Alcohol Literacy Challenge™
Elementary, Middle & High School
Implementation Manual

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Overview

The Alcohol Literacy Challenge™ is an IOM Model “General” underage and binge drinking prevention program. It is the first classroom based alcohol prevention lesson that challenges students’ beliefs about the effects of drinking alcohol. It combines the latest media literacy approaches to alcohol marketing with bar laboratory research showing that most of the experience a person calls “being drunk” is a result of that person’s beliefs, not the chemical effects of alcohol.

Decades of bar laboratory research has found that people routinely get drunk by drinking non-alcoholic beverages if they are in a bar setting and believe they are drinking alcohol. People experiencing these placebo induced “drunks” exhibit all the mental and physical characteristics associated with drinking.

The Alcohol Literacy Challenge™ teaches students both the real, physical effects of consuming alcohol, and the social/emotional effects people think happen when they drink. It demonstrates how alcohol marketing is designed to produce strong beliefs about drinking in people. When students learn these concepts, reductions in drinking and changes in their expectancies about alcohol occur. Changed alcohol expectancies are a key factor in predicting long-term alcohol usage patterns.

The Alcohol Literacy Challenge™ upends traditional notions of what prevention is supposed to look like, because it requires little class time compared to other alcohol prevention lessons. Treatments lasting only one or two class periods will produce significant reductions in drinking and changes in beliefs about the effects of alcohol.
# Table of Contents

- **Introduction** .......................... 4
- **Expectancy Theory & Media Literacy** ........................................ 6
- **Why Brief Interventions Can Be Effective** .......................... 12
- **Cultural Adaptation** ............................................... 15
- **Logic Model** .................................................................. 16
- **Expectations from Your Program** ........................................... 17
  - *Training* ................................................................. 17
  - *School Access* ......................................................... 18
- **Into the Classroom** .......................................................... 20
  - *Using the Lesson CDs* ................................................... 20
  - *Technology* .............................................................. 21
  - *Atmosphere* .............................................................. 22
  - *Frequently Asked Questions* ........................................... 25
- **Program Fidelity** .............................................................. 28
  - *Presenter Check List* ..................................................... 30
- **Evaluation** ................................................................. 31
- **Research Findings** .......................................................... 33
- **References** ................................................................. 34
Introduction

The Alcohol Literacy Challenge™ (ALC) was created through the union of two fundamental concepts. The first is that the beliefs people have about the effect of alcohol, known in the field as “alcohol expectancies,” contributes to the decision to drink as well as the amount consumed when drinking. The second is that media advertising is one of the key influences on how alcohol expectancies are formed. The ALC has melded these separate concepts into an empirically validated alcohol prevention program.

Many people in the prevention field are unfamiliar with the term “expectancies.” Simply put, an expectancy is a belief a person holds about an event in the world. Expectancies are held about nearly every situation a person encounters. When a person goes to church, he or she may expect that it’s appropriate to dress nicely, speak in hushed tones, and avoid profane language. These beliefs will then dictate how a person would act in church. She or he would dress up in their “Sunday Best,” not raise their voice, and speak more politely than normal. A person learns expectancies from their families, their peers, and exposure to media.

Using a simulated bar setting, researchers have been able to manipulate the alcohol expectancies of test subjects with great success. This approach allowed participants in a bar laboratory experience to see first hand that their peers could act and feel drunk regardless of whether or not they actually consumed alcohol. Once students realized that it was their beliefs about what would take place when they drank, not the alcohol consumed that caused most of the pleasurable associations they had with drinking, they consumed significantly less alcohol and vastly reduced incidences of binge drinking. The expectancy challenge procedure is listed as one of only three empirically supported interventions endorsed by National Institute of Alcohol Abuse and Alcoholism (NIAAA 2002) for the effective treatment of problematic drinking behavior among college students.

Delivering such an experience to younger children, however, is impractical (as you need a bar setting), illegal (as the drinking age is 21) and unethical (giving kids alcohol). This is why the ALC was developed, to provide a classroom format for challenging alcohol expectancies for under aged students. The ALC does not necessarily erase former expectations, but introduces new information about the negative effects of alcohol that may compete with pre-existing positive expectations for influence over the individual's behavior (Goldman, 1999a).
The ALC is written by Dr. Peter DeBenedittis, President of Peter D. & Company, Inc. Dr. DeBenedittis is an expert in the field of media literacy and provides keynotes, student presentations, curricula, training and support for prevention specialists across the nation. Please visit his website for a more detailed biography and information about his presentations and other lessons using media literacy for prevention: www.medialiteracy.net.

While presenting at a major university, Dr. DeBenedittis was able to tour its bar laboratory and begin studying the impressive findings of research being conducted around the country. This fortunate event planted the seed that led to the blending of a media literacy approach with challenging alcohol expectancies. Media literacy was able to show how alcohol expectancies are promoted, while expectancy research showed how a person’s brain inculcates alcohol industry messages to form drinking experiences that have little to do with the actual alcohol a person consumes.

From 2006 to 2010, Dr. DeBenedittis worked with the Santa Fe County DWI Prevention Program, the Santa Fe Public Schools, and the New Mexico Highway Traffic Safety Bureau to pilot and refine the Alcohol Literacy Challenge™ curricula. He has personally presented the ALC lessons to over 10,000 students, and has constantly sought feedback for improvement.

In addition to inventing a classroom format that successfully challenges alcohol expectancies, the ALC is designed to adapt to the specific culture of the students receiving it, ensuring the program is always culturally relevant. Breaking more new ground is that the ALC can be delivered to a class in only 90 minutes, eliminating the time constraint barriers imposed by other alcohol prevention programs which previously required as many as ten class sessions.

