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AN ALCOHOL PROGRAM FOR COLLEGIATE  
SORORITY MEMBERS

Scholarly Project for the Degree of M. S.  
MICHIGAN STATE UNIVERSITY  
DAWN M. MACHIELA

1997

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**AN ALCOHOL PROGRAM FOR COLLEGIATE  
SORORITY MEMBERS**

**By**

**Dawn M. Machiela**

**A SCHOLARLY PROJECT**

**Submitted to  
Michigan State University  
in partial fulfillment of the requirements  
for the degree of**

**MASTER OF SCIENCE**

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## ABSTRACT

### AN ALCOHOL PROGRAM FOR COLLEGIATE SORORITY MEMBERS

By

Dawn M. Machiela

Collegiate alcohol consumption continues to be a concern for health care personnel, university administrators, the community, and students themselves in many areas such as short and long term health of the student, student safety, and community/university relations . Greek organizations often have negative reputations within the university and community related to the frequent use of alcohol within the Greek culture. Many alcohol programs for collegians exist; however, few are targeted specifically toward women's needs.

This alcohol awareness program, specifically designed for a collegiate sorority population, has the goals of increasing knowledge related to alcohol consumption, providing skills for the reevaluation of perceptions about alcohol consumption, decreasing the likelihood of alcohol consumption, and promoting the development of coping and decision making skills related to alcohol consumption. A five session format based upon the Health Belief Model consisting of small group discussion, group interaction, and implementation of learned skills is described.

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## Introduction

For college students living away from home for the first time, the college years are a time of learning and experimentation with alcohol that may have substantial adverse effects upon their current and future health (Healthy People 2000, 1990). As 89% of college students have reported consuming alcohol (Wiley, et al., 1996) students are a high-risk population for personal injury related to psychoactive substance abuse. For example, of college students who consume alcohol, 40-70% have admitted to driving while under the influence of alcohol at least once (Lawrence & Schank, 1993; Smiley, Johannessen, Marsh, & Collins, 1992; Thombs, Dimintroff, Wolcott, Nickel, & Austin, 1996). Those who consume alcohol also participate in risky sexual behavior—unprotected sex or sex with an unfamiliar partner—at a higher rate than those who do not consume alcohol (Delenc & Brogowicz, 1990).

Health care providers in the United States have a challenging task of intervening with students in a culture that has glamorized and made the use of alcohol an everyday event for college students, i.e., the use of alcohol at athletic events, parties, and other forms of social interaction (Weschler, Dowdall, Davenport, & Castillo, 1995). Advanced practice nurses (APNs) assess health behaviors, implement health promotion and illness prevention, and utilize anticipatory guidance measures for those preparing to enter

college. APNs therefore should be concerned with collegiate alcohol consumption and the adverse effects of alcohol consumption.

Students belonging to a Greek letter organization (fraternity or sorority) consume alcohol at a higher rate than their non-Greek peers (Lo & Globetti, 1995; Schall, Kemeny, & Maltman, 1992) and females consume alcohol for different reasons than males (Springer, Hawkins, & Loren, 1993; Gleason, 1994). For example, women have been found to consume alcohol to help cope with the emotional pain of stress, anger, and depression (Gleason, 1994) whereas men tend to consume for sensation seeking reasons (Beck, Thombs, Mahoney, & Finger, 1995; Burda & Vaux, 1988; Gleason, 1994).

Programs and policies implemented by universities that are intended to deter the use of alcohol have done little to change the rate of alcohol consumption among students (Gonzalez, 1980; Kinder, Pape, & Wallfish, 1980; Wechsler, et al., 1995). Of the programs reported in the literature, most have been targeted to a general student population and none specifically to a sorority population. It has been found, however, that programs related to alcohol behaviors and attitudes would be more effective if they were targeted to specific student populations or student groups (Gleason, 1994; Scott, & Ambrosion, 1994).

### Purpose of the Project

It is the purpose of this scholarly project to develop an alcohol awareness program that is targeted to collegiate sorority members who are aged 18-22. The goals of this women's program are to: (a) increase their knowledge related to alcohol consumption, (b) provide them with the skills of judgment and awareness that will enable them to evaluate their perceptions about alcohol consumption, (c) decrease the

likelihood of their alcohol consumption, and (d) promote the development of their coping and decision making skills related to alcohol consumption.

## Theoretical Framework

The Health Belief Model (HBM) has been used successfully to describe health beliefs (perceptions) in relation to condom use, HIV prevention, treatment for alcoholism, smoking, and multiple other health behaviors (Rees, 1985; Yep, 1993; Mahoney, Thombs, & Ford, 1995). The HBM (Figure 1) provides the conceptual framework to guide this project. The HBM was developed in the 1950's by Rosenstock, Hochbaum, and Kegeles to "explain health-related behavior at the level of the individual decision-maker" (Salazar, 1991). The HBM has two assumptions: 1) that there is a "desire to avoid illness or to get well"; and 2) that there is a belief that a specific health action would prevent an illness (Strecher & Rosenstock, 1997). Three factors work together to determine an individual's likelihood of undertaking a particular health behavior: individual perceptions (feelings or beliefs related to an illness), modifying factors (demographics, cues to action, and perceived threat of disease), and likelihood of action (likelihood that behavior will change to prevent or ameliorate disease or promote health) (Strecher & Rosenstock, 1997).

Whether or not an individual takes part in health promotion, illness prevention, or disease management measures related to a specific disease state is determined by many factors. An individual's perceived susceptibility (opinion of risk of contracting a

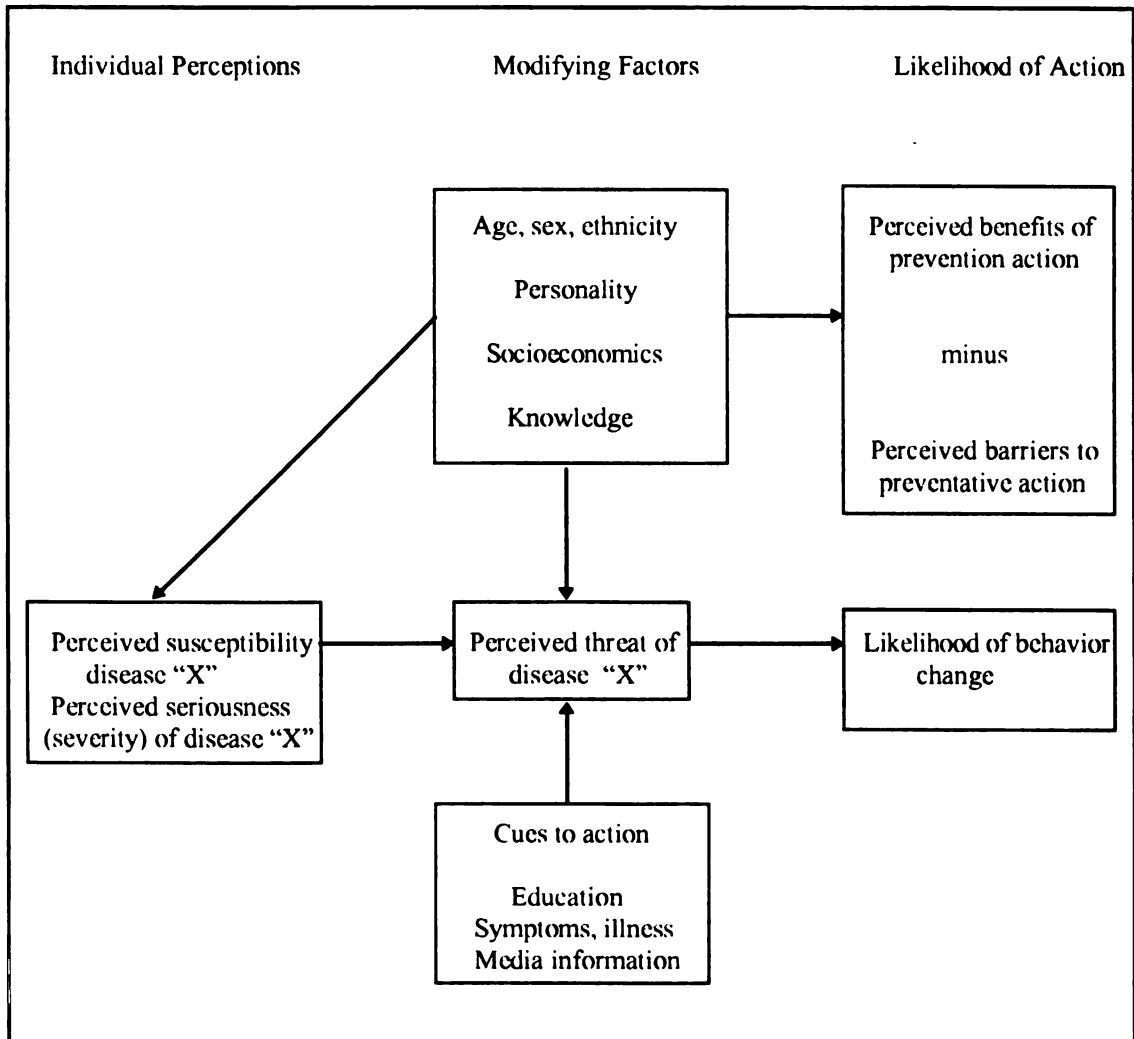


Figure 1: The HBM (Strecher & Rosenstock, 1997).



