

Bros & Booze: Assessing the Impact of Alcohol Skills Training Program on Fraternity Drinking

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The Alcohol Skills Training Program (ASTP) is designed with the goal of providing students a better understanding of how alcohol affects the body and focuses on how to engage in drinking behaviors in a less risky manner. No research has been conducted at IUB since Student Life and Learning adopted the program for the Fraternity and Sorority Life community in 2014; however, findings from this research study provide insight to IUB professionals for future practice.

Keywords: alcohol, ASTP, drinking, fraternity, harm reduction, risk

Research indicates fraternity members drink more heavily and frequently than their non-affiliated peers on average, often engaging in binge drinking tendencies (Wechsler, Kuh, & Davenport, 1996). Binge drinking is a pattern of drinking that rapidly raises an individual's blood alcohol concentration to 0.08 percent or higher; for men, this typically occurs when five or more drinks are consumed in a period of two hours (Centers for Disease Control, 2018). Binge drinking is twice as prevalent among men, and is more likely to occur among fraternity men who live in fraternity housing (Centers for Disease Control, 2018; Larimer, Irvine, Kilmer, & Marlatt, 1997). Fraternities and sororities are prevalent on many college campuses, including Indiana University Bloomington (IUB). According to the Integrated Postsecondary Education Data System (2016), IUB has an approximate total undergraduate enrollment of 39,184 undergraduate students, with 19,200 of those students identifying as male. Of those male undergraduate students, an estimated 3,950 are members of a fraternity (Student Life and Learning, 2018).

In recognizing this national trend, the office of Student Life and Learning at IUB began facilitating the Alcohol Skills Training Program (ASTP) for members of fraternity and sorority life at IUB. ASTP is

designed to provide students a better understanding of the effects of alcohol on the body and focuses on adapting less risky drinking behaviors (Kilmer et al., 2012). According to the previous Associate Director of Student Life and Learning, there has been no formal assessment made to determine the impact of the program upon the fraternity and sorority community (M. Kish, personal communication, August 25, 2017). The majority of chapters are a part of the Interfraternity Council (IFC) at IUB; membership within IFC is comprised of strictly male students (Student Life and Learning, 2018). By assessing ASTP, the effectiveness of the program may be determined in regards to its goal of risk reduction related to alcohol consumption. Specifically, we seek to learn if IFC members at IUB are altering their drinking behaviors to be less risky or harmful as a result of ASTP.

This assessment is essential due to the current climate within fraternity and sorority life across the nation, as well as the number of student deaths involving alcohol and hazing in fraternities this past year (U.S.A. Today, 2017). Throughout this manuscript, a deeper dive into ASTP and the significance of related education is further explored. This particular assessment provides recommendations for improvements at IUB,

but is also applicable to similar campuses that utilize and/or are looking to utilize ASTP as a means of transparent and open-minded alcohol education.

Literature Review

Fraternity and sorority members drink more heavily and frequently than their non-Greek peers (Alva, 1998; Cashin, Presley, & Meilman, 1998; Hamm, 2012; Sher, Bartholow, & Nanda, 2001; Wechsler, Kuh, & Davenport, 1996). Research also shows that men tend to drink, on average, more often and in higher quantities than women, and problem drinking in the Greek system most often occurs at fraternity functions (Borsari & Carey, 1999; Kapner, 2003). DeSimone (2009) discusses how fraternity membership plays a role in the intensity, frequency, and recency of drinking behaviors. Adverse consequences of alcohol consumption may include health problems, judicial problems, and poor decision making, whereas positive alcohol expectancies correlate alcohol use with fostering relationships, maintaining a group identity, and being more relaxed and sociable (Borsari & Carey, 1999; DeSimone, 2009; Evans & Dunn, 1995; Hasking & Oei, 2002; Park, 2004). Because collegiate fraternity men drink almost twice as much as their non-affiliated peers (Bartholow, Sher, & Krull, 2003), it is important to consider all of the risk factors and consequences involved with heavy drinking and the fraternity experience.

Many students who engage with drinking behaviors during their adolescence or adult life form expectations around how they think alcohol is affecting them (Borsari & Carey, 1999; Park, 2004). In turn, these alcohol and tolerance expectancies play a significant role in the maintenance of drinking and potentially alcohol-abusing behaviors. Additional studies provide

evidence that “greater alcohol expectancies of social facilitation held by adolescents even before they began drinking predicted increases in drinking over time” (Borsari & Carey, 1999, p. 31). Because many students hold preconceived notions regarding alcohol expectancies throughout their college tenure, many intervention and prevention efforts work to eliminate and provide perspective surrounding the effects of alcohol.