Thanks are due to the following people for their consultation, support and belief in creating the Alcohol Literacy Challenge™:

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Expectancy Theory & Media Literacy

Expectancy theory has emerged as a viable explanation for a wide variety of psychological phenomena (see Goldman, 1999). In all applications, expectancy refers to information stored in memory of a systematic “if-then” relationship between events in some upcoming situation. For example, “IF I run this red light, THEN I may get a ticket” or “IF I drink this beer, THEN I will be more outgoing.” One advantage of these models is that they refer to processes across the full domain of behavior, and not just to pathological behavior. Hence, they can accommodate processes that influence both episodic the excessive drinking problems as might be found in young individuals, and the chronic drinking problems associated with alcohol abuse and alcohol dependence. While application of such models eventually might serve to guide prevention and treatment efforts at any level of problem drinking, the Alcohol Literacy Challenge™ is designed to generally target prevention with underage students.

An extensive construct validation network has evolved that supports expectancies as an important influence on drinking (see Goldman et al., 1999). Expectancies correlate with drinking; they appear in children before drinking begins; change in a direction that encourages drinking as children enter adolescence (Dunn & Goldman, 1996, 1998, 2000); predict drinking prospectively over periods as long as nine years (Newcomb et al., 1988; Stacy et al., 1991); and measured during treatment, expectancies predict post-treatment outcomes (Connors et al., 1993). Consistent with their theoretical status as cognitive representations of experiences with alcohol, expectancy changes parallel changes in drinking behavior (Sher et al., 1996). Most consistent with their inferred causal status, expectancy manipulation in experiments results in both increases and decreases in drinking (Darkes & Goldman, 1993, 1998; Dunn et al., 2000; Stein et al., 2000). And, despite some controversy over methodology, expectancies rather than chemical effects appear responsible for some behavioral effects of alcohol ingestion (see Martin & Sayette, 1993).

Recently, statistical models of expectancy/cognitive processes have been developed. These models have treated expectancies as information nodes in memory that represent direct and vicarious experiences with alcohol as a consequence of both individual biological characteristics and environmental exposures (see Dunn & Goldman, 1996, 1998, 2000; Goldman, 1989; 1994; 2000; Goldman, et al., 1991). Nodes may represent images, memories of sensorimotor and affective experiences, specific behavior patterns, and verbal representations of these concepts, acquired from sources including family members, media, and peer
groups, as well as inherited biological reactions to alcohol. Activation of particular nodes occurs in a predictable fashion once the individual encounters stimuli that match previously encoded material relevant to drinking, and influence the onset and pattern of drinking. Figure 1 illustrates this concept in a simplified manner. If a person has the expectation that drinking would make them friendly, it is then likely that drinking would also be associated with an expectancy of being outgoing, happy and having fun.

Figure 1. Simple visual explanation of memory models
There have been two dimensions identified related to alcohol expectancies. The first dimension is in regards to the positive and negative outcomes of alcohol. The second dimension deals with arousal and sedation, or the observed pharmacological effects of alcohol (Goldman, 1999b; Rather & Goldman, 1992; 1994). Research has demonstrated that high-risk drinkers may be more likely to rapidly associate drinking with the positive and arousing effects rather than the negative and sedative effects. In terms of memory networks, the network of expectancy effects in high-risk drinkers is more “tightly packed,” leading to the fast activation of the positive-arousing beliefs when they are exposed to alcohol. In contrast, the network of expectancy effects is more dispersed in light drinkers, causing them to form expectancy associations with alcohol more slowly than high-risk drinkers, which in turn may inhibit drinking (Rather & Goldman, 1994).

Arousal-based expectancies are generally associated with positive views of alcohol use such as “Alcohol will make me feel energetic,” or “Alcohol will make me feel happy.” These expectancies also tend to be associated with early onset for alcohol use and the eventual development of high risk drinking patterns. Sedation-based expectancies focus on the sedating effects of alcohol. An individual with these types of expectancies might believe that “Alcohol will make me feel depressed,” or “Alcohol will make me feel tired.”

To elaborate this approach, several studies empirically modeled expectancy memory networks in college students and suggested differences in the memory networks of heavy and light drinkers (Dunn & Earleywine, 2001; Dunn & Goldman, 1998, 2000; Rather et al., 1992; Rather & Goldman, 1994). Heavy drinkers appear to first associate arousing and social effects with drinking, whereas lighter drinkers first associate sedating effects. Information networks of children who have not yet begun to drink have also been modeled; as they approach adolescence, their high-alcohol associates appear to shift from negative expectancies to arousing and social expectancies similar to those in heavy drinking adults (Dunn & Goldman, 1996, 1998, 2000). Furthermore, clearly relevant to the ALC, young children's expectancy activation patterns can be shifted toward positive expectancies by exposure to alcohol advertising that is commonly broadcast during daytime hours (Dunn & Yniguez, 1999) and away from positive expectancies by expectancy-based intervention strategies (Cruz & Dunn, 2003). These findings and others suggest that the most potentially useful target for expectancy-based interventions for younger students is these same social and arousing expectancies.
Efforts to support expectancy theory by experimentally manipulating positive expectancies led directly to the development of an “expectancy challenge” that successfully decreased alcohol use in heavy drinking college students (Darkes & Goldman, 1993, 1998; Dunn et al., 2000) and has been successfully extended to elementary school students (Cruz & Dunn, 2003). Because expectancies are more malleable than other drinking antecedents, they represent an ideal foundation for psychological inoculations by altering cognitive processes to provide a protective effect that individuals would carry with them into all drinking situations. Experiments challenging expectancies most strongly support the inference that an expectancy memory system or information processing system can influence drinking. These studies have shown that consumption can be increased over the short term by manipulating expectancies. Longer-term increases would strengthen confidence in an inference of causality, but creating a scientific design to test for this effect would be unethical.