disease; Strecher & Rosenstock, 1997) and the individual's perceived seriousness (opinion of the seriousness of a disease and its related consequences; Strecher & Rosenstock, 1997) of the disease are the individual perceptions that will determine the health promotion, illness prevention, or disease management measures that may be undertaken by the individual. These perceptions are further influenced by modifying factors which are defined as an individual's demographic, sociopsychological, and structural variables (Figure 1). For example, age may be a determinant of perceived susceptibility toward heart disease. Another modifying factor is how much an individual perceives the disease to be a threat. This perception is further impacted by certain cues to action which include mass media campaigns, advice from others, and the related illness of a friend or family member. Lastly, perceived benefits (opinion of the efficacy of an advised health action to reduce the impact of a disease; Strecher & Rosestock, 1997) of an action as well as the perceived barriers (opinion of the negative aspects of the advised health action; Strecher & Rosenstock, 1997) to the preventive action play a role in determining whether or not an individual will participate in health promotion, illness prevention, and/or disease management measures. If an individual perceives more benefits than barriers to the behavior, the behavior may be reinforced. On the other hand, if the barriers are viewed too great, the individual may choose not to perform the behavior. All of these factors combined determine the "likelihood of action" related to the specific disease.

#### Conceptual Definition of the Variables

Knowledge, perceptions, and likelihood of behavioral changes related to alcohol and how these concepts have been defined is discussed. Based upon the literature,

conceptual definitions are proposed. These concepts are discussed within the framework of the Health Belief Model.

Knowledge. Knowledge related to alcohol is defined as the acquisition of information that enables an individual to make inferences about messages pertaining to alcohol and pertinent arguments about alcohol use. Knowledge enables an individual to draw conclusions about the merits of each argument in order to form an analysis, evaluation, or attitude toward the message (Scott & Ambrosion, 1994). In this project, knowledge related to alcohol will be defined as the acquisition of relevant information that enables an individual to make independent and informed decisions related to the consumption of alcohol.

Perceptions. Perceptions have been defined as the feelings or beliefs that an individual has which relate to the perceived susceptibility and seriousness of an illness, and the benefits of or barriers to a health care practice or health behavior (Janz & Becker, 1984). Perceptions related to alcohol consumption have been defined as the amount of alcohol an individual believes is acceptable to consume at one time (Baer, Stacey, & Larimer, 1991; Haines & Spear, 1996; Perkins & Berkowitz, 1986). In this project, perceptions toward use of alcohol are defined as an individual's belief about how much alcohol is acceptable to consume at one time.

Behavior. Behavior toward alcohol is implied in the literature simply as the consumption of alcohol (Haines & Spear, 1996; Massey & Neidigh, 1990; Presley, Meilman, & Lysterla, 1994; Scott & Ambrosion, 1994). For the purpose of this project, behavior is further defined as self reported alcohol consumption and binge drinking.

Alcohol Consumption. Ford and Goode (1994) define alcohol consumption as the act of drinking alcohol, any amount. Wiley et al. (1996) further define alcohol consumption as having ever consumed more than just a few sips of alcohol where Smiley, Johannessen, Marsh, & Collins (1992) define consumption as 1) having ever consumed any amount of alcohol, and 2) as consuming enough at one time to become intoxicated. Alcohol consumption has also been defined as a scale from light drinking to very heavy drinking by measuring the amount consumed within a week or month (Leifman, Kuhlhorn, Allebeck, Andreasson, & Romelsjo, 1995; Schall et al., 1992). In this project, alcohol consumption is defined as the use of any amount of alcohol at least once within the last month.

Binge Drinking. Binge drinking has been defined for females as the consumption of at least four glasses of alcohol at one sitting within a two week period (Jackson, Dorman, Tennant, & Chen, 1989; Thombs et al., 1996; Wechler et al., 1995). In this project, binge drinking is defined as the consumption of at least four glasses of an alcoholic beverage at one sitting during a two week period. A glass of alcohol is defined as one 12 ounce beer, one four ounce glass of wine, or one mixed drink containing 1 ½ ounces of liquor.

Collegiate Sorority Women. Collegiate sorority women is defined as women between the ages of 18 and 22 who attend a college or university and are members of a National Panhellenic Conference (NPC) sorority.

#### Fit Within the HBM

Placed in the framework of the HBM, an alcohol awareness program (cue to action) with a goal of decreasing the likelihood of alcohol consumption can be

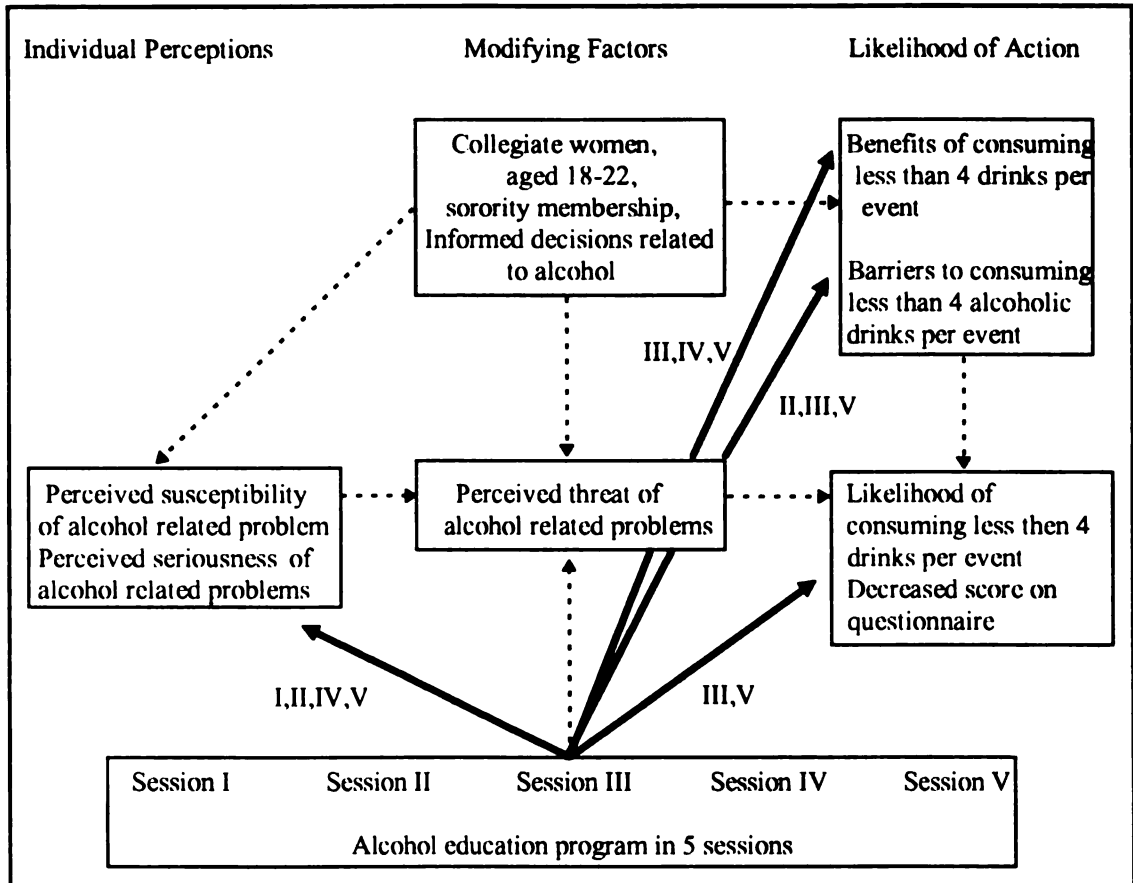


Figure 2: HBM adaptation.