Intervention and Prevention Efforts

There is ample research that provides evidence suggesting that intervention and prevention efforts are effective when considering alcohol use and abuse behaviors. Alcohol-prevention efforts have been prevalent on college campuses since the 1990s, many of which specifically target fraternity and sorority organizations (e.g. Caudill et al., 2007; Far & Miller, 2003; Larimer et al., 2001). Over the years, many colleges and universities implemented different programs and adapted promising practices from colleges and universities that currently lead the way in alcohol education research. An analysis of alcohol prevention efforts by Hunnicutt, Davis, and Fletcher (1991) indicates:

Traditional education and prevention efforts, which have focused primarily on behavioral mandates and educational campaigns, have proven to be ineffective at changing the drinking behaviors of Greek members, and confronting current drinking rates can be seen as a personal attack on the organization (as cited in Hamm, 2012, p. 13).

Group-based skills and intervention training programs have greater success. Caudill et al. (2007) found that months after such programs were introduced to individual chapters within a national fraternity, general risky drinking behavior and the total number

of drinks consumed among the riskiest of members were successfully reduced. In addition to group-based administered programs, there is also strong empirical evidence supporting brief motivational interview (BMI) interventions (Cronce & Larimer, 2011). BMI interventions, which focus on enhancing an individual's motivation and commitment to change problematic behaviors through an empathetic facilitation style, are more likely to reduce individual alcohol consumption and high-risk drinking behaviors (Borsari, Murphy, & Barnett, 2007; Cronce & Larimer, 2011; Hamm, 2012). Specifically related to influencing drinking among fraternity and sorority members, Larimer et al. (2001) suggest effective interventions focus on increasing peer accountability and awareness of accurate drinking norms and perceptions. Additionally, effective interventions focus on decreasing perceptions of alcohol's socialization value and peer influence to drink heavily (Larimer et al., 2001). Therefore, research suggests the use of group-administered, fact providing, motivational interview techniques will be most effective at changing fraternity and sorority drinking behaviors and cultural norms.

Alcohol Skills Training Program

One program that incorporates motivational interviewing techniques in a group-administered format is the Alcohol Skills Training Program (ASTP). ASTP is widely used on a national level in risk reduction efforts; at press, we were aware of 12 national fraternity and sorority organizations that have adopted ASTP as an educational tool. ASTP utilizes a harm-reduction approach aimed at teaching students the basic principles of moderate drinking, determining strategies for reducing high-risk drinking behaviors, and acknowledging that any steps toward

minimizing risk and moderating drinking are beneficial (Hamm, 2012; Kilmer et al., 2012; Kivlahan, Coppel, et al., 1990; Task Force, 2002). Students who make the choice to drink learn skills and strategies to moderate their drinking and minimize harm, including abstinence as one such strategy (Kilmer et al., 2012).

The Alcohol Skills Training Program consists of 10 components, which can be observed in Appendix A. Together, these components work to educate and increase students' interest in examining their drinking patterns, as well as positively impact their motivation to implement the skills they have learned through the program (Miller, Kilmer, Kim, Weingardt, & Marlatt, 2001). The program takes approximately 2 hours to facilitate. A report produced by The Task Force of the National Advisory Council on Alcohol Abuse and Alcoholism (NIAAA) in 2002 indicates that ASTP "significantly reduce [*sic*] drinking rates and associated problems at the one-year and two-year follow up periods" (p. 17), thereby making it one of the most effective tools to challenging alcohol and perceptions and ultimately reducing fraternity and sorority members' high-risk drinking.

It's important to note that ASTP seeks to reduce harm, not necessarily drinking behaviors themselves (J. Kilmer, personal communication, September 28, 2017). As a result, the program looks at changes in overall drinking behaviors. If a student drinks ten alcoholic beverages before and after attending ASTP, but chooses to alternate drinks with water and always use a designated driver as a result of the program, then harm reduction has occurred (J. Kilmer, personal communication, September 28, 2017). In this example, ASTP is effective in reducing risky drinking behaviors, even if consumption itself does not change.

While national data supports the use and effectiveness of ASTP within fraternity and

sorority life, there have not been specific assessments completed regarding the effectiveness of ASTP within the IUB fraternity and sorority life community. Similarly, most efforts to evaluate ASTP have examined the facilitators and their manner of delivering the content, as opposed to the students receiving the information (J. Kilmer, personal communication, September 28, 2017). As student affairs professionals at IUB, we sought to better understand the current alcohol culture in IFC chapters and the impact of ASTP in this community.

