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Published online: 01 Jul 2016.

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The Upside of Helicopter Parenting: Engaging Parents to Reduce First-Year Student Drinking

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University personnel tend to view "helicopter" parents as problematic. This article presents an alternative view in which these highly engaged parents can instead be utilized productively. The authors describe and assess the fidelity of a novel program in which involved parents were effectively leveraged to mitigate student alcohol-related risk. The feasibility of utilizing similar programs at other schools is discussed as are implications for alcohol risk prevention.

An entire issue of *The Chronicle of Higher Education* (December 5, 2014) was essentially dedicated to the continuing problem of heavy drinking on college campuses. "Despite decades of research," one piece began, "hundreds of campus task forces, and millions invested in bold experiments, college drinking remains as much a problem as ever" (pp. A23). The article lamented that the death toll from alcohol-related causes has reached more than 1,800 students a year, while 600,000 students are injured as a result of drinking and almost 100,000 are victims of sexual assault because of alcohol (McMurtrie, 2014). Previous efforts to combat this problem, which have mostly focused on providing individual-level programs for students (e.g., Carey, Scott-Sheldon, Carey, & DeMartini, 2007), clearly are not effective enough to turn these numbers around. More recent efforts have begun to focus on educating parents about college alcohol use in hopes they will talk to their children and that they thus represent an indirect way to influence student behavior (e.g., Ichiyama et al., 2009; Turrisi et al., 2013).

Parents are becoming increasingly involved in their children's lives during college, a trend which has generally been shown to produce negative outcomes for students (e.g., increased depression and decreased satisfaction with life; Schiffrin et al., 2014). This parental involvement has led many universities to begin working to reduce "helicopter parenting." At Harvard, for instance, a *Handbook for Parents* instructs those of soon-to-be first-year students not to give their

children too much assistance in solving their problems (Marano, 2008). Similarly, parents whose children plan to attend the New York Institute of Technology are instructed in "perimeter parenting" during their day-long parent orientation: They learn how to step aside and allow their children to make their own decisions (Napolitano, 2011). At Morehouse College in Atlanta there is an official "Parting Ceremony" during which students walk through the gates of campus and then the gates swing shut, leaving parents outside (Gabriel, 2010). Across the country, colleges are moving to discourage helicopter parenting (e.g., Christie, 2005; Muchmore, 2009) to avoid the negative consequences that it brings for students and college personnel.

A growing body of literature, however, shows parents can have a serious *positive* impact on their children's lives in college as well. Students whose parents keep better tabs on what they are doing tend to choose friends who use less alcohol (Abar & Turrisi, 2008). Also, the more often parents talk about sexual matters with their college-aged children, the less likely those children are to take sexual risks (Booth-Butterfield & Sidelinger, 1998). Similarly, when parents communicate more about the physical consequences of alcohol, their children partake in less heavy drinking (Turrisi, Mastroleo, Mallett, Larimer, & Kilmer, 2007).

These findings on the ability of parents to positively impact student outcomes have led researchers to develop parent-based interventions (PBIs) as a new potential way to combat student drinking. Turrisi and colleagues (2001) randomly assigned parents of soon-to-be college first-year students to one of two groups: Treatment parents received a 35-page handbook with tips on how to communicate about alcohol use, while control parents did not receive the handbook. When students were assessed 90 days into their first semester, the researchers found, relative to control, treatment students reported less drinking and drinking-related consequences and more negative perceptions toward alcohol. Further, in the same sample, students in the intervention group developed more favorable attitudes toward non-drinking alternatives (Turrisi, Abar, Mallett, & Jaccard, 2010).