conceptualized (Figure 2). It is this cue to action that is the component of the HBM most relevant to the project. Within the population of collegiate sorority women demographic factors, which impact upon the individual's perception of the seriousness and susceptibility of alcohol related problems, are identified as age, group affiliation, college enrollment, and previous knowledge of alcohol related problems. Although modifying factors which may affect an individual's use of alcohol include past history of sexual or physical abuse and family history of alcohol abuse, these factors are unique to individuals and may not characterize the entire group. As the focus of this program is targeted toward a group, these individualized modifying factors will not be specifically addressed. The educational

program targets a specific population with education (knowledge) that is relevant to that specific group with goals to change women's perceptions toward alcohol consumption and binge drinking, and thus their perception of alcohol related problems. By changing perceptions, the goal of decreasing alcohol consumption within that group can be encouraged. By targeting a specific peer group, the educational program will focus on the perceived benefits and perceived barriers to decreased alcohol consumption that are relevant to that specific group. The tailored educational program will increase the likelihood that the alcohol awareness program will be successful.

Behavior Change. It has been stated that in order for behavior change to occur, the individual must feel threatened by her current behavior, and believe that a change will be beneficial and at an acceptable cost (Strecher & Rosenstock, 1997). The HBM, however, does not state any particular intervention strategy to bring about behavior change (Janz & Becker, 1984). Elements which will be utilized in this program in order to increase the likelihood of behavior change will be discussion of the perceived severity of and susceptibility to alcohol related problems, identifying barriers toward behavior change, and the development of skills which can be utilized to enact the change.

Research based on the HBM shows that perceived susceptibility or severity of an illness must be present in order to change behaviors (Janz & Becker, 1984). Rees (1985) studied behaviors and attitudes toward an alcohol rehabilitation program, finding that alcoholics who had a higher sense of the severity of their problem tended to stay in the program longer than those who did not. Another study found that the higher the perceived severity of an illness the more an individual tended to utilize health promotion

behaviors (Yoder, Jones, & Jones, 1983). A study of college student behaviors toward HIV prevention found that perceived severity of the disease led to the use of HIV preventive measures but that these behavioral changes were not consistent or complete (Yep, 1993). The research further found that barriers to HIV prevention were significantly negatively correlated with behavior changes, i.e., when a barrier such as belief that using condoms “breaks the mood” was present the likelihood of HIV prevention behaviors was less. This finding supports earlier studies which report that barriers to health promotion behaviors were found to be the most important reasons that a health promotion behavior was not utilized (Janz & Becker, 1984; Strecher & Rosenstock, 1997).

#### Limitations of the HBM

Although the HBM has been effectively used for health research purposes for almost four decades, the limitations of the model related to this project must be addressed. The HBM was originally developed to be utilized with health seeking behaviors when an individual already has an illness. The HBM has been further extended in its use to include health promotion and illness prevention behaviors (Strecher & Rosenstock, 1997). However, no literature in which the HBM was utilized regarding alcohol education was identified.

The HBM was developed to be utilized with a specific disease state. While this project does not identify one particular disease state, the HBM will be utilized with many specific potential states of disease such as: (a) the long term effects of alcohol such as liver disease, and (b) the short term effects of alcohol such as nausea and dehydration, and increased risk of accidents and violence.

The HBM was developed to describe individual behaviors and to serve as a framework for interventions to change behaviors of individuals. While this alcohol program is designed to be implemented with groups of women, the focus will be on directly impacting the behaviors of the individual. However, an aggregate effect on the group is anticipated.



## Review of Literature

Many predictors for consuming alcohol, such as peer pressure and alcoholism, have been studied. College students have been found to consume alcohol at a higher rate than those of the same age that are not in college (Schulenburg, Bachman, O'Malley & Johnston, 1994). Members of Greek organizations have been found to consume alcohol at an even higher rate than non-Greek collegians (Lo & Globetti, 1995). In order to decrease college student alcohol consumption, it becomes important to develop programs pertaining to alcohol consumption that target specific high risk groups such as members of Greek organizations.

### College Students and Alcohol Consumption

The self reported consumption of alcohol by college students has been studied extensively. Smiley et al. (1992) found 77% of the college student respondents reported using alcohol, while one in four consumed enough at one sitting to become intoxicated at least once per week. Similarly, a study of health behaviors on a college campus by Wiley et al. (1996) found that 89% of respondents consumed more than just a few sips of alcohol. Of these, 10% consumed five or more alcoholic beverages in a row on three to five days of the given month. Of those who consumed alcohol, only 4.9% had their first alcoholic beverage after they obtained the legal drinking age of 21 years old.

Much of the literature highlights common findings: Of undergraduates studied, at least 80% admitted to consuming alcohol in the previous month ( Smiley et al., 1992; Thombs et al., 1996; Wiley, et al., 1996). Of those who reported they drank alcohol, 40-70% admitted driving while under the influence of alcohol at least once in their lives (Thombs et al., 1996; Smiley et al., 1992; Lawrence & Schank, 1993). The majority of those studied were undergraduates whose average age was less than the legal drinking ages for the states in which the research was conducted (Kidorf, Sherman, Johnson, & Bigelow, 1995). Thus, state drinking age requirements did not seem to be a factor in determining an individual's decision to consume alcohol.

It is evident that those who consume excess alcohol are putting themselves and others at a greater risk for health and safety problems. These include both the short term effects of excess consumption--memory loss, dehydration, nausea, and vomiting--as well as the long term affects of consumption--alcoholism, degenerative liver disease, and increased chance of heart disease (Wright, 1996). Furthermore, it has been found that 37% of individuals who consume alcohol engage in risky sexual behavior, and 66% of students have stated that they have had at least one negative experience from another students' drinking (Prendergast, 1994; Wechsler, Moeykens, Davenport, Castillo, & Hansen, 1995). Women who find their judgment impaired by alcohol are at a higher risk for rape (Wright, 1996) and the emotional anguish that follows a violent act.

Perkins and Berkowitz (1986) found that college students tended to "overguess" the amount of alcohol that their fellow students consumed. Similar results were found in other studies (Goodwin, 1990; Haines & Spear, 1996). When the actual amount of alcohol students consumed was discussed within college student alcohol programs, the

self reported amount of alcohol students stated they consumed decreased significantly. The beliefs of false norms of amounts of alcohol consumed may act as an inducement to excessive alcohol consumption and allow groups to ignore signs of risk (Baer, et al., 1991). Alcohol related programs discussing perceived group norms may be one way to decrease the amount of alcohol consumption and binge drinking within that group.

### Women and Reasons for Alcohol Consumption

Men and women tend to consume alcohol for different reasons. Gleason (1994) states that collegiate women may consume alcohol as a way to find satisfying relationships. Gleason (1994) also stated that women use alcohol as a way to be with others, as a way to fit in, to be companionable, to combat loneliness, and as a way to “take the edge off” painful emotions such as stress, inadequate coping skills, denial, loss, shame, depression, and anger. It was found in a study by Colwell, Billingham, and Gross (1995) that women tended to state “everybody else is doing it” and “I’m not drinking any more than anyone else” as reasons for alcohol consumption. Reasons found in other studies for consuming alcohol are noted to be relaxation, stress control, enjoyment, improvement of feelings of inadequacy, and friendship (Emery, Ritter-Randolph, Strozier, & McDermott, 1993; Goodwin, 1990; Massey & Neidigh, 1990; Stretcher, Kobrin, Kreuter, Roodhouse, & Farrell, 1994).

Two studies found that women tend to consume alcohol to help cope with emotional pain whereas men tend to consume alcohol for sensation seeking reasons (Beck et al., 1995; Burda & Vaux, 1988). When a focus group of college students was asked if men and women use alcohol differently related to sexuality it was noted that

men consumed alcohol to make them confident and assertive while women used alcohol to “justify” or give permission for their sexual behavior (Emery et al., 1993).