Methods

For this study, we utilized a survey methods approach, employing both quantitative and qualitative components, to assess the impact of ASTP among IFC members at Indiana University Bloomington. Students completed a standardized questionnaire (Schuh et al., 2016) that combined four existing surveys: The Rutgers Alcohol Problem Index (RAPI), the Protective Behavioral Strategies Survey (PBSS), the Daily Drinking Questionnaire (DDQ), and the Satisfaction Survey. The first survey, the RAPI, assesses how often students experience negative consequences as a result of their drinking, while the second survey, the PBSS, predominantly measures the frequency of participant's utilization of harm-reduction behaviors during their alcohol consumption. Both the RAPI and PBSS have strong internal consistency and construct validity (Martens et al., 2005; White & Labouvie, 1989). The internal consistencies of the RAPI and PBSS are .83 and .81, respectively (Arterberry, Smith, Martens, Cadigan, & Murphy, 2014). The third survey, DDQ, is used in ASTP studies to validate behavioral changes and examine college student drinking behaviors (Baer et al., 2001; Kivlahan, Marlatt, Coppel, & Williams, 1990; Larimer et al.,

2001). The DDQ asks for students to indicate the typical number of drinks they consume, as well as the typical number of hours spent drinking on each day of the week. Finally, the fourth survey, Satisfaction Survey, is currently utilized at the University of Washington to specifically gauge the desired outcomes of ASTP, as well as provide feedback on the program facilitator (J. Kilmer, personal communication, September 28, 2017).

Independently, these surveys address components of fraternity drinking behaviors and ASTP learning outcomes. By utilizing the existing surveys, we were able to construct a valid and reliable survey aimed at understanding student's drinking behaviors and perceptions within the IUB fraternity and sorority community. The comprehensive questionnaire incorporates pre-coded and open-ended responses, as well as space at the end of the survey for students to share additional comments regarding the program. When combining the four surveys into one questionnaire, we modified each survey's instructions to include specific reference to Indiana University's fraternity and sorority community. We directly replicated the survey questions for the DDQ, the PBSS, and the Satisfaction survey in our questionnaire, but made modifications to the RAPI. Specifically, we selectively utilized ten of the original RAPI's twenty-three questions and modified the wording to be consistent with language used within the IUB fraternity and sorority community. This survey tailoring was an intentional effort to keep the survey response time short in order to encourage a higher response rate, while also intentionally highlighting behaviors that are perceived as prevalent in IUB's IFC community. Additionally, we expanded the original survey's scale from "more than five times" up to "more than 20 times" in order

to get an accurate scope of behaviors within the IUB fraternity and sorority community.

In recognizing that the program's goal of risk reduction manifests differently for each individual participant (Merriam, 1988), open-ended questions were included in the comprehensive questionnaire for students to qualitatively share additional comments pertaining to the program and describe their change in drinking behaviors, if and when applicable. The collective use of qualitative and quantitative data ultimately allowed for a balanced assessment of the program's effectiveness, a larger scope of participant feedback, and an inclusion of participant's individualized experiences.

Survey Distribution

In order to gain access to students, we attended an IFC President's Council meeting and shared the purpose of our study with all IFC presidents. We reiterated that survey answers could not be linked back to them personally or to their chapter, and asked that IFC presidents encourage their members to be as honest as possible in their survey responses. We asked each IFC president to review the survey and disperse the link to qualifying chapter members, who attended an ASTP session as a new member between August 2016 and May 2017. It was estimated that approximately 1200 new IFC members participated in ASTP during that time frame. The survey was accessible on any device with internet access from October 17, 2017 to November 17, 2017 and took approximately ten minutes to complete.

Community Culture Considerations

Given the size and stature of the IFC community, there were several sensitive issues that we anticipated, but did not directly observe during the course of our study. Many IFC organizations engage in social functions numerous times a week through paired social events with

Panhellenic sororities. McCreary and Schutts (2015) posit organizations "who measure high in shared social experiences would be more likely to make decisions as a group based on conventional moral schema, particularly those centered around maintaining norms in order to achieve social status on campus" (p. 46). As a result of regular social functions, students may perceive heavy drinking behaviors as normalized community behavior.

Additionally, brotherhood is at the core of the fraternity experience, which includes lifelong commitment and the care and concern that each member ideally has for one another. A chapter's brotherhood may be reinforced partly through bonding over their shared use of alcohol and drugs. Over time, this can continue to manifest within the chapter culture, creating a brotherhood that encourages risk-taking behaviors while potentially undermining genuine care for one another.

Methodological Limitations

Several limitations exist within our methods. For one, there may have been scattered recollection of ASTP for many students which could have affected our results. Since some students participated in ASTP in August 2016, recollection of the program content may not have been as clear as it was for a student who participated a month prior to taking the survey. Relatedly, there may have been confounding factors, outside of the scope of ASTP, that influenced students to change their drinking behaviors (e.g. legal or personal circumstances).