Numerous successful student interventions have employed components based on social norms theory, perhaps the most ubiquitous and fruitful avenue for college alcohol harm reduction. A social norm is defined as the extent to which an individual believes that others perform and approve of a given behavior (Cialdini, Reno, & Kallgren, 1990). A study by Neighbors and colleagues (2007) found social norms are among the strongest predictors of weekly student drinking: Those who believe other students drink more heavily tend to drink more themselves than those who believe other students drink less. Studies have shown students consistently get the norms wrong, tending to underestimate the prevalence and acceptability of healthy behaviors and attitudes while overestimating the prevalence and acceptability of risky behaviors and attitudes. One study found teenagers *underestimated* their peers' consumption of fruits and vegetables while they *overestimated* intake of snacks and sugar-sweetened drinks (Lally, Bartle, & Wardle, 2011). With respect to alcohol, regardless of the reference group used (e.g., typical students, Greek students, student athletes), participants tend to overestimate how much other students drink and how approving they are of alcohol use (LaBrie, Hummer, Grant, & Lac, 2010; Martens et al., 2006). Social norms theory predicts that correcting these misperceptions will lead to lower rates of drinking (Berkowitz, 2005). As such, social norms in some form or another have been targeted in almost all successful alcohol harm-reduction interventions (Larimer & Cronce, 2007).

The most common type of intervention incorporating social norms is known as *personalized normative feedback* (PNF; e.g., Hustad, Barnett, Borsari, & Jackson, 2010). During PNF interventions, students are presented with information designed to change their beliefs about what constitutes a "normal" or "acceptable" level of drinking among their peers (Lewis & Neighbors,

2006). First, students report on their own attitudes and behaviors, then they are asked about their perceptions of the attitudes and behaviors of other students. Next, participants are shown national or campus averages representing the actual attitudes and behaviors of their peers. Because students tend to overestimate how much other students drink and how approving they are of alcohol use, these averages are generally significantly lower than the participants perceive them to be. By correcting students' misperceptions with regard to other students' alcohol-related behaviors and attitudes, PNF interventions help participants to see that drinking may not be as normative as they thought it was, leading to a reduction in alcohol use. These programs have been successful at changing drinking outcomes regardless of participant characteristics and regardless of whether the information is delivered via mail, computer, or interview (Walters & Neighbors, 2005).

Parents, as well, misperceive attitudes and behaviors that are tied to risk in their children. Parents overestimate how approving other parents are of their children's alcohol use (LaBrie, Hummer, Lac, Ehret, & Kenney, 2011). There is also evidence suggesting parents underestimate the extent to which other parents are proactive in talking with their college-aged children about alcohol (Linkenbach, Perkins, & DeJong, 2003). Social norms theory predicts these misperceptions influence parents to be more approving and less communicative with their children in regard to drinking than they might be if they did not hold these false beliefs. This means that a PNF intervention designed to correct parents' normative misperceptions could potentially change their attitudes and the way they communicate with their children about alcohol, especially among the "helicopter" or extremely engaged parents who are a hallmark of the current generation of college students. Because parent attitudes have been shown to be reliably related to their child's attitudes and behaviors (see, for instance, Abar, Morgan, Small, & Maggs, 2012; Cail & LaBrie, 2010), parent-based normative feedback interventions represent a new avenue to potentially impact student drinking outcomes.

Based on this prediction, our lab recently piloted a computer-delivered PNF intervention with parents. We recruited 144 parents to take part in an online program about their child's health. These participants were first asked to answer questions about college alcohol use and were then presented with normative feedback data highlighting the places where they held inaccurate beliefs (the feedback was based on responses we collected previously from 450 student–parent dyads; see Hummer, LaBrie, & Ehret, 2013). The first section asked parents how much they thought their child would drink in college and then emphasized that 85% of parents underestimate their child's alcohol consumption. Further, it was revealed that parents estimate their child consumes four drinks per week while the actual norm reported by students is nine drinks per week. The next section followed the same format, first asking parents about their perceptions and then correcting those perceptions, but focused on the extent to which parents tend to overestimate how approving other parents are of drinking. Finally, the third section revealed that parents tend to underestimate how acceptable their own child thinks it is to drink alcohol. Participants were assessed immediately after viewing the feedback and their estimates of students' drinking and of other parents' approval were much more accurate after the intervention. They also reported significantly greater intentions to talk to their student about alcohol post-feedback and 72.9% said that the intervention was likely to alter the way in which they approached talking with their student about drinking (LaBrie, Napper, & Hummer, 2014). These data provided preliminary evidence that parent attitudes can be altered using normative feedback.