It has been stated that alcohol prevention programs should focus on decreasing the number of reasons an individual gives for consuming alcohol, as an approach to decrease alcohol consumption (Colwell et al., 1995). It has also been found that women are less satisfied with their alcohol consumption than men and that women would be more apt to quit consuming alcohol if their reasons for consuming alcohol could be met without it (Goodwin, 1990). It is for these reasons that Beck et al. (1995) call for gender specific alcohol awareness programs, which is the goal of this project.

#### Sorority Women and Alcohol Consumption

Wechsler et al. (1995) found that the most significant predictor of binge drinking was fraternity membership, while beer consumption was found to be significantly higher for those living in Greek housing than for those living in a dormitory (Beerman, Jennings, & Crawford, 1990; Bloch & Ungerleider, 1988). Sorority women have been found to consume more alcohol than those living in campus dorms. It was also noted that significantly fewer Greek members (Greeks) abstain from alcohol consumption than do non-Greeks; Greeks consume a larger quantity of alcoholic beverages and increase their drinking level significantly more than non-Greeks (Lo & Globetti, 1995). This was found to be true for sorority membership as well as fraternity membership in that sorority members were found to be five times more likely as non members to change to a high quantity drinking status upon entering college [and joining a sorority] (Lo & Globetti, 1995).

The majority of alcohol related programs designed for Greeks is universal in nature and utilized by both fraternities and sororities. As different groups of individuals who consume alcohol respond to the same message differently (Scott & Ambrosion, 1994) and as fraternities and sororities represent two different groups of individuals, programs should be targeted to the uniqueness of each group. This way, information can be tailored to groups specific needs, beliefs, and expectations. It will be the goal of this project to develop such a program for sororities.

#### Alcohol Awareness Programs

College students state that they believe alcohol programs are a needed topic (Thombs, et al., 1996) and a vast number of programs related to alcohol exist for college students. However, few of these programs have been studied for effectiveness (Gonzalez, 1980).

Two literature reviews on the subject of alcohol programs and evaluation found that while attitudes toward alcohol consumption change with programs, behaviors do not (Goodstadt & Caleekel-John, 1984; Kinder et al., 1980). Educational formats used in the studies reviewed were classroom lecture and teacher-centered approaches. Other studies found that when alcohol programs focused only upon increasing knowledge, students' behaviors toward alcohol did not change. Gonzalez (1980) found that a four hour alcohol program, which consisted of lecture and small group discussion, designed to educate students about the irresponsible and responsible uses of alcohol changed the attitudes of the participants; however, the behaviors of the participants did not change. Another study found that when students were given a lecture based program that was designed to increase knowledge related to alcohol, attitudes and behavior of the students did not

change (Jackson, et al., 1989). A more recent study found that when students received a five week alcohol education program using a lecture and required reading format, knowledge increased, but attitudes and behavior did not (Robinson, Roth, Gloria, Keim, & Stattler, 1993). Based upon this literature, it is noted that a lecture format of education which is designed to increase knowledge toward alcohol does little to change the behaviors of college students toward alcohol consumption.

Alcohol programs which have been found to most likely produce knowledge, perception, and behavior changes toward alcohol consumption were programs which included case study discussion and recommendations (Goodstadt & Caleckel-John, 1984). It was further found that the greater the number of hours spent in an alcohol program and the longer the duration of the program, the more likely behavior changes were to occur (Baer, et al., 1991; Goodstadt & Caleckel-John, 1984). The most effective programs were found to be ones which based their goal in changing the perceptions of the norms of alcohol consumption (Baer, et al., 1991; Barnett, Far, Mauss, & Miller, 1996; Haines & Spear, 1996; Perkins & Berkowitz, 1986). In these studies, it was found that college students tended to overestimate the amount of alcohol their peers consumed. The students also stated that they consumed less than the perceived "normal" amount of alcohol. When programs included discussion regarding the actual amount of alcohol consumed, the students' behaviors changed to fit the norm. This was also found to be true within Greek organizations where the perceptions of close friends are important to members (Barnett, et al., 1996).

Alcohol related programs have been found to be generic to collegiate men and women and not specifically designed for either group. Educational programming

attempts with a college student population have been described as “well-intentioned, misguided, simplistic, and overly generalized” and directly related to viewing the college student population as homogeneous (Scott & Ambrosion, 1995). Gonzalez (1980) states that attitudes can change as a result of programs, however, the collegian then returns to the normal peer group and no reinforcement of the attitude change is able to be maintained. As stated earlier, no literature involving alcohol programs targeted toward Greek organizations evaluated program effectiveness. Programs targeted to a specific student organization or peer group would send a consistent message to the target group in order to change perceptions of group norms, reinforce those perceptions, and alter alcohol behavior.



## Project Development

The focus of the project is to develop an initial alcohol program with the goals of: (a) increasing collegiate sorority women's knowledge related to alcohol consumption, (b) providing them with the skills of judgment and awareness that will enable them to evaluate their perceptions about alcohol consumption, (c) decreasing the likelihood of their alcohol consumption, and (d) promoting the development of their coping and decision making skills related to alcohol consumption.

### Target Population

The literature review identified value of programs targeted toward college students, Greek members, and women. Therefore, the target population for this alcohol program will be collegiate sorority women. NPC sororities have stated a need for further programs in a variety of areas such as women's health, violence against women, and personal development ("Alpha Xi Delta," 1997). Alcohol programs can be placed in all of these areas. As diverse programs with the use of professional speakers is encouraged within the sorority structure, it is felt that an alcohol program of this nature will be well received.

### Adult Learners

Merriam and Caffarella (1991) state that adults learn through the context of their lives (social and cultural), through experience, and through the learning process (which they state is similar to that of children). They also explain that without placing education into the sociocultural and experiential format of the adult learner, successful learning may not occur. Further, learning occurs by modeling behavior, giving direct attention to the behavior, by utilizing retention aids, by practicing specific skills, and by applying the knowledge to the everyday world.

The alcohol program works within these principles to assist the student with the development of coping decision making skills that may be utilized when making decisions related to alcohol consumption. Modeling techniques and practicing of skills are reinforced through the use of case study discussion and small group discussion. The facilitation of direct attention will occur by utilizing audience participation through small group discussion, brainstorming, and group exercises. Retention aids in the form of handouts will be utilized. Experience in nursing and with sorority members have led to the development of realistic case scenarios that fit with the students' age, developmental stage, cultural group, and experience so that everyday application of the material may be discussed.

### Procedures for Project Development

In order to fit with average weekly meeting times of the sororities, where the majority of educational programs take place, the programs' duration needs to be approximately one to two hours. As meetings where programs take place occur

approximately every other week during the same semester, four programs are proposed during one semester. This is in conjunction with the findings that the most effective alcohol programs occur over time (Baer, et al., 1991; Goodstadt & Caleekel-John, 1984). A follow up program during the subsequent semester will be used to reinforce the behaviors learned. Group interaction, small group discussion, and recommendations regarding implementation of the material are proposed and are consistent with the alcohol programs that are most likely to change behavior in this age group (Goodstadt & Caleekel-John, 1984).

Session I. The goal of the first session (Appendix A) is to discuss basic knowledge related to alcohol consumption and perceptions of the long and short term effects of alcohol consumption (perceived susceptibility and severity). Objectives of this session focus upon the identification of the long and short term effects of alcohol consumption, specific statistics regarding alcohol consumption and college students, and the role that alcohol consumption plays within the Greek system. A true/false survey is used in order to facilitate group participation and discussion. Small group discussion will also take place. This session is designed to last approximately one to two hours.

Session II. The goals of the second session (Appendix B) consists of the identification of the students' perceptions and behaviors regarding alcohol consumption (perceived susceptibility and severity), and the identification of barriers (perceived barriers) that the students may feel are inhibitors to decreasing alcohol consumption. Possible solutions to these barriers are discussed. The objectives of this session include the examination of behaviors toward alcohol consumption, the identification of barriers

to decreasing alcohol consumption and possible solutions to those barriers. A “Stand Up” exercise is utilized in order to facilitate discussion of when it is appropriate to consume alcohol and when it is not. Situations in which alcohol consumption may or may not be appropriate are listed and everyone who agrees with the situation will remain standing and those who disagree are asked sit. Women are voluntarily asked to explain their rationale for either agreeing or disagreeing with the situation. Situations or circumstances that the students identify as barriers to decreasing alcohol consumption are discussed. Students also “brainstorm” possible solutions to these barriers. The session is developed to last approximately one hour.

