
Coord/Affiliation with on/off Campus Offices				X	
Program Evaluation		X		X	
Stable Funding		X	X	X	
Variety in Activities	X			X	

Note: Other components cited under "comments" section include:
community support; referral network; emergency response element;
early intervention; administrative support from university.

* cited "all" under comment section

APPENDIX E

COVER LETTER AND SURVEY QUESTIONNAIRE

APPENDIX E

COVER LETTER

The University of Vermont

DEPARTMENT OF RESIDENTIAL LIFE
ROBINSON HALL
REDSTONE CAMPUS
BURLINGTON, VERMONT 05405-0090
(802) 656-3434



July 15, 1982

Dear

I am conducting a research study on alcohol education programs on college campuses around the nation. Your program was recommended as an "effective program" by a panel of alcohol education experts and was selected for inclusion in the study.

The purpose of this study is to review selected programs to identify their main components and features. I will be attempting to determine, through comparative analysis, the similarities and differences between these programs for the purposes of identifying a prototype or "model" alcohol education program.

I am asking you to complete the enclosed survey and return it in the self-addressed, stamped envelope no later than August 6. Please know that you are one of only 31 programs to be studied. For that reason, your participation is essential to the study and would be greatly appreciated. Should you choose not to complete the survey, please return it in the stamped envelope immediately to expedite my follow-up efforts.

Best wishes in your continuing work in the field of alcohol education. I thank you in advance for your participation and contribution to my research.

Sincerely,

Paul M. Oliaro
Director of Residential Life
(802) 656-3434

Enclosures

An Equal Opportunity Employer

APPENDIX E

SURVEY QUESTIONNAIRE

ALCOHOL EDUCATION PROGRAM ASSESSMENT SURVEY

Please fill out completely:

Institution	Person completing survey	Title
Program Title	Address	Telephone

The following questions require either a Yes-No, Multiple Choice or Check All That Apply response. Please read each item carefully and indicate your response(s) in the space provided.

I) Institutional Demography

- | | | |
|---|--|--|
| <p>1) Total student population</p> <p>___ a. under 1,000</p> <p>___ b. 1,000 - 5,000</p> <p>___ c. 5,001 - 10,000</p> <p>___ d. 10,001 - 20,000</p> <p>___ e. over 20,000</p> | <p>2) On-Campus Residential population</p> <p>___ a. under 1,000</p> <p>___ b. 1,000 - 5,000</p> <p>___ c. 5,001 - 10,000</p> <p>___ d. 10,001 - 20,000</p> <p>___ e. over 20,000</p> | <p>3) Students residing in fraternity/sorority or other supervised off-campus housing</p> <p>___ a. under 500</p> <p>___ b. 500 - 1,000</p> <p>___ c. 1,001 - 2,000</p> <p>___ d. over 2,000</p> |
| <p>4) Percentage of total student population residing in on-campus/Greek/supervised hsg.</p> <p>___ a. under 10%</p> <p>___ b. 10 - 25%</p> <p>___ c. 26 - 50%</p> <p>___ d. over 50%</p> | <p>5) Length of time alcohol education program has been in existence</p> <p>___ a. less than 1 year</p> <p>___ b. 1 - 2 years</p> <p>___ c. 3 - 5 years</p> <p>___ d. over 5 years</p> | <p>6) Is it likely that the program will continue next year</p> <p>___ a. not likely</p> <p>___ b. at reduced level</p> <p>___ c. at same level</p> <p>___ d. at increased level</p> |

II) Program Management

- 1) The structural organization of the alcohol education program includes:
- | | |
|--|--|
| <p>___ Centralized office location to serve as a focal point for the program's operation</p> <p>___ Full-time Program Coordinator/Administrator</p> <p>___ Part-time Program Coordinator/Administrator</p> <p>___ % effort</p> | <p>___ At least one FTE staff member (non-clinical) working for the program in addition to a coordinator/administrator</p> <p>___ Task force committee of students and/or faculty/staff to assist in policy and program development and implementation</p> <p>___ Other: _____</p> |
|--|--|
- 2) The target group for your alcohol education program includes:
- | | |
|---|---|
| <p>___ Students residing on campus</p> <p>___ Students residing off campus in fraternity/sorority or supervised housing</p> | <p>___ Students residing off campus in unsupervised housing</p> <p>___ Administrative and clerical staff</p> <p>___ Faculty</p> |
|---|---|
- 3) The alcohol education program is under the direct administrative jurisdiction of:
- | | | |
|---|---|---|
| <p>___ VP for Student Affairs Office</p> <p>___ VP for Academic Affairs Office</p> <p>___ Dean of Students Office</p> <p>___ Health Services Office</p> | <p>___ Counseling Center Office</p> <p>___ Residential Life Office</p> <p>___ An Academic College/Dept:</p> | <p>___ Other: _____</p> <p>___ Dual reporting relationship: _____</p> |
|---|---|---|