A second limitation relates to the concept of social desirability. Fowler (1995) found that student "respondents tend to underreport socially undesirable behavior and over-report socially desirable behavior. They distort their answers towards the social norm in order to maintain a socially

favorable self-presentation” (p. 29). Knowing this, students may have responded to our survey questions with social desirability in mind. That is to say, students may have under- or over-estimated the true prevalence and frequency of their alcohol perceptions and behaviors depending upon what they perceive as normative in the IUB IFC community as a means to fit in (Krumpal, 2013). The surveys that we utilized for our study did not specifically set out to address social desirability. Thus, the influence of social desirability potentially impacted the effectiveness of our survey in a way that we could not measure.

Lastly, because survey responses were completely anonymous, we were not able to analyze responses by demographics beyond being a member of the IFC community. We also could not ask follow-up questions to allow students to expand upon their open-ended response answers. Also, since we did not have access to participant contact information, we could not send reminder emails and instead relied on Chapter Presidents to encourage their members to complete the survey. We believe this limitation had a significant effect on our response rate, as only thirty-two students out of a possible 1,200 students who completed ASTP in the 2016-2017 academic year completed the survey.

Data Analysis

Survey results were collected via Qualtrics and compared to ASTP’s learning outcomes, particularly related to students’ reduction of harmful among drinking behaviors and increased understanding of the effects of alcohol on the body. Responses in which students indicated risk mitigating behaviors and retention of knowledge indicated successful implementation of the ASTP’s learning outcomes. Responses that noted no change or risk seeking behaviors regarding alcohol

consumption indicated that the learning outcomes were not achieved. It is important to note that perceptions of “safer” or less risky drinking behaviors can vary person to person. One student may feel that restricting themselves to six 12-ounce cans of beer after previously consuming eight 12-ounce cans of beer may constitute as safe, whereas another may continue to affirm that choosing not to drink is the safest choice. Due to the broad definition of effectiveness adopted to evaluate the program, this analysis blended both qualitative and quantitative components. Standardized responses were calculated to determine the frequency of students’ answers, while the open-ended response portion at the end of the survey gathered qualitative data from students regarding their perceptions of the most effective and least effective portions of the program. We separately coded themes for open-ended response answers, thus maintaining validity and reliability of the data. During this phase of the coding, themes were adjusted to assure consistency in phrasing. We evaluated responses for completeness, congruence, relevance, and uniqueness as defined by Schuh, Biddix, Dean, and Kinzie (2016).

Results

Of the possible 1,200 students who participated in ASTP, thirty-two students responded to the survey. Thirty-one agreed to complete the survey, while one student did not. This represented a 2.58% response rate. While the student response rate is not statistically significant, the results of this study still provide important insights into the drinking behaviors and perceptions of IUB IFC members.

Overview of Typical Drinking Patterns

The majority of students (93.55%) stated they drank alcohol prior to joining their

Table 1
Students' Reported Number of Drinks Consumed During a Typical Week at IUB

Day of the Week	0-2 Drinks	3-8 Drinks	9+ Drinks
Saturday	11.11%	62.96%	25.93%
Friday	11.11%	66.67%	22.22%
Thursday	44.45%	51.85%	3.70%

Note. Students were first asked to indicate the number of standard drinks they consumed on each week day. Then, they were asked to indicate the typical number of hours spent drinking on those same days. The percentages indicate the percentage of student responses according to the specified drink range.

^a Students' 9+ standard drink consumption noticeably increases between Thursday and Friday/Saturday. Students are consuming most of these drinks at a faster pace than 1 standard drink per hour, as indicated in Table 3.

Table 2
Students' Reported Number of Hours Spent Drinking During a Typical Week at IUB

Day of the Week	0-2 Hours	3-8 Hours	9+ Hours
Saturday	7.41%	85.18%	3.70%
Friday	11.11%	85.18%	3.70%
Thursday	51.85%	44.44%	7.41%

Note. Students were first asked to indicate the number of standard drinks they consumed on each week day. Then, they were asked to indicate the typical number of hours spent drinking on those same days. The percentages indicate the percentage of student responses according to the specified drink range.

fraternity. The same percentage of students (93.55%) stated they currently drink alcohol. When asked about a typical week of drinking within the Fraternity and Sorority community at Indiana University, students

indicated they consumed the most amount of drinks on Saturday, Friday, and Thursday, respectively. For all three days, the majority of students indicated they consume 3-8 drinks. Students were also asked to think about how many hours they typically consume the previously identified number of drinks.

Table one indicates the percentage of students corresponding to the number of drinks consumed drinking on those three days of the week, while table two indicates the percentage of students reporting the number of hours spent drinking on those same three days of the week.