Session III. The goals and objectives of the third session (Appendix C) consist of the discussion and definition of binge drinking as well as the development of skills that the student can use when making decisions regarding binge drinking (abolishing the barriers). Another goal of the program is to determine what the group perceives to be an acceptable amount of alcohol to consume per event along with discussion of actual acceptable levels of alcohol consumption (benefits of consuming less alcohol). An informal self report of amounts of alcohol consumed per event and amount that the students perceive their peers are consuming per event is taken. The results are utilized in large group discussion regarding acceptable amounts of alcohol to consume at one sitting. It has been found in the literature that behavior change (likelihood of decreasing binge drinking) pertaining to alcohol consumption in college students occurs after utilizing this knowledge (Bacr, et al, 1991; Barnett, et al., 1996; Haines & Spear, 1996; Perkins & Berkowitz, 1986). A small group format is utilized to discuss case scenarios

related to sorority women and binge drinking in order to develop skills needed to reevaluate binge drinking. The session is designed to last approximately one hour.

Session IV. The goals and objectives of the fourth session (Appendix D) are to identify why women consume alcohol (barriers to consuming less alcohol), to identify and develop coping skills regarding these reasons that do not include alcohol, and to identify activities that the sorority chapter can sponsor that do not include alcohol (benefits of consuming less alcohol). The format utilized is large group interaction and discussion. The remaining time is utilized for a summary of the program, evaluation completion, and answering any further questions. The session is designed to last approximately one hour.

Session V. During the subsequent semester, a one hour follow up session is held (Appendix E). At this time, areas of previous discussion (in all areas of the HBM) will be summarized. Small group discussion and the use of case studies regarding women and alcohol consumption is utilized in order to provide the students with the ability to practice what has been learned. It is the goal of this session to reinforce the students' decision making and coping skills regarding alcohol consumption.

### Project Evaluation

The CAGE Questionnaire (Ewing, 1984), in conjunction with the Perceived-Benefit-of-Drinking Scale (Petchers & Singer, 1987) and questions regarding the age of first drinking, use of tobacco in the past month, and best friends consumption pattern, is utilized to assist students in the identification of potential alcohol abuse behavior (Appendix F). This combination of screening tools is a simple and fast indicator of alcohol abuse and has been found to have a sensitivity of 90% and specificity of 91%

among collegiate females (Werner, Walker, & John, 1994). Thus, this combination of screening tools is able to consistently predict alcohol abuse even when abuse behaviors may differ. Further, this combination of screening tools has been found to identify alcohol abuse behavior in binge drinking collegiate females more consistently than either screening tool independently (Werner, et al., 1994). The questionnaire is utilized during Session I to assist the student with initial identification of potential alcohol problems. The questionnaire is also utilized during Session V to determine if any behavior change related to self-reported alcohol consumption has occurred.

Project evaluation is in questionnaire form. Demographics of age and year in school will be obtained. Further questions are in Likert Scale form on a 1-5 scale. Questions solicit information regarding understanding of the information presented, readability of the handouts, relevance of information, and likelihood of behavior changes (Appendix G). This evaluation is to be completed immediately after the presentation of Session V and will be utilized for the purposes of improvement of the program.

#### Pilot Program

This program was piloted with a sorority population during a weekend retreat. Secondary to time constraints, only portions of the program were utilized. Initial feedback from the participants found that the portions of the program that generated the most discussion were the Stand Up exercise and the discussion regarding why women consume alcohol. The discussion of the long and short term consequences of alcohol consumption elicited many more questions regarding alcohol and sex. An opportunity to educate women on the use of condoms and rape prevention was addressed at this time.

Many women stated that ending the program with the brainstorming session on alcohol-free activities was the most rewarding portion of the program.

### Effect of Change

It is expected that increased knowledge will have the largest effect on perceived susceptibility and perceived seriousness of alcohol related problems, i.e., an increase in perceived susceptibility and seriousness. It is also expected that the student will have increased knowledge of how to overcome the barriers to not consuming alcohol as well as a greater understanding of the benefits (options) to not consuming alcohol. It is expected that this knowledge will give the student the skills to more effectively decrease the number of times per month that binge drinking occurs. As this program focuses on an issue that is imbedded within the culture of a college environment supporting alcohol use, rapid changes cannot be expected. Alcohol programs such the one described, if consistently implemented, should result in behavior changes in combination with institutional policy implementation to reduce alcohol use.



## Implications for Advanced Practice Nursing and Primary Care

It has been found that college students report lack of interest in alcohol related programs when attending programs, but nonetheless feel that alcohol programs are a needed topic (Black & Coster, 1996; Thombs, et al., 1996). Many of the programs are developed and facilitated by student development personnel, graduate assistants, or peer facilitators. It has been found, however, that these individuals are not the most qualified or believable to students when program topics are health related (Lindsey, 1997; Scott & Ambrosion, 1994). College students prefer to have such programs presented by health care professionals who are knowledgeable about the topic and can answer a wide variety of questions (Scott & Ambrosion, 1994).

### Practice

It is the responsibility of APN's working in primary care settings to promote health in all areas of prevention: primary (prevent the onset of an illness), secondary (identification and treatment of symptomatic individuals who have developed signs of an illness), and tertiary (treatment and management measures for individuals with an illness) (DiGuseppi, Atkins, & Woolf, 1996). Primary prevention measures related to alcohol use in women include anticipatory guidance measures such as education related to coping skills, exercise, self esteem, and self care. Secondary prevention measures may include

screening for depression, alcohol abuse in the individual and their family, identifying coping skills used by the individual, monitoring the stress level of the individual, and counseling measures. Tertiary preventive measures may include programs for students who abuse alcohol. The APN may implement these measures from pediatrics to adulthood in order to provide a college bound student with skills and guidance that the student can then use in order to make safe and responsible decisions related to alcohol consumption. Having brief educational materials available in the waiting room, such as health videos, pamphlets, posters, and screening surveys are examples of alcohol educational measures that would take few resources to implement.

### Education

APNs working in a setting where there are college students see many of these students in their primary care facilities for reasons related and unrelated to alcohol (Wright, 1996). APNs--especially those working in student primary health care services--can be utilized by specific groups of individuals, such as sororities, in order to educate the group about responsible alcohol consumption and related topics. The APN in this setting will then be working toward assisting with the promotion of health of target groups of women within a campus community. Over time, preventive education will help decrease the incidence of alcohol related problems seen by health care professionals.

APNs working in the educational field can also incorporate alcohol education and implementation into the curriculum of current APN programs. Future APNs can continue to be educated in many areas regarding alcohol education such as a patient's potential for alcohol abuse, counseling techniques that may be utilized when discussing

alcohol abuse with collegiate women, intervention strategies to be utilized with this population, and the incorporation of alcohol screening into exams. Future APNs can then be encouraged to implement this education within a primary care setting as discussed earlier.

### Research

It has been found in the literature that few studies have documented the effectiveness of alcohol programs. The APN has the responsibility of the advancement of knowledge through research. Research regarding behavior changes related to alcohol consumption can assist in the further development and improvement of relevant alcohol-related programs. Longitudinal studies would be helpful in determining if behavior changes continue over time as well as whether continued alcohol education affects long term behaviors. Outcome studies of current programs can show long and short term effectiveness of alcohol programs. For example, studies regarding each senior class could determine binge drinking trends among members and research regarding freshman alcohol consumption may assist the NPC in determining alcohol consumption levels of new members. Findings could then be utilized to assist in marketing strategy changes directed toward potential new members. The APN can utilize this information when applying for funding for the program or when discussing the need for further alcohol programs with policy makers.

### Administration

University administration continuously evaluates policy related to student safety and alcohol consumption. The APN with knowledge of health promotion, illness prevention, and disease management may be most qualified to assist university personnel

with the development and implementation of policy in these areas. Development of policy designed to maintain student safety and assist in the implementation of programs that provide the student with coping skills (self esteem workshops, stress management, grief counseling) are examples of alcohol related policy and programs that are within the scope of the APN's expertise.