One major limitation associated with the PNF approach is that the normative feedback presented is only effective to the extent participants view the source and information as credible (Berkowitz, 2004). Less than 45% of participants report they believe the national and campus-

wide statistics sold to them during typical PNF interventions (Granfield, 2002). In an attempt to increase the salience and believability of their normative feedback information, LaBrie, Hummer, Neighbors, and Pederson (2008) developed a more technologically advanced intervention format in which the normative statistics were generated live by students present in the room. Participants used handheld wireless keypads to answer items measuring both their perceptions of the drinking-related behaviors and attitudes of the other students in the room and their own behaviors and attitudes. The facilitator then presented a graphic display of the group's answers, highlighting discrepancies between perceived norms and the actual norms that were generated live by the group. Consistent with social norms theory, students in these sessions significantly overestimated the extent to which their peers used alcohol and approved of drinking (LaBrie et al., 2010). The sessions were successful in correcting these normative misperceptions, which led in turn to decreased drinking behavior at one-month and two-month follow-ups (LaBrie et al., 2008). In addition, the effect sizes for this novel type of normative feedback were comparable to those for other, often more comprehensive, individually delivered interventions (e.g., Larimer, Cronce, Lee, & Kilmer, 2004; Walters & Neighbors, 2005).

Many colleges have orientations for parents during the summer before their children matriculate. During these 1–2 day programs, parents generally attend information sessions about the school and the courses and activities offered. Many colleges are now holding sessions about "letting go" and avoiding "helicopter parenting" by refusing to help students solve their problems. Parents today are more engaged in their children's lives and enjoy assisting them whenever possible (Levine, 2006); they often do not want to feel they are "letting go." In response to this, we created a program to give parents a way to engage with their students about the important issue of alcohol use and misuse without impinging on their autonomy. In the pilot study of our parent-based PNF intervention, 77% of parents reported they would be interested in attending a meeting during orientation that addressed drinking issues (Napper, LaBrie, & Earle, in press). Thus, we sought to extend our novel handheld clicker methodology to deliver a normative feedback intervention to parents during orientation.

A major concern with large-scale group interventions is *fidelity*—can a program like this be faithfully employed during pre-college orientation? Dumas and colleagues (2001) pointed out that if researchers do not ensure their interventions are delivered with fidelity then inferences about treatment effectiveness cannot reasonably be made; any significant changes in the outcome of interest may reflect either the influence of the treatment or of another unknown variable. The proposed intervention is impossible to deliver according to a set script because the data is generated live in the room. The presenter must analyze the data on the spot, which means that no two sessions will be identical. The purpose of this report is to show proof of concept that this intervention can be implemented with fidelity and can successfully alter the normative misperceptions of parents, and then to discuss the implications of this programmatic intervention with regard to both how colleges deal with helicopter parents and how colleges attempt to mitigate risk associated with student alcohol use.

Method

Participants

The sample consisted of 335 parents of incoming freshmen (223 females and 112 males) at a mid-sized private university on the west coast who attended our session during parent orientation. This session was the treatment condition in a larger study on parent interventions for college

students. The majority of participants (60.3%) were between 50–59 years of age, with a significant portion (33.4%) between the ages of 40–49 and smaller numbers (0.9% and 5.4%) in the ranges of 30–39 years and 60+ years of age, respectively.