Risky Drinking Behaviors and Outcomes

Students were asked to indicate how often they experience certain behaviors, thoughts, or feelings when using alcohol or “partying.” The three most common experiences included drinking to the point of “blacking out” (55.56%), getting into a verbal argument with another individual (51.85%), and doing something they regretted (48.15%). The students indicated that the aforementioned outcomes have occurred between one to seven times. It is important to note that 3.7% of students indicated that they have drunk to the point of “blacking out” more than 20 times. Additionally, 14.81% of students have done something that they refretted 8-15 times. Finally, the majority of students (74.07%) stated that they drink shots of liquor, with 59.26% indicated they do so sometimes, usually, or always.

Harm-Reduction Drinking Behaviors

In addition to identifying outcomes of their alcohol-use, students were also asked the degree to which they engage in harm-reduction behaviors when using alcohol or “partying.” Of the 15 behaviors listed, the majority of students indicated usually or always engaging in the following harm-

reduction behaviors: using a designated driver (96.3%) and knowing where their drink has been at all times (85.18%). Students also indicated that they sometimes or usually alternate alcoholic and non-alcoholic drinks (66.67%), drink water while drinking alcohol (59.26%), drink slowly rather than gulping or chugging (59.26%), and avoid trying to “keep up” or “out-drink” others (51.85%). Harm-reduction behaviors that students never or rarely engage in include: avoiding drinking games (59.26%), having a friend let them know when they have had enough to drink (33.33%), and putting extra ice in their drink (33.33%). Overall, more students indicated engaging in harm-reduction behaviors sometimes, usually, or always compared to students who indicated occasionally, rarely, or never, with the exception of “avoiding drinking games.”

Tangible Outcomes of ASTP

Because ASTP seeks to provide skills and strategies for students to moderate their drinking and minimize harmful behavior, students were asked about how they changed their thinking and behaviors around alcohol-use, if at all. In response to the question, “The information I received in this program caused me to change my pattern of alcohol use,” 23.8% of students agreed, 23.8% of students were undecided, and 52.38% of students disagreed. When asked to elaborate on how they changed their pattern of alcohol use, the prominent themes of open-ended response answers included: no change in behavior (46.15%), less overall drinking (11.54%), more mindfulness when drinking (30.77%), or drinking water while consuming alcohol (11.54%).

In response to the statement “The information I received caused me to think differently about my pattern of alcohol use,” 30.43% of students agreed, 30.43% of students were undecided, and 39.13% of students disagreed. In elaborating on how

they changed their thinking regarding their pattern of alcohol use, students stated: “I drink too much and need to drink less” (26.92%), “Drinking more water is important” (7.69%), and “I give more thought to the effects of alcohol” (19.23%). Of the remaining students, 3.85% of students stated they changed their thinking around alcohol use, but did not elaborate; 42.31% of students did not change their thinking about their alcohol-use as a result of ASTP.

Finally, when prompted with “I left the presentation with a specific goal in mind about changing my alcohol use,” 18.18% of students agreed, 27.27% of students were undecided, and 54.54% of students disagreed. The prominent goals that students set for themselves included: drinking less (26.92%), not drinking until other obligations are done (3.85%), and having a more conservative mindset while drinking (3.85%). The majority of students did not set a goal (57.69%), while 7.69% of students set a goal, but did not elaborate on what it was.

Overall, the majority of students (54.17%) stated they would recommend ASTP to a friend, while 29.17% were undecided. Students indicated several themes regarding what they found to be most useful from ASTP, including: education surrounding standard size drinks, education regarding alcohol’s interaction with the body, knowledge regarding how to handle difficult or tough situations, and individual strategies and habits pertaining to alcohol-use. While most students were unsure or did not indicate any criticism to “What did you find least useful in regards to ASTP?,” the two primary response themes included the program’s “time commitment” and “length,” as well as its assumed intent of “trying to change students.”

Finally, when asked to share additional comments regarding IUB’S ASTP and how it impacted their perceptions of alcohol use

and/or current drinking behaviors, two students responded. One student recognized ASTP could have a positive impact on students, but did not feel personally moved by the program. This idea was indicated in their statement, "It probably helped others more than it helped me." Another student believed behavioral mandates are ineffective, but it is still important to provide students with tools for success, should they personally choose to use them. This concept was highlighted in the student's statement, "I don't think telling people to drink less will make them do it. They'll do what they want to. Education is all you can give."