There are many arguments supporting the need for alcohol-related programs. APNs can market the effectiveness and need for alcohol-related programs by utilizing research results. The argument supporting the implementation of programs in conjunction with strict alcohol policies can also be made as alcohol programs will assist students in developing skills that will enable adherence to policy. The relationship that alcohol programs have with other health related topics (safety, relationships, disease) can also be argued. Alcohol programs could decrease the incidence of rape, accidents, and infectious diseases throughout the campus population. As Greek women are often members of many other extra curricular leadership clubs and societies programs targeted toward a sorority population would affect other student groups.

#### Caveats

It must be noted that many APNs may not have the background knowledge needed to effectively implement this program. Further development of this initial program plan should include a facilitator's guide. Areas to be included in the facilitator's guide could include but are not limited to a list of articles that could be used as references regarding collegiate alcohol consumption and women and alcohol consumption, references to basic counseling techniques, a list of screening tools that may be helpful to the APN, and a list

of web sites related to alcohol education, related areas (depression, coping, etc.), and basic Greek information.

Although this program has been developed to be utilized specifically with collegiate sorority members it could be adapted for use with other collegiate women's groups. With a few modifications, this program could be effectively utilized with women's organizations such as sports teams, leadership clubs, and residence hall populations.

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## APPENDICES

## **APPENDIX A**

### **SESSION I**

#### **Goals**

The goal of this session is to discuss basic knowledge related to alcohol consumption and the long and short term complications of alcohol consumption.

#### **Objectives**

Upon completion of this session the student will be able to: 1) Identify short and long term complications of alcohol consumption, 2) Identify what role the student perceives alcohol plays in the Greek system of their particular campus, 3) Identify specific statistics of collegiate alcohol consumption. This session should last approximately one to two hours

#### **Outline of the Session**

##### **I. Introduction**

- A. Introduction of the speaker
- B. Introduction of the topic
- C. Brief overview of the entire five session program
  - 1) Discussion of the goals of the total program
  - 2) Ask students to identify any specific goals or questions that they feel they would like to discuss during the sessions

##### **I. Discussion of session goals and objectives**

- B. Read the goal of this session with brief explanation to the audience.
- C. Read the objectives of this session with brief explanation to the audience.
- D. Briefly answer any preliminary questions that the audience may have.

##### **I. Questionnaire (Appendix F)**

- C. Pass out the questionnaire to audience and briefly explain.
- D. Ask each member of the audience to fill out the questionnaire. State that this is for their private use.
- E. State that if anyone wishes to discuss their results, this can be done privately after the session.

##### **I. Specific statistics of collegiate alcohol consumption**

- D. True/False exercise

- 1) Pass out and explain the True/False exercise.
- 2) Give the audience time to read through the statements and fill out the form.
- 3) All answers are true.
- 4) Read through and explain each statement.
- 5) Answer any questions that may arise.

I. Complications of alcohol consumption

- E. Using a flip chart, overhead, or wipe board, ask audience to state any complications of alcohol consumption that they may be aware of.
  - 1) You may wish to have a member of the audience take notes for future use especially if using overheads or a dry erase board.
- A. List any complications that the audience has not identified.
  - 2) Short term: memory loss, increased chance of accidents, fights, increased chance of sexual abuse, making friends angry, missing classes, missing work, nausea/vomiting, dehydration, putting others at risk from own actions, hangover
  - 3) Long term: liver disease, alcoholism, heart disease, decreased grades/expulsion from school, loss of work, emotional strain from alcohol related accidents or abuse, permanent physical damage from accidents, death
- C. Discuss each complication listed and answer any questions that may arise.

VII. Alcohol and the Greek System

G. Small group discussion

- 1) Audience should break up into small groups.
- 2) Each small group should identify five ways that alcohol is used within the Greek system.
- 3) Each group should decide if these positively or negatively effect the Greek system and their chapter.

A. Large group discussion

- 2) Each small group should be asked to state their findings.
- 3) Facilitator should make a list of all items identified.
- 4) Each item should then be discussed based upon the question:  
**Are these activities vital to the Greek system on your campus?**

I. Conclusion

- H. Brief summary of what was discussed.
- I. Question and answer period.
- J. Brief introduction to material that will be discussed in Session II.

I. In case of limited time

- I. Omit VII. Alcohol and the Greek System
- J. Provide the group with the true/false exercise. Discuss only those statements that individuals have questions about.



Please read each statement and answer true if you think the statement is true, or false if you think the statement is false. This form is for your personal use and will not be collected.

- T F 1) During any given month, the majority of college students consume alcohol.
- T F 2) Over 50% of college students who drink have admitted to driving while under the influence of alcohol at least once.
- T F 3) Only 5% of college students drink their first alcoholic beverage after they are 21.
- T F 4) Under the influence of alcohol, college students are more likely to have unprotected sex or sex with a stranger.
- T F 5) College students drink more alcohol than those of the same age who are not in college.
- T F 6) Sorority women drink more alcohol than college women who are not in a sorority.
- T F 7) Women are at greater risk of date rape when alcohol is involved.
- T F 8) More than half of college students have stated that they have had bad experiences because of someone else's drinking.
- T F 9) One 12oz beer has as much alcohol as one 4oz glass of wine or one 1 1/2oz shot.
- T F 10) College women increase their alcohol consumption after they become sorority members.
- T F 11) Four drinks per an event is considered binge drinking.

Notes:

## APPENDIX B

### SESSION II

#### Goals

To continue to discuss general knowledge related to alcohol consumption as well as to identify student perceptions and behaviors related to alcohol consumption and barriers toward decreasing alcohol consumption. The students will also discuss solutions to these barriers.

#### Objectives

Upon completion of the session, the student will be able to: 1) Examine and discuss behaviors toward alcohol consumption, 2) Identify potential barriers to decreasing alcohol consumption, 3) Identify solutions or options that may decrease the discussed barriers. This session should last approximately 1 hour.

#### Outline of the Session

- I. Introduction
  - A. Introduction of the speaker
  - B. Introduction of the topic
- I. Discussion of session goals and objectives
  - B. Briefly summarize the contents discussed in Session I.
    - 1) Ask for reactions to Session I
      - a) May wish to ask questions that may stimulate thought regarding the session. For example, "Does anyone have any further comments or examples as to how alcohol negatively impacts the Greek system?"
    - A. Read the goal of this session with brief explanation to the audience.
    - B. Read the objectives of this session with brief explanation to the audience.
    - C. Briefly answer any questions that the audience may have based upon this session or the last.
- I. Stand Up exercise
  - C. Ask the entire audience to stand.

- D. Read a statement from the list and ask those who disagree with the statement to sit.
- E. Ask those who agree to volunteer their reasons for agreement. Do the same for those who disagree. Discussion of each statement should follow.
- F. All statements listed are wrong and therefore students should disagree.
- I. Barriers to decreasing alcohol consumption
  - D. Identification of barriers
    - 1) Using a flip chart, overhead, or dry erase board, ask the audience to share reasons why they believe it is difficult to decrease alcohol consumption.
      - a) For barriers that effect individuals.
      - b) For barriers that effect the chapter as a whole.
      - c) You may wish to have a member of the audience take notes for future use especially if using overheads or a dry erase board.
  - A. Identification of solutions to the barriers
    - 2) After barriers are identified, ask the audience to brainstorm possible solutions/ideas that may overcome these barriers.
      - a) For solutions to barriers that effect individuals.
      - b) For solutions to barriers that effect the chapter.
- V. Conclusion
  - A. Brief summary of what was discussed.
  - B. Question and answer period.
  - C. Brief introduction to material that will be discussed in Session III.
- I. In case of limited time
  - A. Utilize only five or six Stand Up statements.

**STAND UP EXERCISE**

As each statement is read sit down if you agree with the statement and remain standing if you disagree.