Procedure

The program we created, called Parent FITSTART (Parent Feedback Intervention Targeting Student Transitions & Alcohol Related Trajectories), was based on our successful normative feedback interventions using handheld wireless keypads with student populations. FITSTART was implemented at a university that holds six 2-day parent orientations in June during which parents of matriculating first-year students attend a variety of informational sessions about all aspects of the student experience. Topics covered include student finances, student housing services, meal plans, academic expectations, student safety, and more. Our session was the final presentation on Day 2, before the parents were reunited with their children. Participants were assigned to attend either the intervention or a treatment-as-usual control session about information technology. Assignment was based on their child's sex (as the intervention contained sex-specific information), so that for three of the six sessions, parents of female students received the intervention, and for the other three, it was given to parents of male students. The intervention lasted one hour.

Upon arrival, parents were first introduced to the handheld clickers and asked sample questions. The interactive polling system known as OptionFinder was used, which integrates PowerPoint-based software and 200 wireless handheld keypads. Each participant was given a keypad as they signed in for the session. The presenter started the intervention with a statement of purpose and a review of the informed consent and confidentiality agreement. To help the participants become acquainted with the OptionFinder technology, the presenter asked a series of questions regarding age, gender, and home state. After all participants had responded to a given question, a frequency chart of the group's responses was projected on a large screen. The presenter explained how to interpret each of these graphs. The immediate feedback, in addition to familiarizing the participants with the technology, was also expected to increase their interest and belief in the accuracy of the subsequent data. The OptionFinder system has shown to produce equivalent data on demographic and drinking questions to traditional confidential surveys (LaBrie, Earleywine, Lamb, & Shelesky, 2006).

Next, we disabled the immediate feedback technology and parents answered 11 questions to assess their descriptive normative beliefs regarding alcohol consumption (e.g. "What is the maximum number of drinks a typical female college student will consume on any one night?" vs "What is the maximum number of drinks your daughter will consume on any one night in college?"), injunctive normative beliefs (e.g. "How many drinks per week does a typical parent think it is acceptable for their freshman daughter to consume?" vs "How many drinks per week is it acceptable for your daughter to consume in college?"), and descriptive norms regarding parent–child alcohol-related communication (e.g. "What percentage of parents have spoken to their college-aged daughter about alcohol use in the past 3 months?" vs "Have you spoken to your daughter about alcohol use in the past 3 months?"). The feedback technology was then turned back on and participants were shown graphs of their answers alongside national and campus averages.

Finally, the presenter reviewed the results and emphasized three main points. First, participants were shown how they, as a group, tended to *underestimate* how much their child would drink in college. Second, using the data they had just generated about their own approval and their

predictions of other parents' approval, it was made clear that they tended to *overestimate* how accepting other parents are of drinking. Third, it was emphasized that they tended to *underestimate* the extent to which other parents speak to their children about alcohol. During this phase, parents were presented with a small card to take home with them (Appendix A) which reminded them of the three misperceptions and had items for them to reflect on and recommended responses.

The presentation culminated with a discussion about how to best start a conversation around these topics with a college-aged student. Based on the influential work of Turrisi and colleagues (2001), these tips were designed to help parents engage their children without falling into a helicopter-parenting role. Helicopter parenting has been defined in the recent literature as making decisions for a child, settling disputes for a child, and solving crises or problems for a child (Padilla-Walker & Nelson, 2012). Thus, parents in our sessions were instructed to avoid statements of fact or opinion or yes/no questions and to instead use open-ended questions (e.g., "What do you think about that?") designed to force children to think about their own attitudes and actions. Another recommended strategy involved bringing up hypothetical situations (e.g., "How would you handle friends who were pressuring you to drink?") and asking students to work through them out loud.