As reported by NIAAA (1995; 1997), alcohol education and awareness programs may “raise students’ awareness of issues surrounding alcohol use, (but) these programs appear to have minimal effect on drinking and on the rates of alcohol problems” (Flynn & Brown, 1991; Gonzalez, 1991). Thus rather than raise awareness, the ALC was designed to challenge alcohol expectancies. The ALC identified the teachable components of bar laboratory experiences that challenge alcohol expectancies and buttressed them with techniques used in media literacy that haven proven successful at debunking alcohol advertising.

Much of popular media and advertising is directed towards creating and reinforcing positive beliefs about drinking. American alcohol companies reported $1.75 Billion in advertising on traditional media (TV, radio, print, outdoor) buys in 2005 (Adams Beverage Group, 2006). If non-traditional media is included (events, promotions, internet, paraphernalia) it is estimated that this figures triples (Advertising Age Data Center, n.d.). The impact of alcohol advertising on youth can be seen in the correlation between advertising expenditures and youth alcohol consumption. Snyder, et al. (2006) reported that greater exposure to alcohol advertising contributes to an increase in drinking among underage youth. Specifically, for each additional ad a young person saw (above the monthly youth average of 23), he or she drank 1% more. For each additional dollar per capita spent on alcohol advertising in a local market (above the national average of $6.80 per capita), young people drank 3% more.

Goldman (n.d.), citing Dunn and Goldman (1998), wrote on the Leadership to Keep Children Alcohol Free website:
Children begin to acquire alcohol expectancies at a very young age (perhaps as young as 3 or 4 years old). In early childhood, alcohol expectancies tend to be negative (e.g., alcohol makes one sick, mean, and argumentative). However, by fifth and sixth grade, these expectancies turn positive, focusing on the arousing and positive effects of alcohol use (e.g., alcohol makes one social, happy, and sexy). Thus, alcohol expectancies are largely positive by the time experimentation with alcohol begins.

It is commonly held that the reason children move from having negative to positive alcohol expectancies is in large part due to alcohol advertising. Chen and Grube (2001) report that 5th through 11th grade students who are exposed to and enjoy alcohol advertisements have more favorable beliefs about drinking and say they are more likely to drink in the future and consume more alcohol.

Media literacy is a concept related to an awareness of the impact of media messages on our conscious and unconscious choices. Children who understand that the media are not real are less likely to adopt unhealthy attitudes or behaviors that are depicted in the media (Huston, Donnerstein, Fairchild, et al, 1992; Singer, Zuckerman & Singer, 1980; Dorr, Graves & Phelps, 1980). Studies of media literacy programs have been shown to be effective in increasing children’s critical viewing skills of advertising (Roberts, Christenson, Gibson, Moser & Goldberg, 1980; Feshbach, Feshbach & Cohen, 1982). Slater, et. al. (1996) found that classes about resistance to advertisers’ persuasive appeals have both short and long term effects. Exposure to such classes predicts cognitive resistance and counter-arguing of persuasive beer advertisements months and years after completion of the class (1996). Many other countries, including Canada, Great Britain, Australia, and several Latin American nations have successfully incorporated media education into school curricula (Brown, 1991).

One study directly relating media literacy and alcohol advertising found a change in children's intention to drink alcohol after a media education program (Austin & Johnson, 1997). Results showed that 3rd graders given media literacy training around alcohol ads showed significant attitudinal changes. They were less likely to rate alcohol ads positively, were less attracted to alcohol promotional material, and showed greater disdain for alcohol commercials. Researchers looking at 9th and 12th graders found that “the potential risk of frequent exposure to persuasive alcohol portrayals via late-night talk shows, sports, music videos, and prime-time television...
for underage drinking is moderated by parental reinforcement and counter-
reinforcement of messages” (Austin, Pinkleton & Fujioka, 2000). This research
suggests that giving parents and students the media literacy skills to “talk back” to
television reduces underage drinking. Recent research has provided further
empirical support for the benefit of media literacy education by demonstrating that
such education programs predicted alcohol use at a two-year follow-up (Epstein &
Botvin, 2007).
Why Brief Interventions Can Be Effective

Conventional wisdom in the field of prevention holds that brief interventions are ineffective and should be avoided. This section of the Alcohol Literacy Challenge™ Implementation Manual argues that this notion is unfounded, probably resulting from a misinterpretation of program validation data. NIAAA (2004/2005) reported that the first school-based alcohol prevention programs were ineffective—being primarily informational and often using scare tactics, under the assumption that if youth understood the dangers of alcohol use, they would choose not to drink. In addition to being ineffective, many early alcohol prevention programs shared the characteristic of being brief, having been designed to fit into class lesson schedules. In addition to noting that awareness and fear are insufficient motivators to change behavior, some evaluators concluded that a flaw with these types of programs also was that they were brief, “one-shot” interventions, rather than concluding that they simply used an ineffective approach which just happened to be brief.

This erroneous conclusion became entrenched in prevention practices when EMT Associates (CSAP 1999), with funding from SAMHSA/CSAP, reported in one of the largest studies to date that “programs with more intense contact (i.e., approximately 4 or more hours per week) achieved more positive outcomes than those with less intense contact. This program feature was more important for program effectiveness than either the length of the program or the total number of contact hours.” As such, the claim that the ALC can significantly reduce underage drinking in just 90 minutes is often greeted skeptically.

Those who consider brief interventions to be ineffective are urged to reread the previous section of this manual. The twenty years of alcohol expectancies and media literacy research summarized there reports significant changes in alcohol consumption lasting for years as the result a couple of hours spent in a bar laboratory experience.