Discussion

On the surface, the array of themes from this study appear to lead to antithetical findings. Many students indicated specific harm-reduction behaviors that they employ during alcohol consumption as a result of ASTP. Approximately half of the students indicated that they did not change their drinking behaviors as a result of ASTP. This idea, compounded with the knowledge that students indicated that they currently engage in binge drinking even after taking ASTP, poses questions surrounding the effectiveness of the program. In order to analyze the results, it is imperative that the meaning of "effectiveness" is operationalized.

The goal of ASTP is to reduce risk and not necessarily drinking behaviors themselves; therefore, there are several considerations to be made. First, while our survey response rate was limited by our survey distribution methods, the survey sample size of students does not necessarily equate to the interpretation of ASTP's effectiveness in the IUB IFC community. The thirty-two student responses may indicate that these thirty-two IFC members were more engaged in the program than

other members. These individuals who responded may naturally be more attentive by nature and were able to give more context into IUB's ASTP effectiveness. Additionally, the completion of our survey by thirty-two students may also signal an overall lack of reception to ASTP due to the recent addition of the program. Because ASTP has not been established at IUB for very long, it may be perceived by students as a passing administrative requirement. As the program matures on campus, it may gain additional validity from the students. In turn, positive student buy-in to ASTP would help future studies attain greater participant levels and increased feedback.

It is also essential to note that each student has their own respective view of how they define "reducing harmful drinking behaviors." For instance, one individual may feel that reducing their alcohol consumption from six beers to two beers a day constitutes "reducing harmful drinking behaviors," while another individual may define "reducing harmful drinking behaviors" as alternating alcoholic beverages with water. Both individuals in this example are correct in their views of decreasing these risky drinking behaviors. To try and give a standard of reducing harmful drinking behaviors would then discredit the efforts that one has made to decrease such behaviors.

Implications for Practice

To begin understanding the constructed environments within fraternity life, it is important to recognize the typical rate at which students are consuming alcohol. When comparing the number of consumed drinks to the number of hours spent drinking, the data indicates that the majority of students are drinking more than one standard drink per hour. While research has shown more generally that fraternity members tend to drink more heavily and

frequently than their non-affiliated peers (Wechsler, Kuh, & Davenport, 1996), the current data suggests that binge drinking is prevalent within the IFC community at IUB.

The data illustrates that while many fraternity members are binge drinking, they are also engaging in harm-reduction behaviors. The most commonly indicated strategies that current IFC members utilize to reduce harm include: using a designated driver, knowing where their drink has been at all times, alternating alcoholic and non-alcoholic drinks, drinking water while consuming alcohol, drinking slowly rather than gulping or chugging, and avoiding trying to “keep up” or “out-drink” others. While a large percentage of students indicated they regularly engage in harm-reduction behaviors, the current utilization of harm-reduction strategies does not offset the impact and prevalence of binge drinking within the IFC community. As a result, we suggest that the IUB ASTP facilitators spend more time conversing about risk reduction strategies. Inserting more risk reduction conversations at various points within the presentation could also be beneficial in the continual assessment of what is or is not resonating with students. In recognizing that ASTP has a different impact on each individual, the continued facilitation of ASTP at IUB is essential for the future education of IFC members, encouragement of risk reduction, and the creation of positive social environments that include safer alcohol-use norms in the fraternity community.

Finally, the importance of incorporating motivational interviewing techniques into the delivery of ASTP is reinforced by one student’s comment: “I don’t think telling people to drink less will make them do it. They’ll do what they want to. Education is all you can give.” If facilitators solely present information, it may increase knowledge, but may not impact behavior or

motivation for change (J. Kilmer, personal communication, September 28, 2017). In this regard, ASTP can only do so much to positively influence individuals to reduce their risky drinking behaviors; at the end of the day, IFC members will do whatever they decide to do. Facilitators of ASTP can provide information pertaining to the risks of drinking alcohol and offer tips to limit harmful behavior. However, the integration of motivational interviewing into the program significantly increases the likelihood that students will be inspired and committed to changing their alcohol consumption and risky drinking behaviors (Borsari, Murphy, & Barnett, 2007; Cronce & Larimer, 2011; J. Kilmer, personal communication, September 28, 2017). To ensure that ASTP facilitators always utilize motivational interviewing in their delivery method, IUB should provide ongoing training and feedback for ASTP facilitators through staff observations and participant evaluations.

In motivational approaches like ASTP, it is important to recognize that sleeper effects may occur (J. Kilmer, personal communication, September 28, 2017). A student can dislike the message, program, or facilitator in the moment, but they can still agree that the message is true. If a facilitator explains to a student the rate at which alcohol processes in the body, they can still provide useful information to the student, regardless if the student liked what they are hearing. In this regard, students may retain ASTP’s information and/or find it useful in a future situation, even if not in the present moment. Ongoing assessment of ASTP within the IUB IFC community at various intervals after the facilitation of the program ultimately provides insight into students’ immediate and prolonged drinking behavioral changes. This feedback offers clearer insight into ASTP’s influence on reducing drinking rates at one- and two-year

follow up periods at IUB, allowing administrators to determine if the impact of ASTP at IUB is consistent with the NIAAA Task Force's (2002) overall findings of ASTP. Continued assessment also results in meaningful feedback for improving facilitation of the program, while also leading towards increased sample and participant sizes.