Fidelity Plan

None of the six sessions received truly identical presentations because the data and much of the conversation during the FITSTART intervention are generated in real time by the participants themselves. Thus, in order to ensure that we conducted a fair test of Parent FITSTART, and to demonstrate that other colleges would be able to successfully implement such programs in the future, we sought to measure the extent to which the presenter covered all of the important material during each session. The simplest way to measure this type of adherence is by using a checklist of items and asking coders to rate the occurrence or nonoccurrence of each item as an intervention is conducted (Waltz, Addis, Koerner, & Jacobson, 1993). The gold standard for this type of delivery assessment is to create the checklist a priori and ask coders to rate audiotaped or videotaped intervention sessions for fidelity to the checklist (Bellg et al., 2004). Thus, prior to the start of the intervention, we developed a checklist for the important elements of FITSTART (Appendix B). We used a random number generator (random.org) to select two of the sessions for coding, and two independent judges rated the sessions from audiotapes. The coders met to discuss their ratings and were able to resolve all discrepancies and reach 100% agreement.

As a final measure of intervention fidelity, we asked parents three follow-up questions at the very end of the presentation to assess whether viewing the data during the session actually augmented their normative beliefs. They were again asked about their descriptive normative beliefs regarding alcohol consumption ("What is the maximum number of drinks your daughter will consume in college?"), injunctive normative beliefs ("How many drinks per week does a typical parent think it is acceptable for their freshman daughter to consume?"), and descriptive norms regarding parent-child alcohol-related communication ("What percentage of parents have spoken to their college-aged daughter about alcohol use in the past 3 months?").

Results

The data from our coders revealed that, in the two sessions selected for rating, the presenter covered 95% and 93% of the items on our checklist. Using a series of paired T-tests, we compared the answers parents gave during the start of the session with the post-test answers they gave at the end to the same questions. There was a significant change, $t(311) = 14.94$, $p < 0.001$, in

participants' beliefs about the maximum number of drinks their child would consume on any one night in college. The mean estimate dropped from 5.01 drinks (SD = 2.34) pre-feedback to 2.89 drinks (SD = 2.36) post-feedback. Participants' beliefs about the attitudes of other parents did not change significantly, t(269) = 1.45, p = 0.147. Pre- and post-feedback means were 1.90 (SD = 1.80) and 1.69 (SD = 1.77), respectively. Finally, there was a significant increase, t(315) = −11.08, p < 0.001, in participants' estimates of the number of other parents who had spoken to their college children about alcohol use in the past three months. The mean estimate rose from 61.7% of parents (SD = 24.37) to 76.6% of parents (SD = 19.83).

Discussion

The results of the present investigation strongly support the claim this type of large-scale in-person normative feedback intervention can be implemented successfully during parent orientation for college first-year students. Analyses revealed the presenter was able to deliver the sessions with a high degree of fidelity. Independent raters coding the presentations agreed that over 93% of the important information was delivered in both sessions analyzed. Further, data gathered live within the intervention showed FIT START was successful in augmenting the normative beliefs of participants. Consistent with findings from our pilot study, parents in every intervention session displayed strong misperceptions in their normative beliefs pre-feedback. Specifically, participants consistently underestimated how much and how often their children were going to drink during college, overestimated how approving other parents were of alcohol consumption, and under-estimated how many other parents talk to their children about drinking.

The immediate response from parents to the information was overwhelmingly positive. Participants were engaged in the presentation and had many questions (as many as 21 during one session). When we collected comments from parents, it revealed they "loved the interactive portion of the presentation." They really enjoyed being included in the conversation and being given real statistics with regard to these drinking behaviors. One parent commented "no one has ever shed light on this subject with actual stats." Another went as far as saying that FITSTART was "probably the most helpful, enlightening session of the orientation." Even parents who were initially skeptical of the session's subject matter tended to agree by the end they were given very important and practical information.