Skeptics should also consider the effectiveness of social norms programs. Changing social norms is one of the other two empirically validated strategies NIAAA (2002) recommends for college level alcohol prevention in addition to challenging alcohol expectancies. A social norms approach teaches that many students have unrealistic perceptions of how much their peers drink, and that most students DO NOT drink excessively. Once students understand that their drinking is outside of normal boundaries, they tend to drink less. There is no minimum number of treatments required for social norms programs to work. Rather, the key is finding an
effective enough way to carry this message to students so that they believe it. Most colleges use repetitive advertising campaigns to achieve this end, though more recently, behavioral change has been found after 20-40 minute sessions involving on-line alcohol education and assessment programs. These on-line programs commonly ask students to input the amount consumed during recent drinking episodes and then generates charts comparing their specific drinking patterns to the general population of students at their school. NIAAA has lauded the use of on-line screening programs to provide individualized assessment and feedback about a student’s drinking, noting that these types programs offer opportunities for brief motivational and skills based interventions (NIAAA, 2007).

Precedence for changing drinking behaviors through brief interventions can also be found in the field of alcohol treatment. As reported by NIAAA (2005):

> Unlike traditional alcoholism treatment, which lasts many weeks or months, brief interventions can be given in a matter of minutes, and they require minimal follow-up. . . People seeking treatment specifically for alcohol abuse appeared to reduce their alcohol use about the same amount, whether they received brief interventions or extended treatments (five or more sessions). These findings show that brief interventions can be an effective way to reduce drinking, especially among people who do not have severe drinking problems requiring more intensive treatment.

A brief intervention usually includes personalized feedback and counseling based on the patient’s risk for harmful drinking. Often, simply providing this feedback is enough to encourage those at risk to reduce their alcohol intake (Moyer & Finney, 2004/2005). Until researchers found the specific methods necessary to make brief interventions successful, the notion that alcohol treatment could be conducted quickly was considered to be absurd. This is the same situation the ALC finds itself in today. However, because the ALC can target and alter the memory nodes an individual holds around drinking it can change expectancies and drinking behaviors. It is this precise targeting that allows the ALC to be both effective and brief.

Previous programs weren’t able to precisely identify what worked, so they threw the kitchen sink at students. That’s why they needed so many class sessions—to cover all their bases. Also, the SAMHSA/CSAP study conclusion seemed to suggest that frequent contact was more important than the total number or contact hours or length of the program. It is quite possible that trust and mentoring effects, rather than
program content effects where the cause of longer programs being found to me more effective.

We know that once expectancies change, drinking behaviors change with them. We know we can change a student’s expectancies in a single intervention in a bar laboratory. The trick was finding a classroom intervention that has the same expectancy challenging power of a bar laboratory experience—which the media literacy deconstruction in the ALC possesses. That’s why it can work in a single treatment when other programs could not.
Cultural Adaptation

A common barrier alcohol prevention programs face is being able to bridge the gap between cultures. A cultural barrier can occur when a program is presented by a person originating from outside the population receiving the program. Other times program materials fail to translate well when being presented to varying ethnic groups. The Alcohol Literacy Challenge™ is designed to avoid these cultural pitfalls.

Early in the ALC lessons, students are asked to identify their personal alcohol expectancies. Their answers become the examples for discussion as the lesson progresses. By doing this, the ALC always addresses the cultural beliefs about drinking that are specific to the students it is presented to. The result is that ALC lessons naturally morph to engage the cultural norms of the students in the room during that lesson.

Media examples built into the lessons expose the universal appeals alcohol advertising uses to target youth as a whole. By identifying personal beliefs about alcohol and then learning the universal appeals used by alcohol advertisers, students are enable to place their personal expectancies in the context of their culture of origin, the culture they and their peers adhere to, and the culture being sold to them by mass media.
Expectations from Your Program

The Alcohol Literacy Challenge™ Lessons are designed to be easy to use. With the appropriate planning from your agency, you’ll be experiencing positive feed-back from the students you work with in no time at all. There are two main tasks you’ll need to undertake to get started. These are training your personnel to deliver ALC lessons and scheduling the ALC lesson sessions with schools or youth groups.

Training

Your agency is required to have the staff primarily responsible for presenting ALC lesson trained by representatives of Peter D. & Co., Inc. Please contact Dr. DeBenedittis (peterd@medialiteracy.net) if you have not already arranged for training. The 6 hour training will cover:

- Expectancy Theory & Research
- Brain Science & Placebo Effect
- Program Considerations
- Technical Requirements & Proficiency
- ALC Lesson Content
- Classroom Strategies
- Practice Presentations
- Evaluation Strategies & Practice
- Q & A

After completing the training, your agency will be given free access to a protected web page on www.medialiteracy.net. This web page will contain a refresher webinar on Expectancy Theory and videos of Dr. DeBenedittis presenting each ALC Lesson. These videos are designed for your staff to view as often as necessary to become comfortable presenting the ALC.

To further help your staff, each CD-ROM of ALC curricula contains a full script and bulleted talking points for each slide of the ALC presentation. Your staff should read the lesson scripts and practice presenting from the talking points until confident they are ready to present the ALC.

Although not necessary for giving presentations, additional resources—including articles and short videos—are on ALC CD-ROMs for your staff to develop their
School Access

The Alcohol Literacy Challenge™ is an IOM Model “General” intervention. All students will benefit because whether or not a student drinks, or no matter how much that student drinks, he or she will have beliefs about the effects of drinking which the ALC will challenge. Because expectancies predict drinking behaviors, changes in beliefs about drinking correlate with changes in drinking behaviors. “Selected” students—those deemed at-risk or already drinking—can also benefit from ALC lessons because they have been shown to reduce the instances of binge drinking among older students.