Conclusion

It is important for Indiana University Bloomington to continue facilitating ASTP within the IFC community. Larger research shows that a single session of ASTP is more impactful than an ongoing abstinence-only program (Logan & Marlatt, 2010). That being said, a mix of prevention, policy, intervention, and environmental strategies is most effective in addressing and changing fraternity drinking behaviors (J. Kilmer, personal communication, September 28, 2017). As such, IUB should continue to provide a variety of complementary programming opportunities for students, specifically IFC chapter members. In

addition to the facilitating of ASTP and other alcohol-related educational programming, it is also essential that IUB continues to assess the impact of ASTP in the IFC community. This ongoing assessment will allow for administrators to gain larger sample sizes, obtain feedback at different intervals following ASTP, and to track larger trends as it relates to alcohol expectations and behaviors.

While this research impacts IUB, it also informs universities who administer ASTP of potential areas of improvement—specifically, the extensive program length and the notion that ASTP is trying to change students. By utilizing effective facilitation methods and clarifying ASTP's goals, students engaging in ASTP across the nation will more likely be motivated to learn. Especially during the current fraternity and sorority climate, this study emphasizes the continued facilitation of ASTP, as the program positively contributes to challenging alcohol perceptions and decreasing fraternity and sorority members' high-risk drinking.

Gino Andreano's path into higher education began when he realized the strong fulfillment he received from helping coach people toward their goals. After nearly three years removed from his job as a work-study student at The Ohio State University, he noticed how much he missed being in an environment of learning. From there he decided to return to school and pursue his Master's in Higher Education and Student Affairs at Indiana University-Bloomington. He hopes to continue growing as an educator at his next place of work and serve students in a Career or Academic Advisory Role.

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Appendix A

Table 1
A Brief Overview of the ASTP Curriculum

Component	Primary Goals
(1) Orientation and Building Rapport	<ul style="list-style-type: none"> • Establish rapport. • Describe the ASTP philosophy.
(2) Assessment of Use	<ul style="list-style-type: none"> • Identify discrepancies between students' drinking behavior and personal goals. • Discuss how students' alcohol use compare to most college students.
(3) Alcohol 101- Alcohol and the Body	<ul style="list-style-type: none"> • Describe basic information about the way alcohol is absorbed, processed, and eliminated.
(4) Blood Alcohol Level	<ul style="list-style-type: none"> • Define Blood Alcohol Level (BAL). • Identify factors that influence BAL. • Explain alcohol effects at various BALs. • Communicate how to maximize positive effects of alcohol while minimizing negative effects.

(5) Biphasic Effects of Alcohol and Tolerance Goals	<ul style="list-style-type: none"> • Describe the biphasic response to alcohol. • Identify the point of diminishing returns as an optimal moderation goal. • Discuss tolerance, how it can be problematic, and how it can be reduced. • Explore dangers of drug interaction effects. • Define alcohol myopia.
(6) Monitoring Drinking Behavior	<ul style="list-style-type: none"> • Provide a rationale for monitoring drinking behavior. • Review the advantages and disadvantages of self-monitoring drinking. • Explain how to monitor drinking behavior.
(7) Feedback - Drinking	<ul style="list-style-type: none"> • Distribute personalized BAL charts • Relate self-monitoring data to peak BAL and the biphasic response
(8) Feedback - Expectancies	<ul style="list-style-type: none"> • Discuss and challenge students' beliefs about alcohol effects. • Introduce the role of psychological expectations. • Explore environmental role in alcohol expectations of alcohol use.
(9) Risk Reduction Tips Goals	<ul style="list-style-type: none"> • Outline safe drinking guidelines. • Provide specific strategies students can use to reduce their risk from drinking.
(10) Goals and Wrapping It Up	<ul style="list-style-type: none"> • Summarize program goals. • Ask students to think about the future and determine which strategy they would use.

Note. Adapted from “Alcohol Skills Training for College Students,” by E. Miller, J. Kilmer, E. Kim, K. Weingardt, and G. Marlatt, 2001, *Adolescents, alcohol, and substance abuse: Reaching teens through brief interventions*, pp. 183-215.