Universities should seek to capitalize on current research findings suggesting parents' impact on their children's decisions and behaviors surrounding alcohol continues into college rather than waning as kids leave home (e.g., Abar & Turrisi, 2008; Turrisi et al., 2007). Parents today generally enjoy staying engaged in their college children's lives, and FITSTART represents an innovative way to involve them in this national health concern. Many universities are already dedicating consider-able time and money to efforts targeted at students and aimed at reducing campus drinking. However, these programs seem to have done little to bring down the statistics of alcohol-related deaths, injuries, and sexual assaults on college campuses (see, for instance, McMurtrie, 2014). Using some of their energy and funds for programs like FITSTART designed to target parents instead of just students may help universities to create significant changes in alcohol use and abuse patterns.

The success of this intervention also has potential implications with respect to the way universities are dealing with the recent influx of overly-engaged parents. In light of findings that helicopter parenting can lead to negative outcomes among students, like an increased feeling of entitlement (Segrin, Woszidlo, Givertz, Bauer, & Taylor Murphy, 2012), increased depression and decreased satisfaction with life (Schiffrin et al., 2014), as well as decreased psychological well-being (LeMoyne & Buchanan, 2011), it makes sense that many universities

have been making an active effort to dissuade parents from the practice (e.g., Christie, 2005; Muchmore, 2009). There may, however, be ways highly engaged parents can positively influence their college-aged children as well, and some schools are moving to capitalize on this possibility. Northeastern State University set-up a program to help parents stay involved; they believe students can benefit from the extra help (Muchmore, 2009). Similarly, Dowling College in Long Island is seeking to engage with and encourage helicopter parents (Napolitano, 2011).

Much more research is needed into how and why some overly engaged parents have a negative impact on their children, but one theory is the causal mechanism lies in reduced opportunities for the children to solve their own problems. Marano (2008) believes when parents constantly step in to resolve disputes and issues on behalf of their children, they lose the opportunity to build important traits like self-regulation and self-efficacy. Then, when the students eventually come up against problems that cannot be outsourced to their parents, they are more likely to fail. Likewise, we believe children of helicopter parents may lack the ability to self-soothe because their parents have always assisted them in regulating their affect. In college, these students may be more likely to turn to drugs and alcohol as external coping mechanisms. In support of this theory, there is recent evidence that, among college students, helicopter parenting is associated with increased recreational use of prescription drugs (LeMoyne & Buchanan, 2011). Similarly, unpublished data from our own lab shows a strong link between helicopter parenting and heavy episodic drinking (Earle & LaBrie, 2014). Acknowledging these findings are correlational and do not necessarily imply causality is important. It is possible that parents whose children are heavy drinkers and drug users are forced to step in and solve more of their problems. However, we believe it makes theoretical sense to predict that helicopter parenting leads to reduced coping skills, which in turn leads to increased drinking and drug use.

Contrary to the trend of colleges discouraging parents from being too involved in their children's lives, we sought instead to provide parents with a way to stay engaged with regard to risk-taking behaviors without slipping into the "helicopter" practice of solving problems for their kids. Indeed, recent evidence suggests that highly engaged parenting is not all bad. Data from the National Survey of Student Engagement shows students with very involved parents demonstrated greater gains in personal competence, personal and social development, general education, and satisfaction with their college experience than those whose parents were less involved in their lives (Shoup, Gonyea, & Kuh, 2009). Thus, discouraging parents from engaging deeply in their children's lives may be a misguided practice. We recommend colleges seriously rethink this and instead consider ways in which they might *redirect* parents' efforts so that their energies may be spent in ways that help their children rather than hindering them. What parents really need is information and skills to engage with their children in a way that promotes self-efficacy but also reduces the risks associated with heavy alcohol use. We believe that Parent FITSTART represents a unique possibility, which other institutions may wish to pursue.

In light of our success, universities may wish to reexamine their policies and attitudes with regard to helicopter parents and consider ways in which these individuals may be used as a resource rather than seen as an obstacle. Sessions like Parent FIT START, which seek to motivate and educate parents toward productive ways of engaging with their children, should be included at orientations and other programs with parents. Future investigations may wish to couple a session like FIT START, designed to correct normative misperceptions, with a handbook like that used by Turrisi and colleagues (2001). Also, we did not include any follow-ups with parents after the session. It would likely be helpful to continue connecting with parents throughout the year and assisting them in the process of engaging with their children.