Primary schools welcome the ALC because it at the middle and high school level, it requires only 90-100 minutes to present. This easily fits into the schedule of one or two classes at most schools. The elementary school lesson only takes 30 minutes. The obvious place for presenting ALC lessons is health classes. However, psychology, biology, sociology, and media classes may also be interested in receiving ALC lessons because of the overlap in content areas. Schools also appreciate how the ALC can help them fulfill State Educational Standards.

Here is an example of how the ALC meets National Health Education Standards. Listed below are the standards developed by the American School Health Association, which can be downloaded at: www opi mt gov PDF Health NHES PDF

National Health Education Standards
1. Students will comprehend concepts related to health promotion and disease prevention.
2. Students will demonstrate the ability to access valid health information and health-promoting products and services.
3. Student will demonstrate the ability to practice health-enhancing behaviors and reduce health risks.
4. Students will analyze the influence of culture, media, technology, and other factors on health.
5. Students will demonstrate the ability to use interpersonal communication skills to enhance health.
6. Students will demonstrate the ability to use goal-setting and decision-making skills to enhance health.
7. Students will demonstrate the ability to advocate for personal, family, and community health.

The ALC addresses four of these Standards.

- Standard 2 is addressed as students learn the real effects of drinking alcohol rather than the fantasies alcohol advertising promotes.
- Standard 3 is addressed through the behavioral changes the ALC produces around reduced drinking.
- Standard 4 is addressed by analyzing the influence of culture and media on underage drinking.
- Standard 6 is addressed as intentions to drink less reflect better goal-setting and decision-making by students.

Please research the Educational Standards for Health in your state. You should find them similar to the National Standards presented here, allowing you to inform the schools you work with how the ALC meets state standards.

Outside of schools, church groups and youth organizations will welcome ALC lessons. Other venues to consider for presenting the ALC are teen courts, youth conferences, Boys & Girls Clubs, or whatever youth groups are in your community.
Into the Classroom

The Alcohol Literacy Challenge™ lesson is designed to change alcohol expectancies by teaching critical thinking around alcohol advertising. The curricula is recommended for the following grade levels:

- Elementary ALC – 4<sup>th</sup> through 6<sup>th</sup> grade
- Middle School ALC – 7<sup>th</sup> & 8<sup>th</sup> grade
- High School ALC – 9<sup>th</sup> through 12<sup>th</sup> grade

The Elementary ALC should not be used below 4<sup>th</sup> grade. Developmentally, children do not have the ability to distinguish fantasy from reality until age 7. The concepts presented about what’s real and what’s fake in advertising may be difficult for 3<sup>rd</sup> graders to handle. If you have bright, developmentally advanced 6<sup>th</sup> grade students, the middle school version of the ALC may be more appropriate.

Using the Lesson CDs

The simplest way to use this disc is to print out, and become familiar with, the lesson’s narration. You can use the talking points included with the lesson plan as a cheat sheet to help your presentations run smoothly. Each slide’s talking points are printed within a 5” x 8” area. If you desire, you can cut out and paste the talking points on index cards for easier use. Also, before presenting the ALC, please view the demonstration videos as often as needed to become comfortable presenting the lesson.

Allow 90-100 minutes to present the middle and high school lessons. This can be broken over 2 class periods. The obvious braking point is before playing the game identifying expectancies in alcohol ads. However, you can stop the lesson at any point on the first day. Just be sure to review previously covered content before continuing on during the second day. Allow 30 minutes to present the Elementary School lesson.
Technology

The ALC lesson is presented via a PowerPoint or Keynote slide show. To present the ALC you will need a computer with the following software:

**For Windows Operating Systems**
- PowerPoint presentation software
- Windows Media Player
- Adobe Acrobat Reader

**For Mac Operating Systems**
- Keynote presentation software
- QuickTime Movie Player
- Adobe Acrobat Reader

You will need an LCD projector and a screen for classes to be able to see the presentation. As some of the slides contain sound, you will need to have speakers plugged into your computer. Desktop computer speakers work for most classrooms. Presenters who travel to different classes may wish to purchase iSymphony speakers or some other small set of portable speakers.

Beyond the electronics you’ll need for this presentation, access to a good old-fashioned chalkboard or flip chart is required. Also, some of the lessons have activity sheets students will work with. Please arrange for copies to be printed out before you present the lesson.

The ALC relies on text slides, images, audio clips, and video clips. Modern classrooms are increasingly likely to be equipped with a computer, projector, and audio system. However, not all classrooms will be readily prepared for the delivery of the ALC and prior arrangements for necessary projection and audio equipment may be necessary. Therefore, prior to delivery presenters should be aware of the capabilities of the facility they will be using. This will allow time to either acquire necessary equipment and/or to become comfortable using the equipment. Audio and video clips will also require certain software (such as a media player) to be functional in the presentation. This is also something presenters should check out before attempting to deliver the ALC. Significant portions of the presentation rely on watching or listening to advertisements. Getting into a situation where technical difficulties make this impossible will severely limit the impact of the program as well as eliminate a majority of the interaction and student engagement.
Atmosphere

Since the ALC relies on interaction and engaging activities, groups can be challenging when they are either too quiet (not feeling comfortable to participate or simply not engaged) or when they are too loud (talking over each other or the presenters, shouting things out when unsolicited). The key to effectively delivering the ALC to groups of all sizes is to establish trust and rapport quickly. So before jumping into the content of the curriculum, it is important to orient the students to what they can expect from the ALC. There may be a tendency to immediately begin to tune out the presenters if the students feel the ALC will be similar to the number of previous messages they have received from different alcohol and drug education programming.

When introducing the ALC, it is important to highlight that the goal is not to lecture to them about dangers of alcohol or use “scared straight” tactics to encourage abstinence. The purpose of the ALC is to challenge students’ views and knowledge about alcohol by placing them in the context of the latest research. Since the foundations of the ALC are rooted in research, this can be a helpful fact to set the presentation apart from what they may have received before. Presenters should highlight that the point of the program is to learn about “cutting edge” research on alcohol that does not always find its way into alcohol education. This lets the students know that they will most likely be hearing information that is new and help prevent them from becoming disinterested from the start. The aim during the introduction is to engage students and to prevent defensiveness and resistance to the content.