- 1) It's okay to buy alcohol for those who are underage.
- 2) It's okay to use a fake I.D.
- 3) Drinking alcohol before you're 21 is all right as long as you don't get caught.
- 4) Drinking alcohol helps relieve stress.
- 5) Drinking alcohol makes it easier to meet people.
- 6) If one of my sisters is drinking underage, there's nothing I can do about it.
- 7) If I think one of my sisters has had too much to drink, there is nothing I can do about it.
- 8) If one of my sisters has had too much to drink, removing the drink from her hand will take care of the problem.
- 9) If you "pass out" from alcohol you can always just "sleep it off".
- 10) Even though you're not supposed to bring alcohol into the football stadium, it's okay to sneak it.
- 11) There is nothing wrong with going to a fraternity house to "hang out" and drink alcohol.
- 12) I don't wear my letters when I drink alcohol so no one associates me with the Greek system.
- 13) Fraternities won't want to have socials (mixers, parties, functions) if there is no alcohol.
- 14) I can't control what my date does at a party.
- 15) My date is not my responsibility at a party.
- 16) There is no problem with pre-partying and post-partying.
- 17) There is no problem with renting a hotel room during formal, especially if formal is held at the same hotel.
- 18) There is nothing I can do if my boyfriend decides to get a room during formal.
- 19) It's my responsibility to provide alcohol for my little sister even though she is underage.
- 20) There is no reason why alcohol should not be included in pledge activities.
- 21) If you're 21, you should be allowed to bring alcohol into the sorority house as long as you live there.
- 22) If the fraternity brings alcohol to an alcohol-free event, there is nothing I can do.
- 23) If I'm drinking mixed drinks and feel like I'm getting drunk, I'll be okay if I switch to beer or wine.
- 24) If one of my sisters is really drunk and passes out, I'll be able to take care of her if I sleep near her in the same room.
- 25) I would feel uncomfortable calling an ambulance because a sister has drunk too much because our chapter could get in trouble.

## APPENDIX C

### SESSION III

#### Goals

The goals of this session are to discuss and define binge drinking, to identify the amount of alcohol that the group perceives is acceptable to consume per event, and to begin to develop skills to reevaluate perceptions about binge drinking.

#### Objectives

Upon completion of this session the student will be able to: 1) Identify what the specific group feels is a “normal” amount of alcohol to consume per event, 2) Identify if this amount is consistent with the literature, 3) State the literature’s definition of binge drinking in collegiate women, 4) Begin to develop skills to reevaluate perceptions regarding binge drinking.

#### Outline of the Session

- I. Introduction
  - A. Introduction of the speaker
  - B. Introduction of the topic
- I. Discussion of session goals and objectives
  - B. Briefly summarize the contents discussed in Sessions I and II.
    - 1) Ask for reactions to Sessions I and II
      - a) May wish to ask questions that may stimulate thought regarding the session.
    - A. Read the goal of this session with brief explanation to the audience.
    - B. Read the objectives of this session with brief explanation to the audience.
    - C. Briefly answer any questions that the audience may have based upon this session or the last.
- I. Self report and actual amounts of alcohol consumed
  - C. Ask audience to write down on a small slip of paper the average amount alcohol they consume on average at an event and how much they believe that the rest of the chapter consumes on average at an event. State that no names should be placed on these and that they will remain anonymous.

- D. Add both groups of numbers and take the average for each group.
  - 1) You may wish to bring someone to assist you with this.
  - 2) The assistant should not be affiliated with the chapter.
- A. Share findings with the audience.
- B. Discuss acceptable amounts of alcohol to consume at an event
  - 1) No amount of alcohol is acceptable if it is against the law.
    - a) Underage drinking.
    - b) Consuming alcohol in areas where it is not allowed.
  - 1) Any amount of alcohol can be considered too much if someone is hurt or property is damaged.
  - 2) Any amount of alcohol is too much if it impairs judgment or slows reaction time.
    - a) This can occur after one alcoholic beverage.
    - b) This usually occurs when blood alcohol level is  $\geq .05\%$ .
- A. Discuss binge drinking as it has been defined for women in the literature
  - 5) Binge drinking is defined as the consumption of four drinks at one sitting during a two week period.
- I. Development of strategies to deal with binge drinking
  - D. Divide the audience into small groups.
  - E. Ask each small group to discuss one of the case scenarios.
  - F. After discussion is complete, ask a representative of each small group to present their scenario and solutions to the large group.
  - G. Discuss each case further if necessary and summarize solutions.
- V. Conclusion
  - A. Brief summary of what was discussed.
  - B. Question and answer period.
  - C. Brief introduction to material that will be discussed in Session IV.
- I. In case of limited time
  - F. Nothing should be omitted from this session, however, case studies can be discussed in a large group format.

## Case Scenarios

Your University has a Bring Your Own Alcohol (BYOB) policy for fraternity parties. Susie, a 19 year old sister, brings a six pack of beer to the fraternity social. You know she is underage and should not be allowed to consume alcohol. What can you do to ensure her safety and to take care of this situation?

.....

Jenny is your best friend. You've gone out with her many times and know that it does not take much alcohol to get her drunk. Jenny brings a 6 pack of beer (way over her limit) to the fraternity social. Jenny is 21 so when you talk to her about your concerns she tells you that she is "allowed" to bring this to the social. What can you do to ensure her safety?

.....

At the fraternity function, whenever, someone gets a drink from the bar, their hand is marked. After 2 hours, Chris' hand has 6 marks and she is obviously drunk. What can you do in this situation to make sure that Chris is safe?

.....

You don't know Cindy very well even though she is one of your sisters. During a date party at the bar you see Cindy constantly ordering shots and drinking a lot of alcohol. She looks like she is having a lot of fun. What is your role/responsibility in this situation?

You decide not to do anything. Later, the ambulance takes Cindy away because she was found unresponsive in the bathroom. Should you have done something earlier? If so, what?

.....

You see Ann at the fraternity party and she is really drunk. Other members state that they pre-partied with Ann and drank a lot before they ever came to the party. Later on you note that Ann is not at the party. You assume that she has left but you do not check with others to see if anyone saw her leave or with whom. What is your responsibility in this situation?

The next morning, Ann's body is found. She must have left the party alone and passed out in a snow bank. She died of hypothermia. What could you have done differently that may have changed the outcome of this story?

## APPENDIX D

### SESSION IV

#### Goals

The goals of this session are to identify and discuss reasons why women consume alcohol and to assist the student in the development and identification of methods of coping that do not involve alcohol. The student will also be asked to brainstorm non-alcoholic activities that their chapter can hold that are alternatives to those with alcohol.

#### Objectives

Upon completion of this session the student will be able to: 1) Identify reasons why women consume alcohol, 2) Identify at least one method of coping with these reasons that do not include alcohol, 3) Identify at least one function that their chapter can sponsor that does not include alcohol. This session should last approximately one hour.

#### Outline of the Session

##### I Introduction

- A. Introduction of the speaker
- B. Introduction of the topic

##### I. Discussion of session goals and objectives

- B. Briefly summarize the contents discussed in Sessions I, II, and III.
  - 1) Ask for reactions to the previous sessions
    - a) May wish to ask questions that may stimulate thought regarding the session.
  - A. Read the goal of this session with brief explanation to the audience.
  - B. Read the objectives of this session with brief explanation to the audience.
  - C. Briefly answer any questions that the audience may have based upon this session or the last.

##### III. Reasons why women consume alcohol



- A. Using a flip chart, overhead, or wipe board, ask audience to state why they believe women consume alcohol.
  - 1) You may wish to have a member of the audience take notes for future use especially if using overheads or a wipe board.
- A. List any reasons that have not been identified by the audience.
- B. Discuss each reason listed and answer any questions that may arise.
- C. Reasons why women consume alcohol that should be included in the discussion are: to find satisfying relationships; as a way to fit in; to be with others; to deal with stress, denial, loss, shame, depression, and anger; to help cope; because friends do it; to be with friends; to relax; and to justify or give permission for sexual behavior.
- I. Discussion of alcohol-free alternatives to coping with these reasons
  - D. Using a flip chart, overhead, or wipe board, ask audience to state alcohol-free strategies to coping with these reasons
    - 1) You may wish to have a member of the audience take notes for future use especially if using overheads or a wipe board.
  - A. List any strategies that have not been identified by the audience.
  - B. Discuss each strategy and answer any questions that may arise.
  - C. Strategies that should be included in discussion are:
    - 3) To find relationships: church, leadership clubs, intramurals, through friends, in your dorm or apartment, in classes, in study groups, etc.
    - 4) As a way to fit in: Alcohol decreases your ability to make decisions and react to situations. Using alcohol as a way to “fit in” does not show those who you are trying to fit in with who you really are. If you need alcohol in order to fit in with the group than this group may not be who you truly want to fit in with.
    - 5) To be with others: See V.
    - 6) To deal with stress, loss, denial, shame, depression, and anger
      - a) eat a balanced diet
      - b) get plenty of exercise
      - c) talk things through with good friends
      - d) talk to family or other support systems
      - e) get help from counselors, your health care provider, support groups. They can help you deal with what you’re feeling.
      - f) award yourself with some special “you” time. Do something special just for yourself.
      - g) DON’T DRINK ALCOHOL. Alcohol can make all of these things worse.
  - 1) To help cope: See above.
  - 2) Because friends do it: Suggest to your friends some fun alternatives. If you’re getting tired of this it’s okay to find new friends.
  - 3) To be with friends: See as a way to fit in.
  - 4) To relax: See dealing with stress...
  - 5) Sexual behaviors:
    - 1) It’s okay to say no to sex. Period.