We have been successful in working with parents in regard to alcohol; future researchers may wish to explore other areas in which there is a potential upside to helicopter parents as well. Parents in our sessions were eager to ask questions and raise comments about other related risk-taking behaviors, like marijuana and drug use, as well as sexual promiscuity and "hooking up." Perhaps similar discussions could be facilitated around those topics. Also, parents always seem eager to engage with their students about academics. Marano (2008) warned about the dangers of parents directly helping their children with school-related issues (e.g., editing papers, talking with professors, etc.), but perhaps a session could be designed which aims to provide parents with productive strategies for connecting with their kids about classwork. Regardless, it is clear that highly engaged parents are an important resource currently being underutilized and cast in a negative light. We hope this article inspires other institutions to find new ways to utilize this valuable asset.

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Appendix A

How Parents Matter in the Transition to College

Remember	Parents tend to <u>underestimate</u> how much alcohol their own children drink.	Parents tend to <u>overestimate</u> other parents' approval of underage drinking.	Parents tend to <u>underestimate</u> how much other parents and kids talk about drinking.
Reflect	What assumptions have you been making? What are the potential risks of being inaccurate?	Am I influenced by my perceptions of what others are doing?	How often have you connected with your child? How have those discussions gone?
Respond	• Test your assumptions by talking with your child about drinking. • <u>Don't accuse them.</u> • Ask open-ended questions like "what do you think about that?" • Avoid yes/no questions.	• Clearly communicate your attitude. • It's <u>never too late</u> to change. • Permissive attitudes toward alcohol lead to increased drinking behaviors.	• Create an ongoing dialogue with your child. • Ask how they would handle hypothetical situations. • <u>Make a plan</u> to check in regularly and see how they are doing.

Appendix B

FIT START Fidelity Checklist
HeadsUP!
Heads UP Research; June, 2014

Session number:_____

Rater name:_____

Please rate the extent to which each of the following items is covered by the presenter. If all four of the bulleted points are explicitly mentioned for a particular item, award a score of 4. If some or none of the points are mentioned, check the box which corresponds with the appropriate number.

	0	1	2	3	4
1. Training on how to use clickers	☐	☐	☐	☐	☐

☐ How to send an answer

☐ Takes your *last* answer (can change)

☐ Will say "received"

☐ Sample question

	0	1	2	3	4
2. Define standard drink	☐	☐	☐	☐	☐

☐ Can of beer

☐ Small glass of wine

☐ 1.5oz shot of spirits

☐ Mixed drinks often more than "one drink"

3. The questions

	0	1	2	3	4
4. Social Norms					
○ What social norms are	☐	☐	☐	☐	☐

☐ Perceptions of what others think/do

☐ Unwritten rules for acceptable behavior

☐ Not always accurate

	0	1	2	3	4
☐ We pay attention to exciting/exceptional behaviors					
○ Influence on behavior and beliefs	☐	☐	☐	☐	☐

☐ Peer norms: how much they think others drink

☐ Peer norms: single best predictor of drinking

	0	1	2	3	4
5. The results were conveyed clearly	☐	☐	☐	☐	☐

☐ We underestimate our own children's drinking

☐ Our children are "typical" students

	0	1	2	3	4
○ The dangers of permissive parenting	☐	☐	☐	☐	☐

☐ Europeans have MORE problems with alcohol

☐ No study has ever found a benefit to early initiation

☐ Starting earlier increases problems later

☐ Drinking with peers is a different context

	0	1	2	3	4
9. Creating an ongoing conversation	☐	☐	☐	☐	☐

☐ Use hypothetical situations

☐ Example of using a hypothetical

☐ Plan to talk again later

☐ Parents matter