The presenters want to keep their tone non-judgmental, friendly and conversational throughout. If student’s feel judged or condescended too, they are not likely to become invested in the curriculum. All in all, the introduction will hopefully come across as an invitation to the students to participate in thinking critically about the media and their thoughts/perceptions/experiences with alcohol. Media has a powerful influence on students. Some students will have very strong opinions about media, albeit uninformed. This will especially be the case when your students are already deeply involved in drinking or other destructive behaviors. Their opinions about media are constructed in a way to support their behaviors. This is often the result of a lifetime of training by our corporate media system. Whatever anger you
have should not be directed at students—they have simply done their best to learn how to cope in the crazy world being sold to them. Being angry with students may feel good, but will be counter productive if your intent is to reduce their drinking.

Your job is to convert your students thinking about media’s power to form expectancies, not to use this lesson to rescue them from a lifetime of alcoholism. Let the lesson work as intended. Present the information it contains with enthusiasm, but as NEUTRALLY as possible. Allow the statements you make, as well as questions you ask and the student’s answers, to create new insights for the class. The more you can allow a student to come to the understanding that their relationship with alcohol is MENTAL, not physical, the less that student will be likely to drink destructively. Additionally, the more your students hone their skills in determining what expectancies alcohol ads try to create, the more they will understand that much of their “attitude” was simply an attempt to justify the poor behavior they’ve learned to mimic.

In addition to having the basic foundational knowledge detailed in previous chapters, it is important for presenters to be familiar with all the materials involved in the ALC. The interactive nature of the curriculum necessitates a high level of comfort with the material and background information as well as with any activities you may be asking the students to partake in. While this handbook provides much of the necessary background information, the presenters need to feel comfortable explaining the information to others. The presentation provides a large amount of information condensed into one class period. While all the material covered in this manual is not explicitly detailed for students within the presentation, the depth and breadth of this manual is designed to allow presenters to gain expertise and to be able to field questions. Additional tools for you to learn about alcohol expectancies can be found in the supporting materials folder of the ALC CD-ROM. The article on “Why People Drink Themselves Silly” is particularly helpful for understanding alcohol expectancies in lay terms.

Fielding questions effectively can be vital to the students’ engagement in the program. Not being able to confidently and correctly speak on certain topics may decrease the students’ perception of the presenter as an expert on alcohol and alcohol expectancies. This may invalidate for the student any of the information they have learned or will learn within the presentation. Over the many different ALC implementations, there were certain frequently asked questions that arise. Answers to these frequently asked questions are provided in at the end of this section. At a
minimum, presenters should feel comfortable being able to answer at a minimum this set of questions.

Being comfortable with the presentation materials is also important for effective delivery of the ALC. This includes any assessment materials and student activity sheets, as well as the actual presentation files and necessary equipment. The ALC is designed to be compatible with collecting data for research or program evaluation purposes. However it does not have to include this component. When collecting outcome data, presenters will need to be prepared to provide instructions regarding the necessary measurement tools. In addition, they should be knowledgeable about the purpose of each and be comfortable answering questions about how to complete them. Please see the Evaluation section of this manual for more information on collecting outcome data.

Another area presenters should prepare for prior to delivery is how to handle students who disclose risky or concerning symptoms or behaviors. As presenters on the topic of alcohol, students will ideally perceive you as experts on the topic. It is therefore possible that students might share personal information about difficulties they are having with alcohol, other substances, or related mental health symptoms with you. While the interactive and structured nature of the ALC make this less likely to occur within the context of the presentation it is not impossible. Having a plan about how you will handle these potential situations is recommended. More likely however, students may approach presenters at the end of the ALC in order to discuss their issue or seek help. Having referrals for substance use services on campus or in the community prepared ahead of time will help in these instances.
Frequently Asked Questions

“What if I don’t drink?”

Whether a student consumes alcohol or not, everyone has certain thoughts, beliefs, and perceptions about how alcohol affects people. Researchers found that beliefs about drinking start to form as early as 4th grade. And whether a person drinks or not, that person may have seen other people drink or seen movies and TV depicting drinking. That’s how beliefs get formed. Whether or not you drink, you’ll have beliefs about how other people behave when drinking. You’ll also have beliefs about what you think will happen if you drink. That’s what alcohol expectancies are.

“What makes alcohol a drug?” or “I don’t agree that alcohol is a drug.”

Alcohol is a psychoactive drug that has very real effects on the body. We might not always conceptualize it as a drug because it is a beverage that can be obtained legally (if you’re 21 or older) and does not require a prescription. However, this is also true of nicotine and caffeine which are also classified as drugs. Alcohol functions as a central nervous system depressant which impairs both mental and motor functioning and causes sedation. The specific effects and degree of impairment experienced are a function of alcohol interacting with the neurotransmitters in your brain. In plain English, we call this “intoxication.”

“Why is relaxed (or something similarly related to tension reduction) on the expectancy list? Alcohol is a depressant so doesn’t that mean it relaxes you?”