Appendix B

Standardized Questionnaire

The DDQ:

Think of a typical week of drinking within the Fraternity and Sorority community at Indiana University. For each day of the week, please indicate the number of standard drinks of alcohol individuals typically consume on that day. A standard drink would be considered either of the

following:

Microbrew or European Beer (8%-12% alcohol): 1/2 of a 12 oz Can or Bottle

Wine (12-17% alcohol): 4 oz Glass

Wine Cooler: 10 oz Bottle

Hard Liquor (80-proof, 40% alcohol): 1-1/2 oz or One Standard Shot

Hard Liquor (100-proof, 50% alcohol): 1 oz

Standard American Beer (3-5% alcohol): 12 oz Can, Bottle or Glass

	0-2 drinks	3-5 drinks	6-8 drinks	8-10 drinks	11-13 drinks	14-15 drinks	16+ drinks
Monday	<input type="radio"/>						
Tuesday	<input type="radio"/>						
Wednesday	<input type="radio"/>						
Thursday	<input type="radio"/>						
Friday	<input type="radio"/>						
Saturday	<input type="radio"/>						
Sunday	<input type="radio"/>						

Think of a typical week of drinking within the Fraternity and Sorority community at Indiana University. For each day of the week, please indicate the number of hours individuals typically consume alcohol on that day.

	0-2 hours	3-4 hours	5-6 hours	7-8 hours	9-10 hours	11-12 hours	13+ hours
Monday	<input type="radio"/>						
Tuesday	<input type="radio"/>						
Wednesday	<input type="radio"/>						
Thursday	<input type="radio"/>						
Friday	<input type="radio"/>						
Saturday	<input type="radio"/>						
Sunday	<input type="radio"/>						

The RAPI, modified:

Different things happen to people while they are drinking alcohol. Several of these things are listed below. Please indicate how often you experienced the following statements when using alcohol or “partying” within the last year.

	Please select one of the following:						
	Never	1-3 times	4-7 times	8-10 times	11-15 times	16-20 times	20+ times
Drank to the point of "blacking out".	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Got into a verbal argument with another individual(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Got into a physical altercation with another individual(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Operated a vehicle while under the influence of alcohol.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did something you regretted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Woke up where you didn't know where you were at.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had to be taken to the hospital.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neglected your responsibilities (academics, team or organization, family events, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt like harming yourself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt out of control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The PBSS:

Please indicate the degree to which you engage in the following behaviors when using alcohol or “partying.”

	Never	Rarely	Somewhat Occasionally	Occasionally	Sometimes	Usually	Always
Use a designated driver	<input type="radio"/>						
Determine not to exceed a set number of drinks	<input type="radio"/>						

Alternate alcoholic and non-alcoholic drinks	<input type="radio"/>						
Have a friend let you know when you have had enough to drink	<input type="radio"/>						
Avoid drinking games	<input type="radio"/>						
Leave the bar/party at a predetermined time	<input type="radio"/>						
Make sure that you go home with a friend	<input type="radio"/>						
Know where you drink has been at all times	<input type="radio"/>						
Drink shots of liquor	<input type="radio"/>						
Stop drinking at a predetermined time	<input type="radio"/>						
Drink water while drinking alcohol	<input type="radio"/>						
Put extra ice in your drink	<input type="radio"/>						
Avoid mixing different types of alcohol	<input type="radio"/>						
Drink slowly, rather than gulp or chug	<input type="radio"/>						
Avoid trying to “keep up” or	<input type="radio"/>						

“out-drink”
others

The Satisfaction Survey:

Please answer the following as truthfully as possible. Your candid responses will help refine our education procedures in the future.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
I would recommend the Alcohol Skills Training Program to a friend.	<input type="radio"/>				
The program was what I expected.	<input type="radio"/>				
The workshop was thorough and complete.	<input type="radio"/>				
The information I received in this program caused me to change my pattern of alcohol use.	<input type="radio"/>				
The information I received caused me to think differently about my pattern of alcohol use.	<input type="radio"/>				
I left the presentation with a specific goal in mind about changing my alcohol use.	<input type="radio"/>				

Please answer the following as truthfully as possible. Your candid responses will help refine our education procedures in the future.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
The facilitator seemed well-organized.	<input type="radio"/>				

The facilitator seems competent and well-trained.

The facilitator seemed warm and understanding.

The facilitator seemed well-informed about what goes on in the college setting.

Researcher-added open-ended response questions:

For the statement “The information I received in this program caused me to change my pattern of substance use.” Please elaborate how you changed your pattern of alcohol use.

For the statement “The information I received caused me to think differently about my pattern of alcohol use.” Please elaborate how you changed your thinking of alcohol use.

For the statement “I left the presentation with a specific goal in mind about changing my substance use.” Please tell us what your specific goal was? Did you follow through on your goal?