III) Training Component

- 1) Training in the form of workshops/presentations to assist in accomplishing program goals is provided to:
- | | |
|--|--|
| <p>___ All alcohol education program staff</p> <p>___ Full-time program staff only</p> <p>___ Part-time program staff only</p> | <p>___ Volunteers/Peer educators</p> <p>___ Training is not a component of the program</p> |
|--|--|
- 2) Training topics include:
- | | |
|---|--|
| <p>___ Factual information about alcohol use and misuse</p> <p>___ Identification/Referral of individuals with alcohol related problems</p> <p>___ Values clarification</p> <p>___ Confrontation skills</p> | <p>___ Planning alcohol education programming activities</p> <p>___ Counseling/Assisting individuals with alcohol problems</p> <p>___ Other: _____</p> |
|---|--|
- 3) Training sessions for staff are provided:
- | | | |
|---------------------------------|-------------------------------|------------------------------------|
| <p>___ Once or twice a year</p> | <p>___ On a regular basis</p> | <p>___ For class/course credit</p> |
|---------------------------------|-------------------------------|------------------------------------|

IV) Education Component

- 1) One of the goals of our campus alcohol education program is to provide information to our target groups on alcohol use/misuse to heighten the awareness of our target groups.

Yes

No

- 2) Alcohol education program activities include:

Conduct of informal discussion sessions/ seminars on alcohol use

Showing of films/tapes

Distribution of questionnaires

Dissemination of pamphlets, brochures, posters

Offering skill development programs (assertiveness, values clarification, confrontation, sex-role clarification, etc.) to the target group

Other: _____

- 3) Among the resources that are utilized in conducting/developing these activities are the following:

Alcohol education program staff Off-campus resource people

Other on-campus faculty/staff AA/AL-ANON members

Peer educators

Other: _____

Commercial pamphlets, brochures, posters

Internally developed pamphlets, brochures, posters

V) Peer Education/Counselor Component

- 1) Does your alcohol education program include a program of training and supervision of undergraduate students (other than residential staff) to promote alcohol education efforts with their fellow students?

Yes

No

(If no, proceed to Section VI)

- 2) If so, are your peer educators/counselors

Volunteer

Compensated

- 3) Peer educators/counselors are responsible for the following activities:

Counseling other students on alcohol-related problems/issues

Arranging alcohol education activities/programs

Leading small group skill training sessions on values clarification, confrontation, assertiveness, etc.

Conduct/lead alcohol education information/ awareness sessions

Other: _____

VI) Treatment Component

- 1a) Are physical and psychological treatment services provided to individuals as a component of your alcohol education program?

Yes

No

(If no, proceed to question 2a)

- 1b) If yes, what type of services?

In-patient detoxification

In-patient psychological therapy

Out-patient psychological therapy

AA/AL-ANON meetings

- 1c) These services (except AA/AL-ANON) are available:

At no cost to members of the university community

Only through health insurance programs or private pay

Cost varies with type and extent of services needed

- 2a) Are physical and psychological treatment services provided to individuals through referral to other agencies?

Yes

No

(If no, proceed to Section VII)

- 2b) If yes, what type of services?

In-patient detoxification

In-patient psychological therapy

Out-patient psychological therapy

AA/AL-ANON meetings

2c) These services (except AA/AL-ANON) are available:

- ☐ At no cost to members of the university community ☐ Cost varies with type and extent of services needed
☐ Only through health insurance programs or private pay

VII) Academic Component

1) Staff affiliated with the alcohol education program are responsible for teaching an alcohol-related course in one or more academic departments on campus.

☐ Yes ☐ No

2) The alcohol education program offers practica/internships for academic credit to students.

☐ Yes ☐ No

3) The alcohol education program coordinates with one or more academic departments on research activities related to alcohol use and/or abuse.

☐ Yes ☐ No

VIII) Program Affiliation/Coordination

1) The alcohol education program has a formally (written/verbal) defined relationship or agreement for services/coordination with the following:

a. On-Campus Agencies

- ☐ Health Services Office
☐ Counseling Center
☐ Residential Life Office
☐ Judicial Program
☐ Campus Security/Police
☐ Employee Assistance Program
☐ Student Activities Office
☐ None

b. Off-Campus Agencies

- ☐ Local hospitals(s)
☐ Local alcohol/drug treatment centers
☐ Local alcohol/drug information centers
☐ Municipal/State alcohol/drug program offices
☐ Municipal/State mental health offices
☐ None

2) The alcohol education program has a Task Force or Coordinating Committee and representation is included from the following office(s):