While alcohol will slow the system down and be sedating, this does not always translate into the experience of relaxation for a drinker. Research indicates that expectancies play a moderating role in a person’s subjective experience of tension reduction and their subsequent behavior while drinking (O’Connor, Farrow, & Colder, 2008). In other words the degree to which someone might experience effects consistent with tension reduction, if influenced by the beliefs they hold about alcohol’s tension reduction properties. The higher a person’s belief that alcohol will reduce tension, the more tension reduction someone will report and experience when drinking (Young, Oei, & Knight, 1990). Because expectancies play an important role in the experience of tension reduction while drinking, “relaxed” is considered an expectancy effect. We know this is true because some people get “stressed out” when drinking.
A helpful way to explain this to students is to ask them how different settings may be associated with different experiences for them for drinking:

*How might your experience having a drink at home while watching a movie be different than when you are drinking at a bar or club with a group of friends?*

Students will usually recognize that one of those setting is related to a more relaxing experience while the other is usually quite the opposite or relaxing (Loud, talkative, wild and crazy etc.).

*Now the alcohol does not know where it is. The alcohol doesn’t know if you’re having a quiet evening at home or a wild time at a club. So we can’t really account for these differences based on alcohol’s pharmacological effects alone. Expectancies we have significantly influence our experience while drinking.*

*Even if the drinks looked/tasted/smelled the same, how could participants not know what they were drinking? You said earlier that alcohol is a drug that has depressant effects? So couldn’t they tell based on the real pharmacological effects?*

Participants were only given 2 standard drinks to be consumed in 30 minutes. So this was not enough for to achieve a high enough BAC level to be experiencing marked impairment in functioning. It is important for the drinker not to be able to tell what type of drink they may have consumed in order to evaluate the influence of their expectancies. The lower BAC levels are where our expectancies are largely functioning and before we are really feeling the impact of the depressant and breakdown of neurotransmitter effects.

*What about tolerance? I need to drink a lot or else I won’t feel anything.*

Tolerance can be described as needing more alcohol in order to achieve the same effect one used to at a lower level of use. For example, a student who has developed tolerance may notice that they now need 4 drinks to feel relaxed or “buzzed” when they used to experience those effects after 2 drinks. Although tolerance may result in shift in effects experienced, BAC remains relatively
unchanged with tolerance. In other words, the amount of alcohol consumed will result in the same level of intoxication, but the student may need to achieve higher BAC’s to experience similar effects.

The consequence of gaining tolerance likely therefore to be an increase in the amount of alcohol used, increased BAC levels, and also increased financial impact (that student is now paying for 4 drinks when they used to stop at 2). They are also likely to experience an increased risk for negative consequences. Students with a higher tolerance are achieving higher levels of intoxication and also not aware they are experiencing the same degree of impairment that used to be associated with that BAC. Therefore, judgments about how impaired they actually are will become increasingly less accurate and may lead to poor decision-making. For instance, the student may be more likely to make the decision to have another drink or decide that they are able to drive. Fortunately, tolerance is something that can be decreased and eliminated.

Simply taking a break from drinking or decreasing the quantity or frequency of alcohol use can reduce tolerance. If the student notices that the effects they experience at certain BAC’s are not consistent with the common effects for someone without tolerance, it indicates that they have trained their brain to ignore the “buzz” lower levels of consumption can offer.

And once a student understands the role expectancies play in creating their drinking experience, he or she doesn’t need to worry anymore about drinking a lot because of tolerance. The student will know that she or he can experience all the “pleasant” effects he or she associates with drinking by only having 1 or 2 drinks. The student will no longer need to risk the harmful effects of drinking that escalate at higher doses.

You’re trying to teach me that a lot of the “effects” of drinking are in my head. Does this mean that if I think I’m sober enough to drive, then I’ll instantly become sober and drive OK?

No! There are real physical effects of alcohol. They happen whether or not you believe they’re happening. That’s why there are so many drunk driving crashes. Drunk drivers may mentally believe they can drive just fine. But physically, their neuro-transmitters are messed up and they can’t see as well, judge distances, react as quickly or steer as well. That’s why they crash. If you learn how expectancies work, you can “turn on” the good, mental effects of drinking any time you want, but you can’t “turn off the real, physical effects.
Program Fidelity

Please follow the steps on the Presenter Fidelity Checklist (page 29) to ensure your staff is providing effective ALC lessons. Additionally, you’ll want to use the results of student informational surveys to gage if ALC content is being successfully integrated by students. The informational surveys are found in the Lesson folder of your ALC CD-Rom. Instructions for it’s use are found in the Evaluation section of this manual (immediately after the Presenter Fidelity Checklist).

Your program should be looking for two outcomes from the student informational surveys—a significant shift towards greater knowledge on the post-test, and an overall high score post tests. Program supervisors should work with presenters using the steps listed below to improve both these measures.

1. **Significant shift in pre/post scores.** There is no degree that one can measure how much student knowledge about alcohol expectancies ought to shift between the pre test and the post test. Students may be exceptionally knowledgeable before coming to the ALC class, or conversely, be learning disabled to the point where even the best presented lesson will not be have an impact. Field tests of the ALC student informational surveys have typically shown improvement in scores to be around 25% more correct responses. Your program may wish to set this as a benchmark.

   If scores are not improving in the range of 25% after your program’s first several presentations, additional effort ought be made to work with presenters and program staff. Look to see if scores climb significantly for some presenters but not others. If so, try paring presenters so that those not as polished can learn by watching more those more successful.

   Another step to take is to have presenters view the on-line video streams on the ALC Support web page. Please have the presenters follow along and take notes on their talking points as they view the samples of the ALC lesson being presented.

   If these steps do not yield better results in the next several presentations, please consult with Dr. DeBenedittis regarding additional on-site training for your staff.
2. **Overall Post-Test Scores.** Overall scores of students on the post-tests can be treated like a standard grade scale. 70% correct or better can be looked at as a C grade. Achieving this score should be the goal set by every presenter. Getting 80% or better can considered a B grade. 90% or better can be an A grade.

Presenters should not despair if their outcomes aren’t up to grade to begin with. Consider lower grades as a sign that effort should be taken to make the presentation more clear. Start by looking at individual questions. See which ones are getting scores you’d like to improve. Spend time practicing delivering the lesson slides containing that information. If necessary, figure out ways to repeat or refer back to that information during other points of the presentation.