- 2) It's okay to be a virgin even if all of your friends are not. Period.
- 3) Sex should always be consented to when you are able to make an unimpaired decision about it. Alcohol impairs this decision making ability and can do so after one drink.
- 4) Your chances of being raped increase when there is alcohol involved.
- 5) If you have questions about sex, regarding your feelings about sex, or ANYTHING regarding sex or relationships, see your health care provider, or a counselor.
- 6) You should never feel guilty for saying no to sex. It's your right to decide what happens to your body.

I. Alcohol-free activities that the chapter can sponsor.

E. Using a flip chart, overhead, or wipe board, ask audience to state alcohol-free activities that their chapter may like to sponsor.

- 1) You may wish to have a member of the audience take notes for future use especially if using overheads or a wipe board.
- 2) Provide this list to the chapter at the end of the session.

VI. Conclusion

A. Brief summary of what was discussed.

B. Question and answer period.

C. Brief summary of entire program.

D. Brief statement of what to expect in Session V.

E. Ask audience to fill out evaluation of the program.

F. Leave with challenges

- 1) Think before you drink. Why are you really taking that drink? Would an alcohol-free strategy work better?
- 2) Drink responsibly. Getting drunk doesn't necessarily guarantee a good time.
- 3) Support your chapter when alcohol-free events are scheduled. You might surprise yourself and have fun.

I. In case of limited time

G. nothing should be omitted from this session.

## APPENDIX E

### SESSION V

#### Goals

The goal of this session is to reinforce what was discussed in the previous sessions and to give the chapter an opportunity to practice what they have learned through case study discussion.

#### Objective

Upon completion of this session the student will reinforce learning through the use of case study discussion. This session should last approximately one hour.

#### Outline of the Session

- I. Introduction
  - A. Introduction of the speaker
  - B. Introduction of the topic
- I. Discussion of session goals and objectives
  - B. Read the goal of this session with brief explanation to the audience.
  - C. Read the objectives of this session with brief explanation to the audience.
- I. Discussion of the previous sessions.
  - C. Briefly summarize what was discussed during the last four sessions.
  - D. Give more attention to those areas that generated more comments/questions from the audience.
  - E. Allow time for questions and answers.
- I. Case study application
  - D. Divide the audience into small groups.
  - E. Ask each small group to discuss one of the case scenarios.
  - F. After discussion is complete, ask a representative of each small group to present their scenario and solutions to the large group.
  - G. Discuss each case further if necessary and summarize solutions.
- V. Questionnaire (Appendix F)
  - A. Pass out the questionnaire to the audience and briefly explain.
  - B. Ask each member of the audience to fill out the questionnaire. State that this is for their private use.

- C. State that if anyone wishes to discuss their results, this can be done privately after the session.

## VI. Conclusion

- A. Brief summary of what was discussed.
  - B. Question and answer period.
  - C. Leave with challenges
    - 1) Think before you drink. Why are you really taking that drink? Would an alcohol-free strategy work better?
    - 2) Drink responsibly. Getting drunk doesn't necessarily guarantee a good time.
    - 3) Support your chapter when alcohol-free events are scheduled. You might surprise yourself and have fun.
- I. In case of limited time
- A. It is not anticipated that time will be an issue during this session.

## Case Scenarios

Your sisters talk you into going to the bar on Thursday night so that you can “hang out” with them. You agree but you tell them that you will not be drinking and will be leaving early because you have a paper due the next day and still need to work on it. At the bar, many of your sisters tell you to, “go ahead and have one”, tease you about not drinking, and tell you things like, “have fun now, you can always write your paper in the morning,” or “you already have an A so why are you so worried?” You feel pressured and uncomfortable. What can you do?

.....

It’s been a long month. When formal rush was finally over your midterms started and you just finished the worst week of your life. Everyone in the chapter feels the same way you do. When a group of sisters ask you to party Friday night because “we all deserve it” you’re not sure how you feel. What are some other things that you and the group can do that would be rewarding and alcohol-free.

.....

You’re really stressed. You have a part-time job, full time class load, responsibilities to the sorority , professional club meetings each week for two clubs, and a boyfriend. You wonder how you do it. Lately you have noticed that you’ve been crying a lot, picking fights with your boyfriend, and skipping classes because you are too tired to get out of bed. You find yourself going to parties and the bar more and more because you feel you are stressed and deserve it. Although things seem great while you’re partying, you’re finding it harder and harder to deal with your life. You are beginning to feel like things are out of control. What can you do?

.....

You’re 21 and are dating a wonderful guy. He’s everything you ever dreamed of and you love him. You know he loves you. This could be the man you marry. The problem is you do not enjoy sex. You find it easier to have sex after you have had a few beers so this is what you do. In the morning you’re hung over, feel cheap, and are unhappy. What can you do?

.....

The Sigma Nu chapter on your campus has recently gone to alcohol-free housing. They ask you to attend a social function at their house. There will be no alcohol at this event. They ask you what your chapter would like to do at the event (remember, no alcohol is allowed). Do you have any suggestions for these men?

## APPENDIX F

### CAGE QUESTIONNAIRE

Please read each statement and answer either yes or no. This questionnaire will not be collected and is anonymous.

- |  |     |    |
|--|-----|----|
| 1) Have you ever felt that you ought to Cut down on drinking?  | YES | NO |
| 2) Have people Annoyed you be criticizing your drinking?   | YES | NO |
| 3) Have you ever felt bad or Guilty about your drinking?   | YES | NO |
| 4) Have you ever had a drink first thing in the morning (Eye-opener) to steady your nerves or get rid of a hangover? | YES | NO |

### PERCEIVED BENEFIT OF DRINKING SCALE (PBDS)

Please read each statement and answer either true or false.

- |   |   |   |
|---|---|---|
| 5) Drinking helps me forget my problems               | T | F |
| 6) Drinking helps me to be friendly                   | T | F |
| 7) Drinking helps me feels good about myself          | T | F |
| 8) Drinking helps me relax                            | T | F |
| 9) Drinking helps me be friends with others who drink | T | F |

- 10) At what age did you first start drinking?  
11) Have you smoked or used tobacco within the past month?  
12) How would you describe the drinking habits of your best friend?

Light	Moderate	Heavy	Problem drinker
-------	----------	-------	-----------------

Scoring: One point for each YES answer on the CAGE. One point for each TRUE answer on the PBDS. One point if your first drink was before age 15. One point for a YES answer to smoking within the last month. One point for best friend in the HEAVY or PROBLEM DRINKER category of drinking habits.

A total score of 2 or more is considered a strong indication that alcohol abuse exists.

## APPENDIX G

In order to continue to provide quality programming that is relevant and helpful. Please take a few minutes to fill out this evaluation of the program.

Age: \_\_\_\_\_

Year in school (circle one): Fr So Jr Sr

	Never			Always	
This 5 session program was easy to understand	1	2	3	4	5
The handouts are easily readable	1	2	3	4	5
The handouts were helpful	1	2	3	4	5
The program answered a lot of questions that I have about alcohol and alcohol consumption	1	2	3	4	5
My attitudes toward alcohol consumption have changed as a result of this program	1	2	3	4	5
My behavior toward alcohol may change as a result of this program	1	2	3	4	5
Overall, this program was worth my time	1	2	3	4	5

Comments/suggestions on ways to improve this program:  
Session I

Session II

Session III

Session IV

Session V



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