- | | | |
|--|--|---|
| <input type="checkbox"/> Health Services | <input type="checkbox"/> Judicial Program | <input type="checkbox"/> Student Activities |
| <input type="checkbox"/> Counseling Center | <input type="checkbox"/> Campus Security/Police | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Residential Life | <input type="checkbox"/> Employee Assistance Program | <input type="checkbox"/> No Task Force/Committee exists |

IX) Evaluation Component

1) The alcohol education program has formally defined:

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> General goals/purposes | <input type="checkbox"/> Milestones/subobjectives | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Specific behavioral objectives | <input type="checkbox"/> Deadlines/time frames for accomplishing objectives | _____ |

2) The following strategies are utilized in gathering information for program evaluation purposes:

- | | |
|--|--|
| <input type="checkbox"/> Survey/self-report data from program staff | <input type="checkbox"/> Comparison of incident data related to program objectives from key agencies (i.e. Security Police, Counseling Center, Health Services, Judicial Programs, etc.) |
| <input type="checkbox"/> Survey/self-report data from target group respondents | |
| <input type="checkbox"/> Employment of a Program Evaluator | <input type="checkbox"/> Individual assessment of each program activity |

3) The purposes of the program evaluation include assessment/description of:

- ☐ Extent/quantity of program activities
☐ Quality with which activities are conducted (participation/target group satisfaction)
☐ Specific and measurable behavior changes related to program objectives

4) Use made of evaluation results include:

- ☐ To assess needs for program modification
☐ To decide on funding levels for next budget period
☐ To determine continuation/dissolution of program

5) Overall, I would evaluate our program as:

☐ Very effective ☐ Slightly effective
☐ Moderately Effective ☐ Ineffective

6) The future of the alcohol education program can best be described in the following manner:

☐ Stable: If so, why? (identify by prioritizing--1,2, etc. for those that apply)

☐ Effort/quantity of activities is meeting standards
☐ Quality of activities is meeting standards
☐ Effect/behavior outcomes of activities are measured and meet standards
☐ Funding is secure
☐ Other: _____

☐ Unstable: If so, why? (identify by prioritizing--1,2, etc. for those that apply)

☐ Effort/quantity of activities is not meeting standards
☐ Quality of activities is not meeting standards
☐ Effect/behavior outcomes of activities has been difficult to measure or is not meeting standards
☐ Funding is based on temporary grants/"soft" money
☐ Funding is built into base budget but must be reaffirmed each budget year based on program performance
☐ Other: _____

X) Funding

1) Total annual budget for the Alcohol Education Program is:

☐ under - \$5,000 ☐ \$15,001 - \$25,000
☐ \$5,000 - \$15,000 ☐ over \$25,000

2) Please indicate sources of funding for the alcohol education program by noting the letter which corresponds to the approximate percentage of the alcohol education program budget provided by that source.

a) less than 25% b) 50% c) 75% d) 100% e) no funding from this source

☐ College/University
☐ Federal Grants
☐ State/Local Grants
☐ Private Foundations/Donations
☐ Self-Supporting
☐ Student Government Allocations
☐ Other: _____

3) Renewal of Annual Funding is based on:

☐ Incremental increase requests from the program to the funding source ☐ An annual cost/benefit review
☐ Request for continuation of a grant ☐ Availability of funding at state/federal level
☐ Competitive renewal of a grant ☐ Availability of funding at university level

4) Non-Monetary support for the alcohol education program is available in the form of:

☐ Donated services by resource people ☐ Free access to paper/office supplies
☐ Free use of films/tapes and audio visual equipment ☐ Free access to publications/pamphlets/brochures
☐ Other: _____

Thank you for taking the time to complete this survey. If you would like a copy of the abstract of the study, please list the name and address of the person to whom it should be sent: (Results should be available by early Fall)

Name

Address

Please return to: Paul M. Oliaro, Director of Residential Life, University of Vermont, Burlington, Vermont 05405

APPENDIX F

COVER LETTER FOR TELEPHONE INTERVIEW AND INTERVIEW QUESTIONS

APPENDIX F
COVER LETTER

The University of Vermont

DEPARTMENT OF RESIDENTIAL LIFE
25 COLCHESTER AVENUE
BURLINGTON VERMONT 05405-0090



May 24, 1983

Ms. Patricia S. Eckert
Coordinator, Alcohol Drug &
Programming, Wellness Center
Southern Illinois University at Carbondale
Carbondale, Illinois 62901

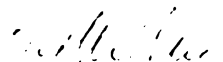
Dear Ms. Eckert:

Thank you for your willingness to participate in a telephone interview about your alcohol education program. The telephone interview will be the second part of a two phase study designed to identify essential features of alcohol education programs that are considered to be effective. Because you are only one of five schools who will be participating in this second phase of this study, your cooperation is greatly appreciated.