Also, refer back to the corrective steps suggested above if need be. Pairing presenters, viewing sample web presentations and practice highlighting pertinent information on your talking points will all boost student post-test scores. By following these steps, over time, you will see post-test scores improve.
Presenter Check List

Please use this checklist to ensure fidelity when presenting the Alcohol Literacy Challenge™.

Training
- Attend Alcohol Literacy Challenge™ Training
- Review Expectancy Theory Webinar on website as necessary

Technical Preparation
- Install the ALC lesson on your computer
- Become familiar with operation of the slide show
- Arrange for the technical equipment necessary to present lesson

Lesson Competency
- Read ALC lesson narration while viewing corresponding slides
- Practice presenting lesson slides using Talking Points guide to assist you
- Become comfortable answering "Frequently Asked Questions"
- Make notes on Talking Points as necessary
- View video presentations of lessons on website as often as necessary to ensure you are transmitting the correct information with each slide

Please contact Dr. DeBenedittis if you have any questions about implementing the ALC or maintaining fidelity when presenting its lessons.

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Evaluation

The Alcohol Literacy Challenge™ comes with a range of evaluation tools. Each ALC CD-ROM contains an informational pre/post-test for that lesson. The informational test is a questionnaire containing ten questions and an answer key. By using this test you’ll be able to document a percentage increase in knowledge transmitted during the lesson presentation. The multiple-choice questions directly pertain to key concepts underpinning how alcohol expectancies are created and can be changed. Please allow 10 minutes each to administer the informational pre-test and the post-test.

Student Informational Survey Protocol

1. Duplicate appropriate number of pre & post-tests for students. (These are found in the lesson folded on the ALC CD-Rom. That document is 3 pages long. Page 1 is the pre-test. Page 2 is the post-test. Page 3 is the answer key. Do not duplicate or distribute the answer key!)
2. Become familiar with each question. You’ll want to be able to explain their meaning if necessary or instruct students are confused on how to mark their answers.
3. When distributing the pre/post-tests, instruct students to clearly circle their answers. Student names are not necessary on the pre/post-tests.
4. Pre/post-tests may be administered by the ALC presenter or personnel who normally work with students.
5. Allow 10 minutes each to administer the pre-test and the post-test.

When your program first implements ALC lessons, you’ll want to administer the informational pre/post-tests during every presentation. The information you collect will be helpful for ensuring program fidelity and assessing presenter competence. Please see the previous section on Program Fidelity for instruction on using student informational survey results to improve outcomes. After establishing a track record of success, your program can decide the percentage of students needed to collect outcome data appropriate for program needs.

When reporting outcome results, please remember to place them in the overall context of Alcohol Expectancy Theory as described earlier in this manual. Students’ beliefs about alcohol effects are correlated with alcohol usage. While not directly measuring drinking behavior with the informational survey, a gage of students’ knowledge about alcohol expectancies is established. The table has been set, so to
speak, for students’ beliefs about drinking, and therefore their drinking behaviors, to change.

For programs needing more scientific evaluation tools, the following are available for download on the password protected ALC support page at www.medialiteracy.net:

- Open ended alcohol expectancy measure
- 38 item alcohol expectancy measure
- 29 item alcohol harms measure
- 30 day drinking history calendar

These items are designed for more rigorous analysis of the effect ALC lessons have on students. They can be used individually or in combination. With them you'll be able to determine if beliefs about the effects of alcohol have changed; if students are experiencing less harms as a result of drinking; as well as how much actual drinking has changed. Your agency will need an evaluator competent in scientific study design to take full advantage of these instruments. Please do not use them without having experience conducting scientific analyses. The steps necessary to implement a controlled study are beyond the scope of this manual. If you do not have an evaluator trained in scientific investigation and wish to perform scientific analysis, please contact Dr. DeBenedittis to arrange one for hire.

Should you decide to pursue a scientific evaluation, the following additional tools can be downloaded.

- sample parental consent letter
- participant consent form
- confidentiality pre/post matching questionnaire

The consent tools are designed to gain active permission to conduct your research. The confidentiality-matching questionnaire allows researchers to match pre-tests with post-tests for each student without collecting any specific indentifying information about students.

Dr. DeBenedittis is available for technical support of scientific evaluations. Also, please report your findings as well. Challenging alcohol expectancies is at the leading edge of classroom-based prevention. It will be important to build a data-base of efficacy research and a network of shared experience for this field to grow.
Research Findings

The Alcohol Literacy Challenge™ has been shown to reduce positive alcohol expectancies across all grade levels, reduce alcohol consumption among high school and college students, and reduce episodes of binge drinking among college students.

The following list shows the specific studies preformed that documented these findings.

Reduced positive alcohol expectancies .

- Elementary School (Cruz, I. Y. & Dunn, M. E. 2003)
- High School (Cruz, I. Y. 2006; Sivasithamparam, J., Dunn, M.E. 2011)

Reduced alcohol consumption

- High school students
  - Reduced drinking found for high risk males: Cruz, I. Y. (2006).
  - Reduced drinking found across 11th & 12th grade population: Sivasithamparam, J., Dunn, M.E. (2011)
- College students: Reduced overall consumption (Sivasithamparam, J., Hall, T.V., Dunn, M.E. June, 2008 & Schreiner, A., Fried, A., Sivasithamparam, J., & Dunn, M.E. August, 2009)

Reduced binge drinking episodes

- College students—Reduced episodes of binge drinking: (Sivasithamparam, J., Hall, T.V., Dunn, M.E. June, 2008 & Schreiner, A., Fried, A., Sivasithamparam, J., & Dunn, M.E. August, 2009)
References