Enclosed is a copy of the questions that I will be asking when I call. I would ask that you respond in as brief and concise a manner as possible. The date and time agreed upon for the interview is Wednesday, June 1 at 1:00 p.m.. The interview should take approximately 20 - 30 minutes. If you have any questions regarding the interview, please contact me as soon as possible.

Again, your willingness to participate in this study is sincerely appreciated. I am looking forward to talking with you on June 1.

Yours truly,


Paul M. Oliaro
Director of Residential Life

p.s. For your information, a copy of your completed questionnaire from phase I of the study is enclosed.

Enclosure

APPENDIX F

ALCOHOL EDUCATION PROGRAM ASSESSMENT SURVEY TELEPHONE INTERVIEW

Prepared for:

Dr. William L. Eck
Pennsylvania State University

Mr. Michael Shaver
University of South Carolina

Ms. Patricia S. Eckert
University of Southern Illinois

Ms. Cindi Lewis-Shaffer
University of Florida

Ms. Carlene Riccelli
University of Massachusetts

Ms. Marcy Ullom
University of Georgia

You will be asked to respond to the following questions regarding your alcohol education program. Please keep in mind that the components and the features within the components that are referred to in the questions are those that are present in your program and were found to be common components and features in at least two-thirds of all the alcohol education programs included in this study. It is the purpose of this follow up telephone interview to determine which of these components and features are considered by you to be essential to the effectiveness of your program.

- I. You consider your program to be effective. Why?
- II. This study has identified 7 components of alcohol education programs which seem to be common among those programs considered "effective", they are:

-Centralized Program Management	-Training
-Education	-Treatment/Referral
-Program Affiliation w/on-campus offices	-Evaluation
	-Funding

Do you feel that you could eliminate any one of these particular components and still have an effective program?

- III. a. Of the following features of your Centralized Program Management component, are there any which you consider essential to your program's effectiveness?
- on campus students are a target group
 - fraternities/sororities are a target group
- b. Are there other features of your Program Management structure not listed which you consider essential to your program's effectiveness?
- IV. a. Of the following topics included within your training component, are there any which you consider are essential to the effectiveness of your program?
- factual information about alcohol use
 - identification/referral of individuals with alcohol problems
 - planning alcohol education program activities
 - values clarification
- b. Is timeliness a factor in your training?
- c. Are there any other features of your Training Component not listed which you consider are essential to your program's effectiveness?
- V. a. Of the following features within your Education Component, are there any which you consider are essential to your program's effectiveness?
- informal discussion sessions
 - use of films and tapes
 - dissemination of pamphlets/brochures/posters
 - offering skill development programs (assertiveness, values clarification, confrontation, etc.)
 - on campus faculty and staff are resources used for programming
 - peer educators are resources used for programming
 - commercial pamphlets/brochures and posters are used
 - internally developed pamphlets/brochures and posters are used
- b. Are there any features of your Alcohol Education component not listed here which you consider are essential to your program's effectiveness?
- VI. a. Of these features within your Treatment/Referral Component, are there any which you consider are essential to your program's effectiveness?
- referral for out-patient psychological therapy
 - referral to AA/AL-ANON

- b. Are there any other features of your Treatment/Referral Component that are not listed here which you consider are essential to your program's effectiveness?
- VII. a. Of these features within your Program Affiliation/Coordination Component with on-campus offices, are there any which you consider are essential to your program's effectiveness?
 - task force/committee format is used to bring offices together to work on alcohol education issues
 - coordination with Residential Life office
 - coordination with Counseling Center office
 - coordination with Student Activities office
- b. Are there any other features of your Program Affiliation/Coordination component with on-campus offices that are not listed here which you consider are essential to your program's effectiveness?
- VIII. a. Of the following features within your Evaluation Component, are there any which you consider are essential to your program's effectiveness?
 - formally defined program goals
 - acquiring survey/self-report data from our target groups
 - evaluating the extent/quantity of program activities
 - evaluating the quality of program activities
 - using evaluation results to initiate program modification
- b. Are there any other features within your Evaluation Component that are not listed here which you consider are essential to your program's effectiveness?
- IX. a. Of the following features within your Funding Component, are there any which you consider are essential to your program's effectiveness?
 - some funding comes from the college/university (from tuition, fees, etc.)
 - non-monetary support is provided through donated services from resource people
- b. Is there a specific, minimum amount of funding necessary in order for your program to be effective?
 - c. Are there any other features within your Funding Component that are not listed here which you consider are essential to your program's effectiveness?
- X. a. Please identify the major strengths of your program.

- XI. a. Please identify the major weaknesses of your program.
- XII. a. Are there any other components of your program not identified previously which you consider essential to your program's effectiveness.

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